

DUR Board Meeting Minutes Draft

Name of Meeting Drug Utilization Review Board
Date of Meeting Thursday, August 17, 2006
Length of Meeting 2:07 PM – 4:12 PM
Location of Meeting DMAS Board Room 13th Floor

Members Present:

Jason Lyman, MD, MS.
Geneva Briggs, PharmD
Elaine Ferrary, MS, RN/CFNP
Bill Rock, PharmD
Jane Settle, NP
Avtar Dhillon, MD
Jonathan Evans, MD, MPH
Jennifer Edwards, PharmD

(Not Present: Kelly Goode, PharmD, Sultan Lakhani, M.D. Renita Warren, PharmD, Randy Ferrance, MD, DC, Sandra Dawson, R.Ph, MSHA)

DMAS Attendees:

Bryan Tomlinson, DMAS Division Director HCS
Rachel Cain, PharmD
Keith Hayashi, R.Ph
Tyrone Wall, Compliance Specialist

Contractor: Donna Johnson, R.Ph, First Health Services Corporation

Visitors:

Paula Kuplesah, TAP Pharma
John D. Ostrosky, Pfizer Inc.
Evonne Stellato, Allergan
Chris Roland, Forest

Call to Order and Introductions

Chair Geneva Briggs called the meeting to order.

The Board reviewed and with a motion, approved the minutes from March 23, 2006.

New Drugs

Ms. Johnson presented criteria for the new drugs: Amitiza®, Emsam®, Azilect®, Chantix® and Exubera®. The Board approved the criteria with the following recommendations:

Amitiza®: Approved without changes. The Board recommended monitoring drugs used for constipation for a future report.

Emsam®: Board recommended changing the severity level under the Drug to Disease Interactions on Bipolar Disorder from a (1) to a (2), add Triptans to Drug to Drug interactions, correct the spelling for Mirtazapine, and add Orthostatic Hypotension to Adverse Drug Reaction.

Azilect®: Add Ciprofloxacin to Drug to Drug Interaction (2) with a comment for the maximum dose of Azilect® not to exceed 0.5 mg/day. Add hallucinations to Adverse Drug Reaction. Correct spelling for Meperidine and Pheochromocytoma and change hepatic impairment from moderate to severe.

Chantix®: There was extensive discussion about applying a 24 week edit. Donna Johnson will provide an ad-hoc report showing Chantix® utilization for the November meeting.

Exubera®: Remove the Drug to Drug Interaction of Beta Blockers (3) with insulin.

Ad hoc Reports

The committee reviewed Gabapentin utilization for service date 4-1-2006 to 6-30-2006. The Board discussed the use of gabapentin in patients with bipolar disorder. Dr. Dhillon stated that it is ineffective at any dosage for bipolar disorder. The Board feels that this may be a good topic for RetroDUR review. The Board also requested an ad-hoc report showing the utilization of Quetiapine in doses <200mg/day.

Potential RetroDUR Review topics

Ms. Johnson provided five topics for future ProDUR Reports and the following recommendations were made by the committee. In addition, all agreed that letters should be sent on drugs receiving FDA public health advisories in the future.

1. FDA Public Health Advisory - Use of Triptans with SSRIs or SNRIs.
2. FDA Public Health Advisory – Use of ACEIs during first trimester of pregnancy.
3. Non-compliance of ACE Inhibitors.
4. Non-compliance of Beta blockers.
5. Non-compliance of Anti-Retrovirals.

ProDur Reports

The committee reviewed cost and utilization analysis by drug type for FFY 2006.

RetroDur Reports

The Retrospective Drug Utilization Review process for February 2006 through MAY 2006.

Retrospective Drug Utilization for February 2006

The Retrospective Drug Utilization Review process for February 2006 reviewed drug claims for January 2006. New drug criteria approved by the DUR Board at the November 2005 meeting were reviewed this August.

One thousand profiles for patients meeting criteria on entecavir, exenatide, ibandronate, pramlintide, pregabalin, ramelteon and tipranavir were reviewed for drug interactions, therapeutic duplication, high doses and drug to disease interactions. A total of 49 letters were sent to prescribers informing them of the potential risk to their patients. The majority of interventions addressed issues with pregabalin; such as therapeutic duplication with gabapentin and its use in patients with heart failure.

There were also 170 re-review profiles for the review of female recipients over 40 years old with a history of a fracture in their medical claims history and no evidence of calcium, calcium/ vitamin D or an osteoporosis treatment medication. If no such treatments were evident, the prescriber who appeared to be their primary caregiver received a letter. Of these re-review profiles, 88 (52%) showed no evidence of preventative therapy, 34 (20%) showed claims for calcium or a bisphosphonate and 48 (28%) showed no claims at all. Patients with no claims or who are no longer in the Medicaid program. It is not possible to evaluate the success of the review for these patients. No additional letters were sent to prescribers notifying them of the continued existence of the original issue.

Retrospective Drug Utilization for March 2006

The Retrospective Drug Utilization Review process for March 2006 reviewed February 2006 drug claims for polypharmacy. See the Polypharmacy Section for this report.

Retrospective Drug Utilization for April 2006

The Retrospective Drug Utilization Review process for April 2006 reviewed drug claims for March 2006. The utilization of long-acting beta 2-agonists (LABAs) was the focus of this August review.

In November 2005, the FDA requested manufacturers of LABAs to update their existing product labels with new warnings. The information in the FDA's proposed changes to the product labels explains that, even though LABAs decrease the number of asthma episodes, these medicines may increase the chances of a severe asthma episode when

they do occur. LABAs are used for the long-term control and prevention of asthma symptoms and for the prevention of wheezing (bronchospasm) caused by exercise in adults and children. LABAs are also indicated for the long-term control of wheezing in adults with chronic obstructive pulmonary disease (COPD). The new warnings about LABA-use are only for asthma. Information is not available to know whether there are similar concerns when LABAs are used for exercise-induced wheezing (bronchospasm) or chronic obstructive pulmonary disease (COPD).

One thousand profiles for patients with claims for LABAs and no diagnosis of COPD were reviewed. Care was taken to send letters only when it seemed clear that the patient had a diagnosis of asthma. It was not possible to exclude exercise-induced asthma as no separate diagnosis code exists for this form of asthma. A total of 225 letters were sent to prescribers notifying them of the FDA Public Advisory and the potential risks to their patients. The letters were designed to be purely educational. A patient's treatment for asthma is determined by the prescriber's clinical assessment at each visit.

Retrospective Drug Utilization for May 2006

The Retrospective Drug Utilization Review process for May 2006 reviewed drug claims for April 2006.

Antimicrobial resistance among respiratory pathogens has become a common clinical problem, and the association of resistance with the use of antimicrobial drugs has been documented in both inpatient and outpatient settings. The Institute of Medicine has identified antibiotic resistance as one of the key microbial threats to health in the United States and has listed decreasing the inappropriate use of antimicrobials as a primary solution to address this threat. For this reason, antibiotic resistance is among Centers for Disease Control and Prevention's (CDC) top concerns.

CDC launched the National Campaign for Appropriate Antibiotic Use in the Community in 1995. In 2003, this program was renamed Get Smart: Know When Antibiotics Work in conjunction with the launch of a national media campaign (<http://www.cdc.gov/drugresistance/community/>). This campaign aims to reduce the rate of rise of antibiotic resistance by:

- Promoting adherence to appropriate prescribing guidelines among providers,
- Decreasing demand for antibiotics for viral upper respiratory infections (URI) among healthy adults and parents of young children, and
- Increasing adherence to prescribed antibiotics for upper respiratory infections.

One thousand profiles for patients with claims for antibiotics filled within seven days of an upper respiratory diagnosis were reviewed. The intent was to send letters to prescribers when the antibiotic may have been prescribed empirically to treat a viral infection. Letters were not sent if the patient had evidence of a co-morbid condition for which antibiotic prophylaxis would be appropriate. A total of 77 letters were sent to prescribers informing them of the CDC's Get Smart program and the need to decrease inappropriate use of antibiotics. Copies of the CDC's one page academic detailing sheets were included with each letter.

Polypharmacy Cumulative Reports for March 2006 and June 2006

Patients who are seen by multiple prescribers and have their prescriptions filled at multiple pharmacies are at increased risk of medication related adverse events. These patients may lack a primary care physician and a single pharmacy to coordinate and optimize their medication regimen. The focus of this review was to evaluate patients who received greater than nine unique prescriptions in a 34-day period and these prescriptions were written by 3 or more different prescribers and filled at 3 or more different pharmacies. The profiles of patients meeting these criteria were reviewed. Care was taken not to letter when the patients had obvious diseases or combination of diseases that would easily require more than nine prescriptions each month and possibly several doctors. Reports were run for patients who are chronically at risk for drug interactions, therapeutic duplication, or those who may be doctor or pharmacy shopping. A total of **114** letters for the March review and **86** letters for the June review were sent to prescribers informing them of their patients' polypharmacy experience and the potential risks.

Since the polypharmacy review was incorporated into the existing RetroDUR program in August 2005, approximately 4000 patient medication profiles have been reviewed and a total of 527 intervention letters have been sent to prescribers. This is in large part due to the establishment of Medicare Part D. Polypharmacy is seen predominately in the older adult population. These are the patients with the greatest number of comorbid diseases that require multiple prescribers and medications. However, the issue of polypharmacy still exists in the remaining population and the prescribers are receptive to the information that is provided. The overall prescriber response rate is **21%** with **57%** of the prescribers responding that they find the information useful and plan to monitor, alter or discontinue the treatment regimen.

DUR Conference Summary

Donna Johnson included a list with summaries of topics presented at the 2006 Eastern DUR Conference which was held in Albany, NY in June. Some of the committee members were interested in attending next year. The pharmacy staff will keep the DUR Board members informed of future meetings.

Next Meeting: November 9, 2006

Adjournment: 4:12 P.M.