

## **DUR Board Meeting Minutes Draft**

Name of Meeting                      Drug Utilization Review Board

Date of Meeting                      Thursday, August 2, 2007

Length of Meeting                    2:09 PM – 4:14 PM

Location of Meeting                 DMAS Board Room 13<sup>th</sup> Floor

### Members Present:

Geneva Briggs, PharmD  
Bill Rock, PharmD  
Jane Settle, NP  
Jason Lyman, MD  
James Evans, MD  
Randy Ferrance, MD  
Cynthia Fagan, FNP  
Michele Thomas, PharmD  
Jennifer Edwards, PharmD  
Avtar Dhillon, MD  
Renita Driver, PharmD

### DMAS Attendees:

Bryan Tomlinson, Health Care Services Division Director  
Katina Goodwyn, Contract Manager  
Rachel Cain, PharmD  
Keith Hayashi, R.Ph  
Tyrone Wall, Compliance Specialist

### Contractor:

Donna Johnson, R.Ph, First Health Services Corporation  
Debbie Moody, R.Ph, First Health Services Corporation  
Frankie Rutledge, Account Manager, Comprehensive NeuroScience

### Visitors:

Anne Leigh Kerr, Troutman Sanders/ PHARMA  
Kris Garrett, Amylin  
Richard Grossman, Vectre  
Brad Lanham, BMS  
Jonell Lanta  
Tim Musselman, VPHA  
Brandon Morris, Lilly  
Doug Shilling, Cephalon  
Matt Sheffield, BIPI  
John Ostrosky, Pfizer  
Paul Chen, GSK

### **Call to Order and Introductions**

Chair Geneva Briggs called the meeting to order.

Rachel Cain introduced the new Board members.

The Board approved the minutes for November 9, 2006 and April 26, 2007.

### **DUR Board By-Laws**

The Board members were given copies of the DUR Board By-Laws for review by the next Board Meeting.

### **Behavioral Health Program**

Frankie Rutledge from Comprehensive NeuroScience reviewed best practice prescribing for the Behavioral Health Program.

### **Dose Optimization/Maximum Quantity Report**

The DUR Board members reviewed the Dose Optimization and Quantity Reports.

### **Specialty Drug Criteria Review**

Growth Hormones, Hepatitis C and Low-Molecular-Weight Heparin DUR criteria were reviewed by the Board.

### **New Drugs**

Aliskiren® (Tekturna)- criteria were approved with a motion by the Board  
Paliperidone® (Invega)- criteria were approved with a motion by the Board  
Sitagliptin® (Januvia)- criteria were approved with a motion by the Board  
Sitagliptin/Metformin® (Janumet)- corrected spelling of Nefedipine to Nifedipine under Drug to Drug criteria. Added Sitagliptin criteria to Adverse Drug Reactions. Changes were approved with a motion by the Board.

Telbivudine® (Tyzeka)- Added Baraclude to Therapeutic Duplication. Added Zidovudine to Drug to Drug RetroDUR. Changes were approved with a motion by the Board.

Vorinostat® (Zolinza)- Added Hyperglycemia to Adverse Drug Reactions. Changes were approved with a motion by the Board.

### **Therapeutic Class Reviews**

The DUR Board members reviewed the criteria for Antiretroviral Agents and Narcotics.

### **Ad hoc Reports**

The DUR Board members reviewed Chantix® Utilization, Nicotine Replacement Utilization and Quetiapine use in schizophrenia for service period 1.1.2007 to 6.30.2007.

### **ProDUR / RetroDUR Quarterly Reports for February, March and May 2007**

#### February 2007

The Retrospective Drug Utilization Review process for February 2007 reviewed drug claims for January 2007. This month's topic of review was non-compliance with lipotropic therapy in post-myocardial infarction patients.

In a recent 2006 study assessing the impact of medication therapy discontinuation on mortality after myocardial infarction, it was shown that patients who discontinue taking beta-blockers, aspirin, and statins are at increased mortality risk. In this study, nonadherence resulted in an almost fourfold increase in the death rate in the first year after hospital discharge.<sup>1</sup> The American Heart Association reports that less than half of patients prescribed these medications at hospital discharge take them consistently. Failure to do so reduces the lifesaving effect that these medications could have on this high-risk population.<sup>2</sup>

First Health Services reviewed medication profiles of patients with a history of myocardial infarction and non-compliance with lipid-lowering therapy. We lettered on those patients who had no history of statin or other lipid-lowering medication use on their profile or those who appeared to be noncompliant with their lipotropic therapy. A total of 173 letters were sent to prescribers to alert them to their patient's non-compliance.

There were also re-reviews this month for the June 2006 Polypharmacy intervention. For the original review, letters were sent to prescribers concerning 27 patients with polypharmacy. Of these original 27 patients, only 6 continue to show polypharmacy.

#### March 2007

The Retrospective Drug Utilization Review process for March 2007 reviewed drug claims for February 2007. This month's topic focused on acetaminophen overutilization.

Acetaminophen is one of the most commonly used pain-relievers in the United States. It is available over-the-counter as well as in combination products with narcotics. A 2005

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<sup>1</sup> Ho PM, Spertus JA, et al. Impact of medication therapy discontinuation on mortality after myocardial infarction *Arch Intern Med*, 2006;166:1842-1847.

<sup>2</sup> Newby LK, Allen LaPointe NM, et al. Long-term adherence to evidence-based secondary prevention therapies in coronary artery disease. *Circulation*, 2006;113:203-212.

article in *Hepatology* reported that this is still an ongoing problem and the leading cause of acute liver failure in the United States.<sup>3</sup> Because this is a potentially hazardous problem, the retroDUR reviewers were asked to review profiles for acetaminophen overutilization. One thousand retroDUR profiles were generated for patients that exceeded a total daily dose of 4 grams acetaminophen. A total of 32 letters were sent to prescribers whose patients were routinely exceeding the maximum limit. Because it is readily available in numerous products, health care professionals should pay close attention to the total amount of acetaminophen that their patients are taking.

There were also 353 re-review profiles for the June 2006 review of the continuous use of rosiglitazone. This review was based on the Dear Health Care Provider (DHCP) Letter from the manufacturer of rosiglitazone regarding new safety information. The manufacturer received very rare post-marketing reports of new onset and worsening diabetic macular edema for patients receiving rosiglitazone (Avandia® or Avandamet®). In the majority of these cases, the patients also reported concurrent peripheral edema. In some cases, the macular edema resolved or improved following discontinuation of therapy and in one case, macular edema resolved after dose reduction. Macular edema typically occurs in association with diabetic retinopathy, although it is more likely to occur as retinopathy progresses.<sup>4</sup> Of the profiles reviewed, 93 (26%) showed a discontinuation in therapy. No additional letters were sent to prescribers notifying them of the continued existence of the original issue.

<sup>1</sup> Ho PM, Spertus JA, et al. Impact of medication therapy discontinuation on mortality after myocardial infarction *Arch Intern Med*, 2006;166:1842-1847.

<sup>1</sup> Newby LK, Allen LaPointe NM, et al. Long-term adherence to evidence-based secondary prevention therapies in coronary artery disease. *Circulation*, 2006;113:203-212.

<sup>1</sup> Larson A, et al. Acetaminophen-induced acute liver failure: results of a United States multicenter, prospective study. *Hepatology* 2005;42:1364-1372.

<sup>1</sup> [http://www.fda.gov/medwatch/safety/2006/Avandia\\_DHCPletter.pdf](http://www.fda.gov/medwatch/safety/2006/Avandia_DHCPletter.pdf).

## May 2007

The Retrospective Drug Utilization Review process for May 2007 reviewed drug claims for April 2007.

The 2003 session of the Virginia General Assembly passed legislation requiring the Department of Medical Assistance Services to review its elderly long-term care enrollees for any inappropriate use of medications as defined by Dr. Mark Beers.<sup>5</sup> Dr. Beers has published several articles describing the inappropriate use of various medications in older adults. The Beers criteria were presented to the VA Medicaid DUR Board for review and approval. The Board approved the criteria and agreed that this review would be performed every 6 months as a retrospective review of 1000 enrollee medication profiles. Additionally, the Board recommended that the review should include all VA Medicaid enrollees 65 years and older, not just those in long-term care facilities.

<sup>3</sup> Larson A, et al. Acetaminophen-induced acute liver failure: results of a United States multicenter, prospective study. *Hepatology* 2005;42:1364-1372.

<sup>4</sup> [http://www.fda.gov/medwatch/safety/2006/Avandia\\_DHCPletter.pdf](http://www.fda.gov/medwatch/safety/2006/Avandia_DHCPletter.pdf).

<sup>5</sup> Fick DM, Cooper JW, et al. Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *Arch Intern Med*. 2003;163:2716-2724.

With the implementation of the Medicare part D pharmacy drug plan, Medicaid is no longer covers the majority of the medications on the Beers List. However, two major classes of drug are excluded by Medicare and are covered by Medicaid. These are the benzodiazepines and barbiturates. Additionally, Medicare Part D does not cover over-the-counter (OTC) medications. OTC medications such as antihistamines and decongestants are included in the Beers criteria. Therefore, the focus of this review is on the Beers criteria for these types of medications. One thousand medication profiles were generated for all enrollees 65 years and older who met any of the Beers criteria for benzodiazepines, barbiturates or OTCs. There were a total of 85 letters sent to prescribers whose patients are receiving medications or dosages that are potentially inappropriate for them. If a prescriber responded to a previous letter that the treatment was clinically appropriate, no letter was sent for this review. We must assume that the prescriber has evaluated the risks versus the benefits of using one of these medications in their older patient.

Of particular interest in this review was that 22% of the criteria interventions involved the use of benzodiazepines in doses that exceed the recommended maximum dose in older adults; 28% involved the use of benzodiazepines or barbiturates that are inappropriate to use in older adults at any dosage; 31% of the interventions involved the use of benzodiazepines that are not recommended in patients with certain medical conditions and 15% involved the inappropriate use of the over-the-counter antihistamine, diphenhydramine, as a sedative-hypnotic. Overall, the inappropriate use of these medications can lead to prolonged sedation and an increased incidence of falls and fractures in the older adult patient.

There were also re-reviews this month for the September 2006 review of the FDA Warning for ACE Inhibitors during Pregnancy, Telithromycin FDA Warning, HIV Medication Non-compliance and Polypharmacy. For the original review, letters were sent to prescribers concerning 124 patients regarding these review topics as follows: ACE Inhibitors during pregnancy (1patient), Telithromycin warning (77 patients), HIV medication non-compliance (21patients) and Polypharmacy (25 patients). Of these original patients, 6 continue to show HIV medication non-compliance and only 3 continue to show polypharmacy.

<sup>1</sup> Fick DM, Cooper JW, et al. Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *Arch Intern Med.* 2003;163:2716-2724.

## **Polypharmacy**

### **RetroDUR Review Report April 2007 – Polypharmacy**

The Retrospective Drug Utilization Review process for [April 2007](#) reviewed drug claims for [March 2007](#). This month's topic of review was **polypharmacy**.

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 **891** 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. First Health Services looked for patients who are chronically at risk for drug interactions, therapeutic duplication, or those who may be doctor or pharmacy shopping. A total of **88** letters were sent to prescribers informing them of their patients' polypharmacy and the potential risks.

Since the polypharmacy review was incorporated into the existing RetroDUR program in August 2005, approximately 6000 patient medication profiles have been reviewed and a total of **802 (13%)** intervention letters have been sent to prescribers. First Health Services have seen a decline in the number polypharmacy criteria violations since 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 we provide. The overall prescriber response rate is **22%** with **76%** of these prescribers responding that they find the information useful and plan to monitor, alter or discontinue the treatment regimen.

There were also re-review profiles for the August 2006 Beers Criteria review. These profiles were for patients whose prescribers received letters regarding the inappropriate use of benzodiazepines, barbiturates and certain over-the-counter (OTC) medications in older adults. These medications are still covered by Medicaid but not by Medicare Part D. Of the **165** re-review profiles, **121 (73%)** showed no change in therapy while **44 (27%)** showed that their therapy had been discontinued.

### **Other Business**

Bryan Tomlinson mentioned that Congress has enacted a new provision mandating the use of tamper-resistant prescription pads for all Medicaid recipients' prescriptions, effective October 1, 2007. Although the provision is scheduled to take effect October 1, 2007, it cannot effectively be implemented until the Centers for Medicare and Medicaid Services (CMS) publishes guidance.

**Next Meetings:** November 8, 2007

**Adjournment:** 4:14 P.M.