DUR Board Meeting Minutes Draft

Name of Meeting	Drug Utilization Review Board
Date of Meeting	Thursday, August 21, 2009
Length of Meeting	2:12 PM – 3:45 PM
Location of Meeting	DMAS Board Room 13th Floor

Members Present:
Geneva Briggs, PharmD
Bill Rock, PharmD
Avtar Dhillon, MD
Jamie Haight, R.Ph
Cynthia Fagan, FNP
Randy Ferrance, MD
Jane Settle, NP
Jonathan Evans, MD,MPH

(Not Present: Renita Driver, PharmD, Michele Thomas, PharmD, Jason Lyman, M.D, Sandra Dawson, R.Ph, MSHA)

DMAS Attendees:
Bryan Tomlinson, Health Care Services Division Director
Rachel Cain, PharmD., Clinical Pharmacist
Donna Francioni-Proffitt, R.Ph., Pharmacy Manager
Tyrone Wall, Compliance Specialist
Scott Cannady, Senior Health Policy Analyst

Contractor: Donna Johnson, R.Ph, First Health Services Corporation, Debbie Moody, R.Ph, First Health Services Corporation, Lisa Comerose, First Health Services Corporation

Visitors:
Dave Croft, BMS
Tim Carr, BMS
Joe West, B-I
Jamie Shriver, CMT
Brandon Morris, Lilly
Paul Puroy, Amgien
Rich Meidlinger, Johnson & Johnson
Jim Farrell, Auxilium
Susan Matthews, Med Immune

Call to Order and Introductions

Chair Geneva Briggs called the meeting to order. Dr. Briggs suggested the Board start with those agenda items that did not require a vote until a quorum arrived.

Potential RetroDUR Review Topics

Plavix and PPIs
Statins and Protease Inhibitors
Intervention letters for Triptans

Ad hoc Reports

Board reviewed ad hoc reports

Behavioral Health Program

A preliminary review of Virginia Medicaid claims data revealed that a number of recipients under the age of six are receiving atypical antipsychotics. After a discussion regarding the use of atypical antipsychotics in children, the Committee supported a retrospective drug utilization review (RetroDUR) of atypical antipsychotics in children less than six years old. Donna Johnson will conduct the RetroDur and present the results to the Committee at its next scheduled meeting.

Minutes- August 2008 Meeting

The Board reviewed and with a motion, approved the minutes from May 14, 2009.

New Drugs

Ms. Johnson presented criteria for the new drugs: tadalafil, prasugrel, tapentadol, milnacipran and lacosamide. The Board approved the criteria with the following recommendations:

1. Tadalafil criteria were approved with a motion by the Board with recommendations to add retinitis pigmentosa to the drug/disease criteria and vision loss to the adverse drug reaction criteria
2. Prasugrel criteria were approved with a motion by the Board
3. Tapentadol criteria were approved with a motion by the Board
4. Milnacipran criteria were approved with a motion by the Board with recommendations to add SNRIs to the therapeutic duplication criteria and clonidine to the drug/drug interaction criteria.
5. Lacosamide criteria were approved with a motion by the Board

RetroDUR Review Reports April 2009 through June 2009

April 2009- Polypharmacy

The Retrospective Drug Utilization Review process for April 2009 reviewed drug claims for March 2009.

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. Reviewers 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 **68** 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 12,000 patient medication profiles have been reviewed and a total of **1238 (10%)** intervention letters have been sent to prescribers. The prescriber response rate for the November 2008 review rose to **43%** with **89%** of these prescribers responding that they find the information useful and plan to monitor, alter or discontinue the treatment regimen.

There were also re-reviews this month for the March 2008 polypharmacy review. A total of **28** letters for **10** patients were sent to prescribers informing them of the potential risk to their patients. Of these original patients, a change in drug therapy was noted in **7 patients.**

May 2009 – Beers Criteria Review

The Retrospective Drug Utilization Review process for May 2009 reviewed drug claims for April 2009.

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. [1] 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.

With the implementation of the Medicare part D pharmacy drug plan, Medicaid 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

[1] **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.**

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 **79** 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. Staff assumes 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 **40%** of the criteria interventions involved the use of benzodiazepines in doses that exceed the recommended maximum dose in older adults; **29%** involved the use of benzodiazepines that are inappropriate to use in older adults at any dosage; **9%** of the interventions involved the use of benzodiazepines or barbiturates that are not recommended in patients with certain medical conditions, **19%** involved the inappropriate use of the over-the-counter antihistamine, diphenhydramine, as a sedative-hypnotic and **2%** involved the prolonged use of inappropriate laxatives in older adults. 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 165 re-review profiles this month for the October 2008 review of Beers Criteria. Of these recipients, 124(75%) continue to remain on their original therapy. No additional letters were sent to prescribers notifying them of the continued existence of the original issue.

June 2009 – Therapeutic Duplication and Drug-to-Drug Interaction

The Retrospective Drug Utilization Review process for June 2009 reviewed drug claims for May 2009.

One thousand medication profiles were reviewed looking for therapeutic duplication alerts for muscle relaxants, NSAIDs and pregabalin with gabapentin. Staff also reviewed the drug interaction between amiodarone and doses of simvastatin greater than 20mg per day based on the August 2008 warning from the FDA[2].

A total of **110** letters were sent to prescribers notifying them of the therapeutic duplication of medications for their patients: 49 letters for muscle relaxants, 26 letters for NSAIDs and 35 letters for pregabalin with gabapentin. Care was taken not to send letters for cases of two strengths of the same medication used to achieve a certain dose nor were letters sent when it was obvious that a change in therapy had occurred and the patient was no longer taking duplicate medications.

[2] **FDA postmarket drug safety information for patients and providers. August 8, 2008.**
http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm124362.htm

In August 2008, the FDA published a postmarketing safety alert about the potential interaction between amiodarone and doses of simvastatin greater than 20 mg per day. There is a dose-related increased risk of rhabdomyolysis which can lead to kidney failure and death. Intervention letters were sent to **11** prescribers to alert them to this potential risk to their patients.

Other Business

Next meetings: The Board scheduled their next meeting for October 15, 2009

Adjournment: 3:45 P.M.