DUR Board Meeting Minutes Draft

Name of Meeting	Drug Utilization Review Board
Date of Meeting	Thursday, October 15, 2009
Length of Meeting	2:04 PM – 3:48 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
Michele Thomas, PharmD
Jason Lyman, M.D
Sandra Dawson, R.Ph, MSHA

Not Present: Renita Driver, PharmD

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
Keith Hayashi, R.Ph

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

Visitors:
Dave Croft, BMS
Tim Carr, BMS
Joe West, B-I
Paul Puroy, Amgien
Jim Farrell, Auxilium
Susan Matthews, Med Immune

Call to Order and Introductions

Chair Geneva Briggs called the meeting to order. The Board reviewed and with a motion, approved the minutes from August 20, 2009.

New Drugs

Ms. Johnson presented criteria for the new drugs: Asenapine, Guanfacine and Saxagliptin. The Board approved the criteria with the following recommendations:

1. Asenapine criteria were approved with a motion by the Board with the recommendation to add hyperglycemia to the adverse drug reaction criteria.
2. Guanfacine criteria were approved with a motion by the Board with the recommendation to add an upper age limit of 65 years old for usage.
3. Saxagliptin criteria were approved with a motion by the Board with a recommendation to add facial edema and urticaria to adverse drug reaction criteria.

ProDUR Reports

The Board reviewed ProDUR Reports for FFY 2009.

RetroDUR Review Reports July 2009 August June 2009

July 2009 – Acetaminophen Overutilization

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

Much has been in the news lately regarding the work of the FDA and their views on acetaminophen overdoses. The safety issues with acetaminophen overuse, especially in combination products have long been a concern of the FDA. The majority of acetaminophen products and prescriptions are used safely every year; unfortunately, not in all cases. Acetaminophen-related overdoses cause 56,000 emergency room visits, 26,000 hospitalizations, and 458 deaths annually, according to studies done between 1990 and 1998[1]. Prescribers may be unaware that their patient is taking an over-the-counter (OTC) product with acetaminophen in addition to their prescription combination product. And consumers are often unaware of the doses of acetaminophen in their product as well as the real dangers of unintentional overdose. The FDA is currently preparing their final decision on the revised labeling and restrictions on OTC acetaminophen products.

The intent of this review was to identify patients taking total daily doses of acetaminophen greater than the recommended maximum daily dose of 4 grams. The daily doses of their acetaminophen prescriptions (both OTC and legend) were totaled. Intervention letters were sent to 88 prescribers to alert them to the potential overdose risk to their patients.

[1] **FDA may restrict acetaminophen. Medscape. 2009. http://www.medscape.com/viewarticle/705152**

August 2009 – Non-adherence with Long-acting Bronchodilators in patients with COPD

The Retrospective Drug Utilization Review process for August 2009 reviewed drug claims for July 2009.

This review evaluated long-acting bronchodilator (LABD) therapy adherence in patients diagnosed with chronic obstructive pulmonary disease (COPD). Poor adherence to their maintenance medications is a major factor in recurrent acute exacerbations of their disease and increased hospitalizations.

A threshold medication possession ratio (MPR) of 0.80 (80%) was used to measure adherence. Using the MPR has some limitations such as it includes those persons who started their medication late in the review period or switched to a different LABD or those persons who came in and out of the fee-for-service program. Also, the MPR is dependent on the days supply entered by the dispensing pharmacist on the claim for an accurate determination of adherence. The DUR review panel was instructed to take these factors into account as they evaluated the patient profiles and to eliminate any false positive results from our interventions. The reviewers evaluated 1000 COPD patients on LABD therapy. A total of **86** intervention letters were sent to prescribers to alert them that their patients may not be adhering to their prescribed therapy.

A re-review of profiles for the September 2008 review of medication non-adherence with beta blocker therapy was also conducted. Of the **130** recipients in the original review, **54 (42%)** continued to be non-adherent with their therapy.

Atypical Review Summary

Donna Johnson conducted a retrospective drug utilization review (RetroDUR) of atypical antipsychotics in children less than six years old for the period of June 1, 2009 to August 31, 2009 and presented the results to the Board. The DUR Board discussed the results of this review and expressed concerns about the use of these medications in this patient population. The Board concluded it needed additional information from the prescribers of these medications and requested lettering the 91 prescribers in an effort to understand the need for atypical antipsychotics in these younger children. Once DMAS receives the completed response forms from the prescribers the Board will meet to further discuss this issue.

Other Business

Next meetings: The Board tentatively scheduled their next meeting for January 7, 2010.

Adjournment: 3:48 P.M.