Connecticut Medical Assistance Pharmacy Program
Drug Utilization Review (DUR) Program
DUR Board Meeting

December 2010 DUR Board Meeting Minutes

Thursday, December 16, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

ATTENDEES

Board Members Present: Kenneth Fisher, R.Ph. (Chair), Keith Lyke R.Ph., Dennis Chapron, M.S., Richard Gannon, Pharm.D., Bhupesh Mangla, M.D., Ram Illindala, M.D., Angela Moemeka, M.D., F.A.A.P, and Charles Caley, Pharm.D.

Ex-Officio Non-Voting Member Present: Joseph Paradis, Pharm.D. (HID), James Zakszewski, R.Ph. (DSS), Ellen Arce, R.Ph. (HP)

Guests: Jai Persico (Endo Pharmaceutical) and Wayne Smith (Jazz Pharmaceutical)

INTRODUCTORY BUSINESS

- Ken Fisher called the meeting to order at 6:45p.m.

OLD BUSINESS

A. Previous Meeting Minutes

- Richard Gannon indicated that this statement on page 4 should be corrected by inserting the word poor, …..NSAIDs increase the risk of poor blood pressure control.
- In reference to the statement on page 5 regarding Problem code 108 alerts. Richard Gannon felt that the Board should review a list of all Problem Code 108 alerts. Joe Paradis indicated that this would be provided at the next meeting.
- Richard Gannon also noted a typo on page 6, oxcarbazepine.
- The September 2010 DUR Board meeting minutes were approved with changes noted above by all members.

Retrospective Drug Utilization Review

A. DUR Program Review

- Joe Paradis briefly reviewed the ICER selection process. He explained that each month specific criteria are selected for review based on input from the State, the DUR Board and HID. In addition to the criteria selected, up to 6 criteria are shown on each patient profile. DUR

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intervention letters can be generated from any of these criteria as the profile is reviewed by the clinical pharmacist at HID. All criteria that are active have been approved by the DUR Board.

- A handout listing the top criteria that resulted in DUR letters for the past quarter was distributed to Board members
- The criteria selections included the following and these resulted in the most number of letters being generated, in addition to lock-in letters.
    - Monitoring of use of atypical antipsychotics in children
    - Possible inappropriate use of atypical antipsychotic in children with ADHD
    - Adverse metabolic effect of atypical antipsychotics
    - Duplicate benzodiazepines
    - Non-adherence to antidepressant therapy
    - Black box warning criteria

B. Provider Responses to DUR Letters

- Joe Paradis reviewed a summary of the total number of profiles reviewed and DUR letters generated along with the overall response rates received from providers for the previous 3 months.
- The response rate for the previous 3 months (September, October, and November) appeared to be lower than the previous quarter due to the fact that November letters were just mailed two weeks prior to the meeting. Normally it takes several weeks to receive responses to letters. The response rate was 18% compared to 28% over the previous quarter. This due to the act that responses to November letters have not been received as yet. However, the following comments were made with respect to provider responses to DUR letters.
- Dennis Chapron asked if a prepaid return envelope is provided with the letter. Joe Paradis indicated yes it was.
- Ken Fisher and Bhupesh Mangla thought that perhaps providers were overwhelmed with changes to insurance plans and unhappy with lower Medicare reimbursements and this could lead to an overall lack of enthusiasm towards any correspondence received from an insurer.
- Bhupesh Mangla agreed that the formula for Medicare reimbursements is very complicated and frustrating to providers.
- Ram Illindala agreed but this should not have altered response rates to Medicaid DUR letters.
- Dennis Chapron asked what do prescribers do with these letters, do they become part of the patient's chart?

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- Bhupesh Mangla agreed that they should become part of the patient record and felt that letters sent on State letterhead should get more attention from providers. He also indicated that some prescribers will never respond no matter how many letters they receive, while others will take the effort to respond.
- Joe Paradis indicated HID could identify prescribers who never respond.
- James Zakszewski asked if the use of NPI has improved the delivery of letters by reducing bad addresses and if this in turn has increased response rates.
- Joe Paradis indicated that the use of Hospital NPIs is not as much of an issue as was the case with the use of Hospital DEA numbers.
- Bhupesh Mangla commented that NPI addresses do not get routinely updated. Using DEA number may be a better alternative since they are updated every 3 years. State licenses are also updated on a regular basis.
- Bhupesh Mangla asked if NPI could be linked to the CT Medicaid provider number.
- Ellen Arce indicated that this would not improve the situation since non Medicaid prescribers can prescribe for Medicaid patients. The standard for claims processing is now NPI.

C. New RetroDUR Criteria

- Ken Fisher briefly reviewed the process for criteria approval. All Black Box Warning criteria and any criteria effecting major organ systems would be approved. Other criteria would be open to discussion.
- Criteria 1. Pramlintide / Hypoglycemia (Black Box Warning) was approved as written by the Board.
- Criteria 2 and 3 Rasagiline / Overutilization were approved as written by the Board.
- Criteria 4. Rasagiline / CYP1A2 Inhibitors was approved as written by the Board.
- Criteria 5. Oleptro / Overutilization was approved as written by the Board. Richard Gannon raised the issue that trazadone was no longer often used as an antidepressant. Charles Caley agreed and indicated that it would be a drug of last choice for use in depression.
- Criteria 6. Oleptro / Nonadherence was approved as written by the Board.
- Criteria 7. Trazodone / Carbamazepine was approved as written by the Board. Charles Caley raised the issue if oxcarbazepine should also be added to this criteria. Dennis Chapron indicated that it was not a strong CYP3A4 inducer and should not be included in the criteria.
- Criteria 8. Trazodone / Phenytoin was approved as written by the Board.

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- Criteria 9. Trazodone / CYP3A4 Inhibitors was approved as written by the Board.
- There was discussion regarding the new findings of Plavix® interacting with omeprazole.
- Dennis Chapron indicated that recommendations now are to use pantoprazole and not omeprazole or esomeprazole for patients on Plavix® who also require a PPI as well.
- Bhupesh Mangla indicated that patients with a risk of GI bleeding on Plavix® should continue with a PPI.
- Richard Gannon noted that platelet assays have been used to monitor patients on the combination.
- Charles Caley brought up the issue of what to do with data regarding 2C19 genetic variants in patients taking Plavix®.
- Bhupesh Mangla indicated that it would not be practical to test all patients for genetic variants and that clinical judgment should be used in assessing patients taking Plavix® and a PPI.
- Charles Caley noted that FDA has mandated that many drugs include information regarding genetic variants in their product labeling.
- Ken Fisher asked how this type of information would be addressed in the DUR program.
- Charles Caley note that some prescribers are very comfortable dealing with this type of data and others are not.
- Ken Fisher suggested that perhaps a newsletter could be developed for the topic of genetic variants.
- Dennis Chapron thought an article like that could be controversial
- Bhupesh Mangla thought if the article were put into context of clinical relevance it could be useful.
- Ken Fisher agreed and thought that if the article was informative it could be useful.
- Charles Caley and Richard Gannon both thought that an article discussing the issue of genetic variants and which drugs were most affected by this would be useful.
- Joe Paradis indicated that another state is looking at a newsletter article that would discuss this issue.

C. Newsletter

- The Board approved the December 2010 DUR Newsletter with no further modifications
- Joe Paradis clarified that the newsletter is sent to all known providers.

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NEW BUSINESS

- The next meeting will be held on Thursday March 10, 2011.
- After discussion it was recommended to have the June meeting date changed to Tuesday June 7, 2011. This date will be confirmed at the March meeting or before.
- The meeting was adjourned at 8:15 pm.

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