

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 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., Charles Caley, Pharm. D., Angela Moemeka, M.D., F.A.A.P, Joseph Bordonaro, R.PH.

Ex-Officio Non-Voting Member Present: Heather L. Kissinger, Pharm. D. (HID – DUR Board Coordinator and Secretary), James Zakszewski, R.Ph. (DSS), Ellen Arce, R.Ph. (HP), Robert Zavoski, MD (DSS)

Guests: Fran Kochman (GlaxoSmithKline), Cory Stewart (Endo), Jan Pinto (Alkerman), Stephanie Trickey (Sepracor), Bonnie Parney (AstraZeneca), Lee Martin (Reckitt Benckiser)

INTRODUCTORY BUSINESS

- Ken Fisher called the meeting to order at 6:46 p.m.

OLD BUSINESS

A. Introduction of New Board Member

- Joseph Bordonaro was introduced as the new DUR Board Member.

B. Previous Meeting Minutes

- The March 2010 DUR Board meeting minutes were approved as written by all members.

CMS Report

- The Board began reviewing the FFY 2009 CMS report found in section 7.
- Heather Kissinger stated the Executive Summary could be found on pages 3-6 and the CMS Survey could be found on page 7-11.
- The Board reviewed the Executive Summary and the CMS Survey and had no questions, changes, or comments.
- The Board members reviewed ProDUR Table 1 on pages 12-16.

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

- Heather Kissinger stated there are 13 ProDUR criteria, 9 requiring an override, and 4 that are informational in nature. The 9 requiring an override are; Early Refill, Therapeutic Duplication, Drug-Drug Interaction, High Dose, Pregnancy, Drug-Age Pediatric, Drug Age Geriatric, Ingredient Duplication, and Drug Disease. The 4 alerts that are informational in nature are; Low Dose, Late Refill, Minimum Duration and Maximum Duration.
- Ellen Arce stated that the only alert requiring a prior authorization to override is Early Refill.
- Heather Kissinger reported that table 2 of the CMS report could be found on pages 18-20 and included Retrospective DUR criteria approved by the DUR Board during FFY 2009.
- The Board reviewed table 2 and had no questions, changes, or comments.
- Heather Kissinger reported that Attachment 1 of the CMS report could be found on pages 20-22. Attachment 1 is a report on the monitoring of pharmacy compliance with all prospective DUR requirements performed by the State Medicaid agency and the State Board of Pharmacy.
- The Board reviewed Attachment 1 and had no questions, changes, or comments.
- Heather Kissinger reported that Attachment 2 of the CMS report could be found on pages 23-57 and is the year end summary report on prospective DUR screening using the on-line POS system.
- Heather Kissinger stated that pages 23-57 show each ProDUR alert that is reported. Each alert that requires an override has a 3 page section that includes a table and a bar graph to illustrate the top 10 therapeutic categories by GC3 class that made each alert hit. The alerts that require an override have an additional page displaying a bar graph of the % overrides versus the % cancelled and no response.
- Ken Fisher explained that GC3 class is a way to define a class of drugs, similar to AHFS classification.
- Heather Kissinger gave the example of the anticonvulsant class found on the Early Refill Alert on page 27.
- Rich Gannon questioned if the alerts set for Therapeutic Duplication on page 29 were appropriate, using clonazepam and lamotrigine as an example, and stating the two drugs were not in the same therapeutic class.
- Ellen Arce stated the logic First Data Bank (FDB) uses tends to group together medications that may not be in the same therapeutic class because they use a broad definition of therapeutic class.
- Ellen Arce stated she would have someone from the Pharmacy team at HP review the Drug-Drug and Therapeutic Duplication Alerts.

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

- Rich Gannon asked why anticonvulsants were in the top 10 for alerts set for Pregnancy Precautions on page 38.
- Ellen Arce stated that it was her experience that some women carry the diagnosis of pregnancy in their record although they may not be pregnant any longer. This may be due to a recent prescription for a prenatal vitamin or recent birth of a baby.
- Charlie Caley questioned why prenatal vitamins were making the Pregnancy Precautions alert set on page 38.
- Ellen Arce stated she would look into that and follow up.
- Ken Fisher stated that Overridden was misspelled in a few graphs found in attachment 2.
- Heather Kissinger stated she would fix the misspelling prior to printing the final copy of the CMS Report.
- The Board had no further questions, changes, or comments regarding Attachment 2.
- Heather Kissinger stated Attachment 3 could be found on pages 58-69 and is a year end summary report on retrospective screening and interventions.
- Heather stated that attachment 3a is the summary of the Therapeutic Class Exceptions (TCEs) submitted by HID and summarizes the total number of patients who hit on a TCE within each AHFS drug class during FFY 2009. Attachment 3b is the summary of the interventions performed during FFY 2009 by HID summarized by AHFS class.
- Heather stated the Attachment 3c is the summary of the patient profiling performed for DUR and Lock-In during FFY 2009.
- Ken Fisher stated that Disease State on page 59 was misspelled.
- Heather Kissinger stated she would fix the misspelling prior to printing the final copy of the CMS Report.
- Heather Kissinger reported that Attachment 4 of the CMS report could be found on pages 74-114 and is a brief descriptive report on the DUR Board activities during the FFY 2009.
- It was stated that attachment 4 includes the FFY 2009 DUR Board meeting minutes, criteria selections, and quarterly provider newsletters.
- The Board reviewed Attachment 4 and had no questions, changes, or comments.
- Heather Kissinger reported that Attachment 5 of the CMS report could be found on pages 115-117 and describes and policies in place to encourage the use of therapeutically equivalent generic drugs.

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

- Jim Zakszewski stated that the MAC reimbursement during FFY 2009 was AWP-40% and requested to change the statement on page 115 regarding the MAC reimbursement to the correct calculation.
- Heather Kissinger stated she would change this prior to submitting the report to CMS.
- Robert Zavoski requested that the statement at the bottom of page 115 be changed so that it did not mislead readers to think all generic products are preferred agents on the Preferred Drug List.
- Heather Kissinger stated this change would be made prior to submitting the report to CMS.
- Heather stated the Generic Dispensing Rate (GDR) for FFY 2009 was 50.99%.
- Heather Kissinger reported that attachment 6 of the CMS report could be found on pages 118-134 and is the program evaluations/cost savings estimates prepared by HID, and EDS.
- RetroDUR and Lock-In cost savings during FFY 2009 reported by HID was \$3,751,304.
- ProDUR cost savings during FFY 2009 was estimated to be a total of \$10,348,409 on 94,401 prescriptions.
- Dennis Chapron requested to see the top 50 drugs by cost and the top 50 drugs by number of prescriptions for FFY 2009.
- Heather Kissinger stated she would send the DUR Board members the requested information and include it in the follow-up for the next meeting.
- The Board approved the CMS report contingent upon Heather Kissinger making the few minor changes that were requested.

OLD BUSINESS (continued)

C. Follow-Up from Previous Meeting

- The Board reviewed section 3 titled "Follow-up from the March 2010 DUR Board Meeting."
- Follow-up 1, a request was made to e-mail the final copy of the DUR Board ByLaws to the Board members after all changes were made.
- Heather Kissinger stated this request was completed after the March 2010 meeting.
- Follow-up 2, a request was made to post the updated DUR Board ByLaws to ctdssmap.com.
- Heather Kissinger stated this request was completed after the March 2010 meeting.
- Follow-up 3, a request was made to remove flurazepam and triazolam as generic alternative agents from all sedative hypnotic criteria.
- Heather Kissinger stated this request was completed after the March 2010 meeting.

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM

Connecticut Pharmacists Association Office

Rocky Hill, CT

- Follow-up 4 and 5, a request was made to perform an intervention on Polypharmacy, patients who received 15 or more medication in a single month and a request was made to view a polypharmacy patient profile.
- Heather Kissinger stated the intervention had not yet been performed due to questions/clarification that was needed prior to moving forward. In December 2009, 3709 patients received 15 or more medications. In January 2010, 5153 patients received 15 or more medications. In February 2010, 3481 patients received 15 or more medications. In March 2010, 5743 patients received 15 or more medications. Heather Kissinger stated the search does not distinguish between chronic and as needed medications and also does not take into account the patients who had a refill at the beginning of the month and then again at the very end of the month.
- Heather Kissinger asked the Board if they wanted to change the polypharmacy criteria to focus on patients receiving 20 or more medications per month to decrease the number of patients who hit on the original 15 medications per month.
- Keith Lyke suggested we exclude patients in nursing homes from our review but keep 15 or more medications per month as the criteria parameter.
- Keith stated that since over the counter medications are no longer covered under Medicaid as of June 4 that may also decrease the number of patients hitting on the polypharmacy criteria.
- Heather Kissinger stated she would run another report for the polypharmacy criteria excluding the nursing home patient population and report back to the Board during the September DUR meeting. A vote would be taken then to determine the format of the polypharmacy intervention letter and the specific criteria used to run the intervention.
- Charlie Caley suggested that if excluding the nursing home patients did not decrease the number of hits on the polypharmacy criteria, a possible customization of the criteria, looking specifically at patients receiving high therapeutic index medications, such as digoxin could help bring the numbers down.
- Ram Illindala also suggested customizing the polypharmacy criteria further by including only a few specific AHFS classes to further reduce the number of hits on the criteria if it was needed after excluding the nursing home patients.
- Attachment 1, the Polypharmacy Intervention Letter, was reviewed by the Board. Heather Kissinger stated that instead of sending out single letters for each patient who hit on the polypharmacy criteria, each physician who has a patient (or a number of patients) who hit on the polypharmacy criteria will receive a letter with a list of those patients contained within the single

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

letter. The purpose of this condensed form of mailing is to not overburden the physicians with large amounts of letters if they have more than one patient who is receiving polypharmacy.

- Attachment 2, a sample polypharmacy profile was reviewed by the Board.
- The profile showed the patient had received 19 different prescriptions during March 2010 and had seen 17 different physicians who wrote prescriptions for them during this time frame.
- Heather Kissinger stated that this is an example of a patient who would hit on the polypharmacy criteria during the intervention once it was run.
- Dennis Chapron requested to have a polypharmacy patient profile included in the next meeting of a patient who received 20 or more medications in a single month.
- Heather Kissinger stated that this would be done.
- Follow-up 6, a request was made to see a lock-in patient profile.
- Attachment 3, a sample lock-in patient profile was reviewed by the Board.
- Heather Kissinger stated the lock-in patient had visited 3 pharmacies and 13 different physicians in the past 4 months. The profile was previously coded to show the Board what a lock-in profile would look like after a decision was made to send a lock-in letter out. The letter type chosen for the patient being reviewed was an LI 42, the patient is taking similar or conflicting medications prescribed by multiple prescribers. This letter was chosen because the patient had seen 6 different prescribers in the past 3 months to obtain controlled substances, and also the patient had multiple diagnoses of opioid dependence in their diagnosis history.
- Follow up 7, a request was made to see the different letter types used in the lock-in process.
- Attachment 4, Provider lock-in letter types, was reviewed by the Board.
- Heather Kissinger stated that the lock-in process is a three step process. First, lock-in reviews begin each month by reviewing the top 400 patients who hit on the lock-in criteria. If a decision is made to send a letter for a patient, the patient will receive a letter type from step one of the process (LI 42 Multiple Prescribers, LI 45 Excessive Use, LI 47 Early Refills, LI 49 Duplication of Therapy, or LI 48 Chronic Use). Once step one of the letter process is complete, the patient will not hit on the lock in criteria for 90 days. Once 90 days have passed and if the patient hits on the lock in criteria again, a warning letter (LI 40) can be sent out, Step II in the lock-in process. Once step two of the letter process is complete, the patient will not hit on the lock in criteria for another 90 days. Once 90 days have passed and if the patient hits on the lock in criteria again, a lock in letter (LI 41) can be sent out, Step III in the lock in process. Once a

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

patient is locked into a single pharmacy, an annual review will be performed to determine if the patient has changed their behavior and is eligible to be unlocked.

- Heather Kissinger stated that samples of all lock-in letter types could be found in attachment 4.
- Follow up 8, a request was made to know the uses for Inderal LA.
- Ram Illindala corrected this follow up and stated that the Board had requested to know if Inderal LA and short acting Inderal were both FDA approved for migraine prophylaxis.
- Heather Kissinger stated she had found that Inderal LA was FDA approved for migraine prophylaxis, and would report to the Board whether or not the short acting form of Inderal was approved for this use during the September 2010 meeting.
- Follow up 9, a request was made to know the incidence of GI bleeds in Medicaid patients concurrently taking SSRIs and NSAIDs.

There were 1151 Connecticut Medical Assistance patients were found to be prescribed an NSAID and an SSRI and have a diagnosis of a GI bleed between 1/1/2009 and 12/31/2009.

- Bhupesh Mangla stated that although patients received both an SSRI and an NSAID during this period and were also diagnosed with a GI bleed, there is no cause and effect relationship that can be made.
- Follow up 10, Heather Kissinger requested the Board to review the HP provider bulletin on the lock-in program and decide if they want to publish the information in an upcoming newsletter.
- The Board agreed that in light of the lock-in profile reviewed during the meeting and the importance of the lock-in program, the HP provider bulletin should be published as a newsletter by the DUR Board.
- Heather Kissinger stated this topic would be published as the September or December 2010 newsletter topic.

D. Criteria Trend Summary

- Heather Kissinger stated that section 4 is the criteria trend summary, the purpose of this report is to review criteria previously reviewed 6 months after intervention letters are mailed to evaluate if the intervention had an impact on the population.
- Criteria 1536, (Alert message: This patient has a history of diabetes and hypertension and may benefit from the addition of an anti-hypertensive agent to reduce cardiovascular morbidity and mortality. The coexistence of these conditions imposes a need for a significantly lower goal

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM

Connecticut Pharmacists Association Office

Rocky Hill, CT

blood pressure (130/80mmHG) than the goal recommended for a non-diabetic patient with hypertension (140/80mmHG). If lifestyle modifications alone are no longer effective consider JNC-7 treatment recommendations for the selection of the optimal anti-hypertensive therapy) had 249 hits in October 2009 and increased to 312 hits in April 2010.

- Criteria 2329 (Alert message: According to recent NCEP guidelines, diabetes alone is a risk equivalent for developing coronary heart disease (CHD). NCEP recommends targeting an LDL cholesterol goal of < 100mg/dL in these patients with or without CHD. Recent clinical trials have shown that the reduction of LDL < 70mg/dL is a therapeutic option for very high-risk patients (cardiovascular disease plus any of the following: diabetes, cigarette smoking, uncontrolled hypertension, obesity or those with recent MI). Unless contraindicated consider initiating LDL-lowering drug therapy in addition to lifestyle modifications (e.g. diet, exercise)) had 3439 hits in October 2009 and increased to 3641 hits in April 2010.
- Criteria 2949, (Alert message: Low dose Seroquel (quetiapine), less than 200 mg, is sometimes used off-label as a sedative agent. Quetiapine is not FDA approved for the treatment of sleep-related problems. The long-term safety and efficacy of this treatment strategy have not been evaluated.) had 485 hits in September 2009 and decreased to 344 hits in March 2010.
- Criteria 169, (Alert message: The combination of clozapine and benzodiazepines may lead to respiratory depression or hypotension) had 259 hits in November 2009 and increased to 353 hits in May 2010.
- Criteria 683, (Alert message: Concomitant use of capecitabine (Xeloda) and oral coumarin-derivative anticoagulant therapy (e.g. warfarin) may cause increased risk of bleeding. Close monitoring of PT/INR and subsequent adjustment of anticoagulant dose is recommended) had 1 hit in November 2009 and decreased to 0 hits in May 2010.
- Criteria 2458, (Alert message: Concurrent use of fentanyl products with potent CYP 3A4 inhibitors (e.g., ritonavir, ketoconazole, itraconazole, troleandomycin, clarithromycin, nelfinavir, and nefazodone) may result in an increase in fentanyl plasma concentrations, which could increase or prolong adverse effects and may cause potentially fatal respiratory depression. Patients receiving fentanyl and potent CYP 3A4 inhibitors should be monitored for an extended period of time and dosage adjustments made if warranted) had 35 hits in November 2009 and decreased to 12 hits in May 2010.
- Criteria 583, (Alert message: The maximum recommended dose of propoxyphene napsylate is 600 mg per day and 390 mg per day for propoxyphene hydrochloride. Exceeding the maximum dose of propoxyphene may result in accumulation of the parent compound and the active

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

metabolite causing an increased risk of adverse reactions and sometimes fatal overdose. Fatalities within the first hour of overdosage are not uncommon) had 5 hits in November 2009 and increased to 7 hits in May 2010.

- Criteria 124, (Alert message: Angiotensin-converting enzyme inhibitors (ACEIs) are not recommended during pregnancy due to the possible risk of fetal abnormalities in humans. ACEIs should be used only if the benefits outweigh the risks of harm to the fetus. All ACEIs are FDA pregnancy category C during the first trimester and pregnancy category D during the second and third trimesters) had 6 hits in November 2009 and decreased to 4 hits in May 2010.
- Criteria 407, (Alert message: Estrogens alone or in combination products should not be used in patients with a history of endometrial carcinoma) had 3 hits in November 2009 and decreased to 5 hits in May 2010.
- Criteria 482, (Alert message: Amiodarone may cause potentially fatal pulmonary toxicity (hypersensitivity pneumonitis and/or fibrosis). The use of amiodarone should be avoided in patients with pre-existing pulmonary disease) had 2 hits in November 2009 and decreased to 3 hits in May 2010.
- Criteria 675, (Alert message: Cases of life-threatening hepatic failure have been reported in patients treated with nefazodone. This drug should be discontinued if clinical signs or symptoms suggest liver failure. This medication should not be used in patients with active liver disease or with elevated baseline serum transaminases) had 1 hit in November 2009 and had 1 hit in May 2010.
- Criteria 1602, (Alert message: Thiazolidinediones, alone or in combination with other antidiabetic agents, can cause fluid retention, which may exacerbate or lead to heart failure. Patients should be observed for signs and symptoms of heart failure. Discontinue thiazolidinedione therapy if any deterioration in cardiac status occurs. Rosiglitazone and pioglitazone are contraindicated in patients with NYHA Class 3 and 4 cardiac status) had 63 hits in November 2009 and increased to 69 hits in May 2010.
- Criteria 2947, (Alert message: Rosiglitazone-containing products may cause or exacerbate congestive heart failure. Their use is contraindicated in patients with NYHA class 3 or 4 heart failure and not recommended in patients with symptomatic heart failure. Patients should be observed for signs and symptoms of heart failure (rapid weight gain, dyspnea, and or edema). If heart failure develops initiate appropriate therapy and consider alternative antidiabetic therapy) had 16 hits in November 2009 and decreased to 12 hits in May 2010.

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM

Connecticut Pharmacists Association Office

Rocky Hill, CT

- Criteria 450, (Alert message: Patients with renal impairment or a past history of lactic acidosis may be at increased risk of developing lactic acidosis when receiving metformin therapy) had 218 hits in November 2009 and increased to 235 hits in May 2010.
- Criteria 560, (Alert message: Thioridazine been shown to prolong the QTc interval in a dose related manner and has been associated with torsade de pointes-type arrhythmias and sudden death. Thioridazine use should be avoided in combination with other drugs that are known to prolong QTc interval or inhibit P450 2D6 and in patients with congenital long QT syndrome, a history of cardiac arrhythmias or reduced activity of P450 2D6) had 6 hits in November 2009 and decreased to 3 hits in May 2010.
- Criteria 1053, (Alert message: Pioglitazone-containing products may cause or exacerbate congestive heart failure. Their use is contraindicated in patients with NYHA class 3 or 4 heart failure and not recommended in patients with symptomatic heart failure. Patients should be observed for signs and symptoms of heart failure (rapid weight gain, dyspnea, and/or edema). If heart failure develops initiate appropriate therapy and consider alternative antidiabetic therapy) had 422 hits in November 2009 and decreased to 354 hits in May 2010.
- Criteria 1854, (Alert message: The use of propoxyphene-containing products in elderly patients may result in accumulation of the parent compound and the active metabolite leading to cardiotoxicity and CNS toxicity, such as hallucinations, confusion and drowsiness) had 161 hits in December 2009 and decreased to 105 hits in June 2010.
- Criteria 1859, (Alert message: Amitriptyline-containing products should be avoided in elderly patients. Amitriptyline has significant anticholinergic and sedative properties which can increase the incidence of falls and fractures. Consider alternative agents with more favorable adverse effect profiles) had 202 hits in December 2009 and decreased to 160 hits in June 2010.
- Criteria 1868, (Alert message: The use of antihistamines with potent anticholinergic activity is not recommended in elderly patients) had 165 hits in December 2009 and decreased to 143 hits in June 2010.
- Criteria 587, (Alert message: Benzodiazepine anxiolytic agents with long half-lives should be avoided in the elderly due to their increased sensitivity to these agents. Chronic dosing of these agents may result in accumulation of the parent compound and the active metabolites causing prolonged sedation and increased risk of falls/fractures. Anxiolytics with short to intermediate half-lives such as oxazepam and lorazepam are recommended as alternatives) had 371 hits in December 2009 and decreased to 149 hits in June 2010.
-

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

Retrospective Drug Utilization Review

A. Program Summary Review

- The Board reviewed the program summary review for 1st quarter 2010 in section 5.
- Heather Kissinger stated that prescription claims cost, the number of prescriptions filled, and the total number of unique recipients increased when compared to the 4th quarter 2009.
- The cost of recipient per month, and the average paid per prescription decreased when compared to the 4th quarter 2009.

B. Intervention Activity Report

- The Board reviewed the Intervention Activity report for 1st quarter 2010 in section 6.
- It was stated that the Intervention Activity Report is a monthly summary of the distribution of letters mailed to prescribers and also summarizes the main criteria that were reviewed each month.
- **In January 2010, 1702 letters were sent. The main interventions reviewed were:**
- The concurrent use of an ACEI (angiotensin converting enzyme inhibitor) with an ARB (angiotensin II receptor blocker) may result in significant adverse effects (e.g., hyperkalemia, hypotension and renal impairment) without improving patient outcomes. Consider switching the patient to a safer recommended combination therapy. If an ACEI/ARB combination therapy is unavoidable closely monitor the patient for adverse effects (734 letters)
- Concurrent therapy with an ACEI, and ARB and a NSAID may lead to increased risk of adverse effects. NSAIDS may diminish the overall efficacy of the antihypertensive agents, decrease renal perfusion, cause fluid retention and hyperkalemia. ACEIs and ARBs can cause hyperkalemia as well as decreased GFR and when used concurrently with NSAIDS increase the risk of blood pressure control. Dose adjustment of one or more agents may be required or discontinuation of an agent may be necessary (72 letters)
- Fentora (buccal fentanyl) is only approved for the treatment of breakthrough pain in patients with cancer who are already receiving and are tolerant to opioid therapy. Buccal fentanyl must not be used in opioid non-tolerant patients. The improper selection of patients, incorrect dosing and improper product substitution may result in a fatal overdose with this agent (3 letters)
- Lock-in criteria (409 letters).

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM

Connecticut Pharmacists Association Office

Rocky Hill, CT

- **In February 2010, 1452 letters were sent. The main interventions reviewed were:**
- Adverse Fetal Effects (problem code 051) (234 letters)
- Pregnancy (problem code 108) (108 letters)
- Lock-in criteria (398 letters)
- **In March 2010, 1341 letters were sent. The main interventions reviewed were:**
- Nonadherence to the prescribed antihypertensive regimen may result in poor blood pressure control, disease progression and additional health care costs (810 letters)
- Lock-in criteria (259 letters)

C. CMS Report New Format for next year

- The Board reviewed the new format for the annual CMS report to be used for Annual CMS reports after the FFY 2009.
- Heather Kissinger pointed out the differences in the reporting format to include three new sections required by CMS for next year.
- The three new sections include: The Prescription Drug Monitoring Program, Innovative Practices, and E-Prescribing.

D. PA Criteria for Fentanyl Products

- The Board reviewed section 9, PA criteria for fentanyl products.
- Heather Kissinger stated that the Department of Social Services is interested in creating a Prior Authorization for all fentanyl products and is looking for input from the DUR Board.
- Section 9 contains some preliminary information or ideas on how to build specifics for the criteria.
- Heather Kissinger stated she contacted other pharmacists who work for HIS in other states to inquire about their restrictions of fentanyl products and some states do have quantity limits for the products and diagnosis limits as well.
- Rich Gannon suggested we contact some chronic, non cancer pain physicians to obtain their input.
- Ellen Arce suggested we could use editing for ID specialties to distinguish between oncologists and other prescribers, giving oncologists more freedom to write outside of normal prescribing for fentanyl products.

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



June 2010 DUR Board Meeting Minutes

Thursday, June 10, 2010 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

- Heather Kissinger stated she would work on developing criteria sets for fentanyl products prior authorizations for the Board and the Department of Social Services to review during the September meeting.

D. RetroDUR Criteria

New Criteria

- Criteria 1, Propylthiouracil / Methimazole (Negating) Black Box Warning was approved as written by the Board.
- Criteria 2, Raltegravir / Non-Preferred Dual NRTIs / Truvada was approved by the Board.
- Criteria 3, Pitavastatin / Overuse was approved as written by the Board.
- Criteria 4, Pitavastatin / Severe Renal Impairment was approved as written by the Board.
- Criteria 5, Pitavastatin / Moderate Renal Impairment & ESRD on Hemodialysis was approved as written by the Board.
- Criteria 6, Pitavastatin / Cyclosporine was approved as written by the Board.
- Criteria 7, Pitavastatin / Active Liver Disease was approved as written by the Board.
- Criteria 8, Pitavastatin / Erythromycin was approved as written by the Board.
- Criteria 9, Pitavastatin / Rifampin was approved as written by the Board.

E. Newsletter

- The Board approved the June 2010 DUR Newsletter with the following modifications:
 - Remove all information regarding E-Prescribing and make that topic a separate newsletter in the future.
 - Complete changes requested by Rich Gannon.
- The Board agreed that the newsletter would be approved once those changes were made.

NEW BUSINESS

- The dates for the September and December 2010 DUR Board meetings were confirmed as:
 - Thursday September 9, 2010
 - Thursday December 9, 2010
- The meeting was adjourned at 8:55 pm.