Attachment 3

Retrospective DUR criteria analysis and recommendations

The current retrospective DUR criteria have been developed by Health Information Designs' clinical staff beginning in the early 1990's and continue to be developed as new clinical information becomes available. References supporting the criteria are provided on the printed profiles and prescriber letters.

The currently available DUR criteria have been reviewed and categorized by Mike Mergener to lead the discussion on approval of new retrospective DUR criteria. The criteria have been grouped by Dr. Mergener into the following general categories:

Pregnancy contraindication
Renal and hepatic dosing
Elderly specific
Controlled substance overuse
Migraine treatment
New therapeutic dups
Dose consolidation/splitting
Max Dose
Disease contraindications
Drug/drug interactions
Drugs as disease markers
Late refill

Pregnancy contraindication

The drugs listed in this group include chemotherapeutic agents such as azathioprine and common drugs known to cause problems with fetal development, e.g., statins and ARBs.

All drugs with an FDA category D or X are currently alerted in the prospective DUR system. Although retrospective notification of a drug causing fetal toxicity is not an ideal situation, there appears to be little downside in notifying the prescriber of this situation if it occurs. This should occur relatively rarely.

Recommendation: Analyze the drugs on the list and activate any drug with an FDA category D or X.

Renal and hepatic toxicity

A considerable number of patients reviewed are in SeniorCare. Since these individuals are more likely to have diminished renal or hepatic function, some of these criteria may be clinically relevant. We currently have a specific criterion for acetaminophen toxicity active.

Criteria include drugs which may be reno- or hepatotoxic as well as drugs which may require dosage adjustment in patients with diminished renal or hepatic function. Even though the diminished function is a clinical issue, we do not receive that information for SeniorCare participants.

Recommendation: Do not activate drugs requiring dosage adjustments. Review drugs causing hepatic and renal toxicity to be sent to members for a decision at the next DUR Board meeting.

Elderly specific

Because of the SeniorCare population this could be an important area. Many of the criteria relate to the specific use of benzodiazepines. Another criterion is a general caution on drugs in the Beers' list. A previous analysis on Beers' drugs should minimal use of most of the drugs on this list. There are also 3 specific subset criteria on warnings in the elderly which I have not reviewed.

Recommendation: Review drugs in the 3 subsets to be sent to members for a decision at the next DUR Board meeting. Do not activate Beers' list criterion.

Controlled substance overuse

Our current criteria review these categories as a class. These criteria are more specific, e.g., alprazolam use alone versus benzodiazepines as a category.

Recommendation: Keep current criteria. Do not activate individual drug criteria.

Migraine treatment

Criteria are specific to each triptan. Basic message is for overuse of triptans and a suggestion that if this occurs, a trial of prophylactic medication may be warranted. One criterion is for all triptans.

Recommendation: Put on hold. A separate initiative by the state is currently looking at quantity limits for triptans.

New therapeutic duplication

Therapeutic duplication of specific drugs is also addressed in the prospective system. Some of these drugs are already covered by current retrospective alerts. Some new categories are available and may be useful, e.g., ARBs, atypical antipsychotics,

Recommendation: Do a more in-depth review of the category to be sent to members for a decision at the next DUR Board meeting.

Dose consolidation/splitting

The DUR Board has previously endorsed the concept of dose consolidation and tablet splitting where appropriate. A separate state initiative is addressing this issue and developing a comprehensive approach to this issue.

Recommendation: Activate appropriate alerts in conjunction with the State's comprehensive program.

Maximum dose

We currently do not utilize maximum dose in prospective DUR. These criteria try to look at the recommended maximum daily dose. This is dependent on the pharmacist's entry in the days supply and quantity fields. The criteria do offer some check on doses above recommendations and consequently provide an additional quality check.

Recommendation: Do a more in-depth review of the category to be sent to members for a decision at the next DUR Board meeting.

Disease contraindications

We do not receive diagnosis information for SeniorCare recipients. However, some diseases are implied by drug usage.

Recommendation: There are only 8 criteria in this group, only 2 are considered category 1 severity level. They are cyclic antidepressants in patients with Wolff-Parkinson-White syndrome and in patients with narrow angle glaucoma. Ask Board for a vote.

Drug/drug interactions

Some but not all overlap with prospective DUR. Retrospective alerting of a drug/drug interaction is not optimal.

Recommendation: Do a more in-depth review of the category to be sent to members for a decision at the next DUR Board meeting.

Drugs as disease markers

Not much overlap with the prospective DUR system. May provide some additional clinical utility. Have not researched individual drugs used as markers to see if they "look" okay.

Recommendation: Review drug marker disease match of the category. Provide recommendations to be sent to members for a decision at the next DUR Board meeting.

Late refill

Most of these drugs are covered in prospective DUR alerts. Looks at mostly maintenance drugs. These criteria provide unique problems to pharmacists, e. g., alerts set when a maintenance drug is changed, alert may set in retrospective situation when patient changes pharmacies, pharmacist may be unable to alert patient

Recommendation: Review list to see if any categories should be used in prospective system. Do not activate late refill alerts in retrospective system.

Miscellaneous criteria

I was unable to classify all of these easily or they may have fit in more than one group at initial review or I needed to research the clinical relevance.

Recommendation: Finish review of these criteria and develop recommendations for a decision at the next DUR Board meeting.