DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
DRUG UTILIZATION REVIEW BOARD
AGENDA

November 18, 2004

Welcome	**Tim Alford, MD**
Reading & Approval of Minutes Of June 24, 2004 DUR Board Meeting	**Lew Anne Snow, RN**
Update on Therapeutic Duplication Of Atypical Antipsychotics	**Sam Warman, RPh**
Update on Over Utilization of Sedative Agents- Ambien® and Sonata®	**Sam Warman, RPh**
Gabapentin Use	**Sam Warman, RPh**
Pharmacy Program Update	**Judith Clark, R.Ph.**
Black Box Warnings or Boxed Warning Update	**Sam Warman, RPh**
Suggested Interventions	**Sam Warman, R.Ph.**
Next Meeting Information	**Tim Alford, MD**

Minutes of the June 24, 2004
Drug Utilization Review (DUR) Board Meeting

Members Attending: Tim Alford, M.D., Bob Broadus, RPh, Clarence Dubose, RPh, John Mitchell, M.D., Joe McGuffee, RPh., Andrea Phillips, M.D., Cynthia Undesser, M.D., Rudy Runnels, M.D., Diana McGowan, RPh. ,Leigh Anne Ramsey, PharmD., Sara Weisenberger, M.D.

Members Absent: Montez Carter

Also Present: Lew Anne Snow, R.N., Pam DeRuiter, RPh, - HID, Judith Clark, RPh, Terri Kirby, RPh, Phyllis Williams, Sharon Barnett- Myers, DOM.

Dr. Tim Alford called the meeting to order at 2:07 p.m.
Lew Anne Snow introduced Pam DeRuiter from the Auburn office of HID to the DUR Board.

Approval of minutes of last meeting (March 25, 2004): Bob Broadus made a motion to accept the minutes as written. Joe McGuffee seconded the motion. All voted in favor of the approval.

Reports:
Update on Over-Utilization of Carisoprodol:
Lew Anne Snow presented a report requested by the DUR Board on the over-utilization of Carisoprodol. Data was reviewed from July, 2003 through September, 2003, with a finding of 308 recipients identified for possible intervention. Of those profiles reviewed 197 intervention letters were mailed. As of 04/15/04 73 responses were received.

The following recommendations were made.
1. Continue to mail intervention letters where appropriate regarding the over utilization of carisoprodol.
2. Continue to record and evaluate prescriber responses.
3. Communicate the findings of this evaluation to prescribers and pharmacy providers.
4. Report those responses that suggest lock-in or possible drug-seeking behavior to DOM due to the fact that 47 beneficiaries had intervention letters mailed to multiple prescribers.

Update on Over Utilization of Narcotic Agents:
Lew Anne Snow (HID) presented an update on the over-utilization of narcotic (C II – V) agents. Data was reviewed from June, 2003 through January, 2004. A total of 69 beneficiaries were available for intervention letters. It was reported that those beneficiaries with a diagnosis of cancer were excluded from the interventions.

Recommendations:
1. Continue mail intervention letters where appropriate regarding the over utilization of narcotic agents
2. Continue to record and evaluate prescriber responses.

3. Communicate the findings of this evaluation to prescribers and pharmacy providers.
4. Conduct additional retrospective evaluations targeting over utilization of narcotic agents by identifying beneficiaries that utilize multiple prescribers and providers.

Black Box Warning:
Lew Anne Snow presented black box warnings issued by the FDA concerning the following:

- Zelnorm – The new information relates to a warning for serious consequences of diarrhea and a precaution for rare reports of ischemic colitis in post marketing use of Zelnorm.

Pam DeRuiter (HID) informed the board that Serzone had been removed from the market due to warnings issued regarding hepatic toxicity.

Pharmacy Program Updates:
Judy Clark gave an update regarding the new Maximum Dosage Requirements effective July 1, 2004. In order for a beneficiary to receive more than the maximum daily dose allowed by the MS Division of Medicaid, the physician must submit a Maximum Unit override request to HID. The maximum daily dose is determined according to the FDA approved and manufacturers suggested recommended daily dose. MS Division of Medicaid will allow a 34 days supply of medication at the recommended dose. Mrs. Clark explained that maximum dose limits are assigned and utilized as a way to address abuse and over utilization of all medications. Medicaid is currently reviewing Hypnotics, Narcotic Analgesic Combinations, Central Analgesics, Non-Narcotic Analgesics with Barbiturates, Skeletal Muscle Relaxants, Flextra DS and Flextra 650. After much general discussion regarding the above classes, the general consensus of the Board was to set a maximum daily limit of 3 Grams of acetaminophen per day.

Beginning August 1, 2004, MS Division of Medicaid will require counterfeit-proof prescription pads for all controlled substances. After October 1, 2004 when a counterfeit-proof prescription pad is not used, the pharmacy will be required to contact the prescribing physician's office to verify authenticity of the prescription.

Sharon Barnett-Myers was introduced as the new Deputy Administrator for MS Division of Medicaid. She gave a brief statement regarding the vision of the MS Division of Medicaid. Sharon Barnett-Myers then excused herself to attend other obligations.

Beta Agonist Over-Utilization:
Pam DeRuiter presented the intervention letters that would be sent to both the prescribing physician as well as the provider pharmacy for those beneficiaries identified with possible over-utilization of inhaled beta agonists.

Recommendation:
Joe McGuffee made a motion to accept both intervention letters. Dr. Mitchell seconded the motion. All voted in favor of the motion.

RDUR Criteria Recommendations:
Several new criteria recommendations used in the retrospective DUR process were presented. The RDUR criteria recommendations included:

- Diabetes/Hypertension/Cardiovascular Drugs
  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.
- Certain Antihypertensive Agents/Post MI/Beta-blockers, ACE Inhibitor & Aldosterone Antagonist
  Patient has a diagnosis of myocardial infarction and is on an anti-hypertensive medication. The current JNC-7 report recommends a beta-blocker, ACE inhibitor or an aldosterone antagonist as optimal antihypertensive therapy for hypertensive post myocardial infarction patients, if no contraindications are present.
- Certain Antihypertensive Agents/Stroke/Thiazide diuretics & ACE Inhibitors
  Patient has a history of stroke and is on an anti-hypertensive medication. The current JNC-7 report suggests that recurrent stroke rates are lowered by the combination of an ACE inhibitor and a thiazide-type diuretic, if no contraindications are present.
- Certain Antihypertensive Agents/Chronic Kidney Disease/ACE Inhibitors & ARBs
  Patient has a diagnosis of chronic kidney disease and is on an anti-hypertensive medication. The current JNC-7 report recommends an ACE inhibitor or angiotensin II receptor antagonist as optimal antihypertensive therapy in these patients, if no contraindications are present.

Recommendation: Dr. Ramsey made a motion to not vote for any new criteria recommendation at this time. Dr. Mitchell seconded the motion. All voted in favor of motion.

Suggested Interventions:
Pam DeRuiter presented several intervention recommendations. Each suggested intervention included the number of recipients identified during profile review as being at risk for the specific intervention. These suggested interventions included:

Hypertension:

- Adverse Cardiovascular Effects—COX-2 Inhibitors & CHF/Edema/Fluid Retention
- Drug-Drug Interaction—Clonidine & Beta Blockers
- Drug-Drug Interaction—ACEI & K+ sparing diuretics
- Under-Utilization of Beta Blockers
- Therapeutic Appropriateness—Cardio Post MI Drug & Post Myocardial Infarction
- Drug (Actual) Disease Precaution—NSAIDS & Hypertension

Recommendation: Bob Broadus made a motion to approve the suggested interventions. Lee Ann Ramsey seconded the motion. All voted in favor of motion.

Next Meeting Information:
Dr. Alford reminded the Board of the next meeting on September 23, 2004 at 2:00 p.m. There being no other business, Dr. Alford asked for a motion to adjourn the meeting. Bob Broadus made a motion to adjourn. Joe McGuffee seconded the motion. The meeting was then adjourned at 3:32 p.m.

Respectfully submitted;
Health Information Designs

Update on the Therapeutic Duplication
Of
Atypical Anti-Psychotics

Introduction

The Mississippi Drug Utilization Review (DUR) Board approved a criterion recommendation and prescriber letter for an intervention regarding the therapeutic duplication of atypical anti-psychotic medications.

Methodology

Paid claims data are forwarded from ACS to Health Information Designs (HID) for review and evaluation. The DUR Board, Division of Medicaid (DOM), and HID developed the criterion for this evaluation. In order for a claim exception to occur, a beneficiary must receive at least 2 of the atypical anti-psychotic medications. These medications include Zyprexa™, Seroquel™, Abilify™, Risperdal™, and Geodon™. In June 2003, the existing criterion was amended to therapeutic duplications that occurred for 90 days or longer. For this update, the time span used was January 2003 through December 2003. Claims data were evaluated against the criterion and cases were identified for review by a HID clinical pharmacist.

Approved educational intervention letters with attached response forms were mailed to prescribers for identified recipients. The response form asks the prescriber to indicate any action taken in response to the intervention letter. Response forms were returned to HID for review and evaluation.

Results

- A total of 392 profiles were reviewed from 14,735 possible violations of these criteria.
- From the 392 profiles selected, 186 beneficiaries were identified who appeared to be available for intervention. Specifically 138 beneficiaries were identified for criterion 454 and 48 for criterion 1431.
- 92 profiles deleted for either generic prescriber identification number or other quality assurance reasons.

After profiles were reviewed, 94 intervention letters were mailed.
25 responses have been received equaling a 27% response rate. Table 1 summarizes the prescriber responses.

Table 1

Response	Number of responses
Physician unaware of what other physicians were prescribing	1
Patient is no longer under physicians care	5
Physician feels problem is insignificant, no change in therapy	9
Physician will reassess and modify drug therapy	1
Patient never under this physician's care	4
MD saw patient only once in ER or as On-Call MD	1
MD did not prescribe drug attributed to him/her	3
Patient in critical care or hospitalized	1

22

Discussion

As mentioned above, this therapeutic duplication intervention alerts to multiple atypical anti-psychotic prescriptions that appear to be taken during the same time frame and for at least 90 days concurrently. Through profile review, 132 profiles were in fact receiving 2 different strengths of the same medication concurrently. This criterion does not discriminate between different strengths of the same drug. So, it is possible that a beneficiary might appear as a criteria exception when in fact the strength of the same drug has been changed or as in the case of 25 profiles, two strengths of the identical medicine were taken to achieve a dose not available by the manufacturer. In the above cases, the alerts ARE NOT coded for letter intervention.

These criteria (now only 1431) have proven to be very effective. In fact, through this time period the interventions were responsible for 308 less prescriptions written and a cost savings of $44,748.69. As a matter of fact, the newly amended criterion 1431 which requires that the therapeutic duplication occur for 90 days or more contributed $28,641.75 to the total cost savings. It is easy to see that this criterion is effective.

Conclusion

The atypical anti-psychotic medications are responsible for placing the anti-psychotic therapeutic class at the top in total claims cost while only representing 2.69% of total claims (1st quarter 2004). Reviewing profiles possibly violating this criterion is essential in managing the utilization and cost containment for this class of medications.

Recommendations

1. Continue to identify beneficiary criteria exceptions and mail intervention letters where appropriate regarding therapeutic duplications.
2. Continue to record and evaluate prescriber responses
3. Communicate the findings of this evaluation to prescribers and pharmacy providers.

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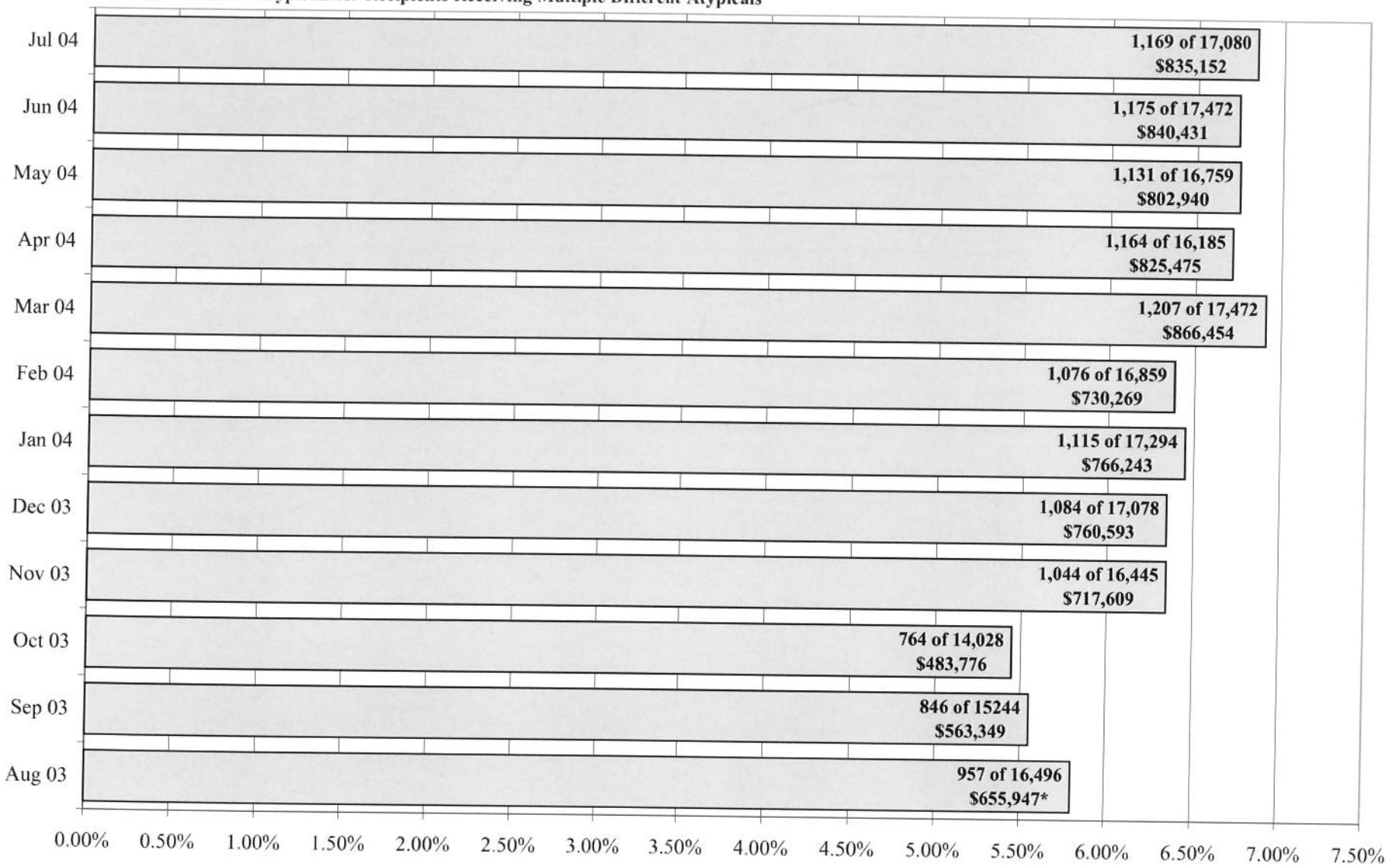
Percentage of Anti-Psychotics Recipients Receiving Multiple Different Anti-Psychotics Per Month
Atypicals

*$ = Total Costs of Atypicals for Recipients Receiving Multiple Different Atypicals



Update on the Over Utilization
Of
Sedative Agents: Ambien® and Sonata®
Criterion 564

Introduction

The Mississippi Drug Utilization Review (DUR) Board approved a criterion recommendation and prescriber letter for an intervention regarding the over utilization of the sedative agents, Ambien™ and Sonata™.

Methodology

Paid claims data are forwarded from ACS to Health Information Designs (HID) for review and evaluation. The DUR Board, Division of Medicaid (DOM), and HID developed the criterion for this evaluation. In order for a claim exception to occur, a beneficiary must receive 30 days supply or more of Ambien® and/or Sonata® . However, there are negating utilities to this criterion. If a beneficiary's profile indicates diagnoses of cancer, mental illness, chemotherapy, or mental illness within the last 90 days, a criterion exception will NOT occur. In addition, if the profile indicates a medication history within the last 90 days of antidepressants, antipsychotics, or antineoplastic medicines, a criterion exception will NOT occur.

For this update, the time span used was January 2003 through December 2003. Claims data were evaluated against the criterion and cases were identified for review by a HID clinical pharmacist.

Approved educational intervention letters with attached response forms were mailed to prescribers for identified recipients. The response form asks the prescriber to indicate any action taken in response to the intervention letter. Response forms were returned to HID for review and evaluation.

Results

- A total of 827 profiles were reviewed from 12,494 possible violations of these criteria.
- From the 827 profiles selected, 410 beneficiaries were identified who appeared to be available for intervention.
- 133 profiles deleted for either generic prescriber identification number or other quality assurance reasons.

After profiles were reviewed, 277 intervention letters were mailed.

40 responses were received equaling a 14% response rate. Table 1 summarizes the prescriber responses.

Table 1

Response	Number of responses
Physician unaware of what other physicians were prescribing	2
Patient is no longer under physicians care	2
Physician feels problem is insignificant, no change in therapy	8
Physician will reassess and modify drug therapy	5
Patient never under this physician's care	2
MD saw patient only once in ER or as On-Call MD	2
MD did not prescribe drug attributed to him/her	1
Patient has diagnosis that supports therapy	2
Is my patient but have not seen in most recent 6 months	2
Tried to modify therapy, symptoms recurred	2
Benefits of the drug outweigh the risks	4
Patient has appt. to discuss drug therapy problem	6
Physician's response does not discuss drug therapy conflict	2

Discussion

As mentioned above, this therapeutic duplication intervention alerts to a 30 days or more of Ambien or Sonata received by a beneficiary. Although the response rate appears to be low, it has been noted that although a response to an intervention letter may not be returned, changes in drug therapy still occur. This criterion update is evidence for that train of thought. The 277 intervention letters mailed resulted in a decrease of 91 prescriptions. The beneficiaries involved in these interventions also showed a cost decrease in drug therapy totaling $27,689.82.

Conclusion

The intervention has proved to be successful as evidenced by the decrease in prescriptions, cost savings realized, and through review of the prescriber responses. Mississippi Division of Medicaid has enacted additional steps that will further enhance this criterion by limiting the number of units a beneficiary may receive per month. Any monthly quantities prescribed in excess of these quantity limits will require a maximum unit override request. The review of these requests may reduce the number of criterion exceptions to occur in the future.

Recommendations

1. Continue to identify beneficiary criteria exceptions and mail intervention letters where appropriate regarding overutilizations.
2. Continue to record and evaluate prescriber responses
3. Communicate the findings of this evaluation to prescribers and pharmacy providers.
4. Record and report to DOM and the DUR Board after sufficient time has passed the effectiveness of the criterion along with the quantity limits enacted by DOM.

Off-Label Use
Of
Gabapentin

Background

1993- Approved for adjunctive therapy in treatment of partial seizures with or without secondary generalization, in patients over 12 years old.
2000-Additional indication approved for partial seizures in patients age 3-12
2002-Approved for treatment of post-herpetic neuralgia
Annual sales of $2.9 billion in 2003
Mississippi Statistics:
2003—89,918 prescriptions
$11,452,178.24 total price

Florida recently moved to require a prior authorization for gabapentin for what appears to be off labeled use.

Recommendation

Identify beneficiaries who appear to use gabapentin for off-labeled use.
Provide to prescribers a questionnaire in order to identify specific therapeutic use of gabapentin

OR

Recommend to P&T committee that gabapentin be placed on the current list of medications that require prior authorization.

Methodology

Gather claims data over a 90-day period specific to gabapentin where approved diagnosis data is not evident.
Send questionnaire/educational letter to prescribers whose beneficiaries receive gabapentin within the identified 90-day period.
Report after 120 days post survey the results of the survey to DOM and DUR Board.

Goals

1. Identify drug's use in Medicaid beneficiaries.
2. Determine if results warrant therapeutic appropriate criteria intervention.

Office of the Governor
Designs, Inc
Division of Medicaid
[ADDRESS]

Administered by Health Information

PO Box
[ADDRESS]

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

DEAR [tadrs1]:

In compliance with the OBRA '90 federal legislation, state Medicaid agencies are mandated to institute Retrospective Drug Utilization Review Programs (RDUR). The program's goal is to ensure that Medicaid patients receive optimal drug therapy at the lowest reasonable cost. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. This RDUR program is informational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy requirements.

During a recent review of the enclosed drug history profile, *it was noted that your patient,* **[t1d0-recip-fst-nm] [t1d0-recip-lst-nm]**, *has received* ***gabapentin*** *without record of a FDA approved diagnosis.* We recognize that this patient may be receiving this medication for an approved diagnosis however the diagnosis has not been coded in the last **6 months**. The enclosed historical profile and questionnaire is provided for your evaluation and consideration. In order to identify the specific prescribing habits for this medication and characterize its use, we ask that you simply fill out the questionnaire.

The success of the DUR program is enhanced by the two-way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the enclosed questionnaire and response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

RX #(s): [rx_no_a]

Sincerely,

W. Murray Yarbrough M.D.

W. Murray Yarbrough, M.D.
Medical Director

Case#: [case_no]
Enclosures

Office of the Governor
Division of Medicaid

Administered by Health Information Designs, Inc
PO Box 320506
Flowood, MS 39232
(800) 355-0486 Fax (800) 459-2135

Prescriber Questionnaire

All information used to generate the enclosed letter, including Prescriber identification, was obtained from Pharmacy Claims Data. If there appears to be an error in the information provided, please note the discrepancy. Thank you for your cooperation.

1. **Patient**
   _____ is under my care (Proceed to question 2)
   _____ is not under my care (Please stop here)
   _____ was under my care but have not seen in the last 6 months (Please stop here.)

2. **Gabapentin was**:

   _____ prescribed by me (Proceed to question 3)
   _____ not prescribed by me (Please stop here)
   _____ prescribed by me while covering for other MD (Please stop here)

3. **Gabapentin prescribed for diagnosis of**:

   _____ Adjunctive therapy for treatment of partial seizure
   _____ Partial seizures
   _____ Post-herpetic neuralgia
   _____ OTHER (If other, please use space below to list primary diagnosis for gabapentin use)

_____
_____
_____
_____
_____
_____

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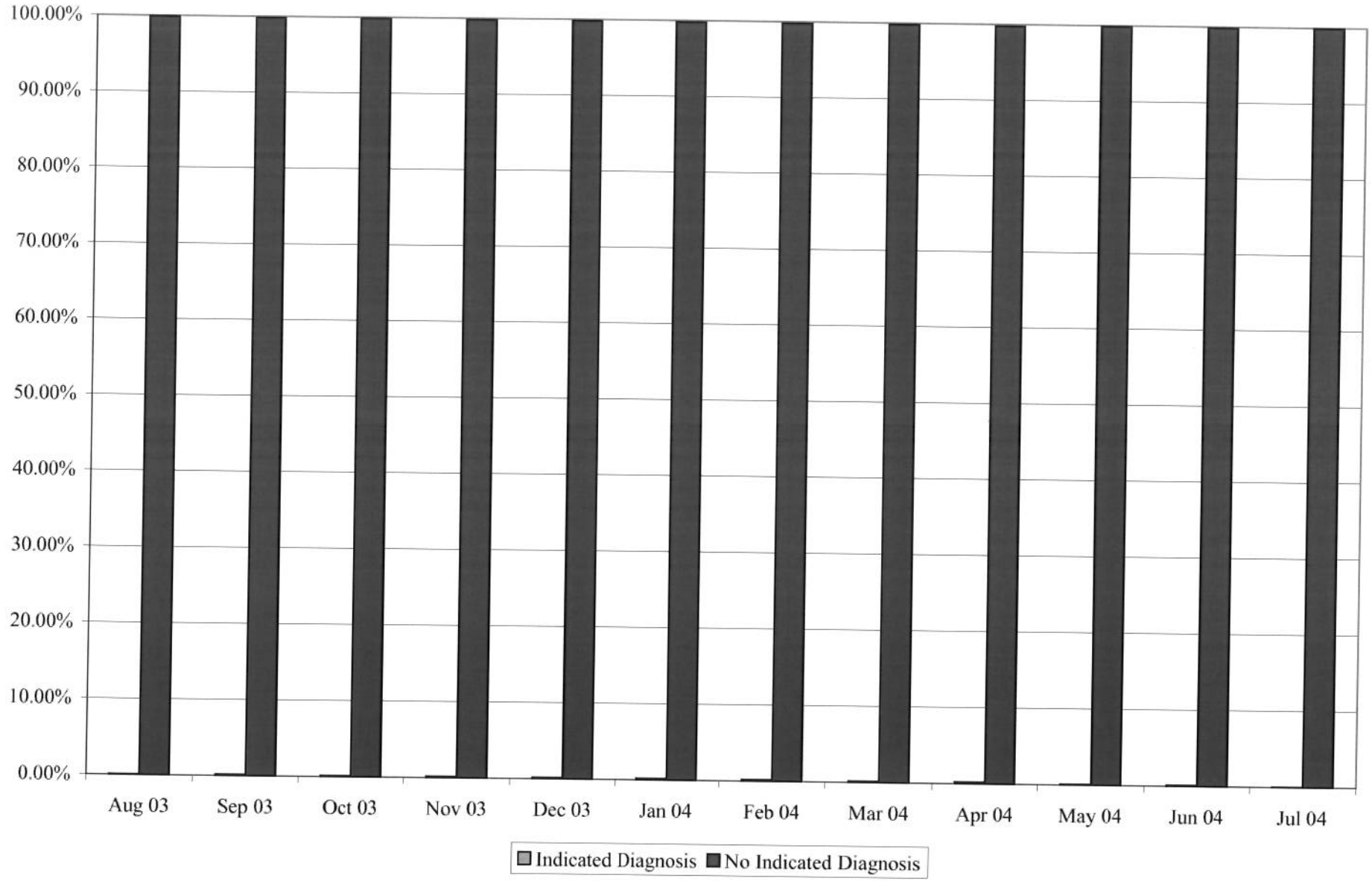
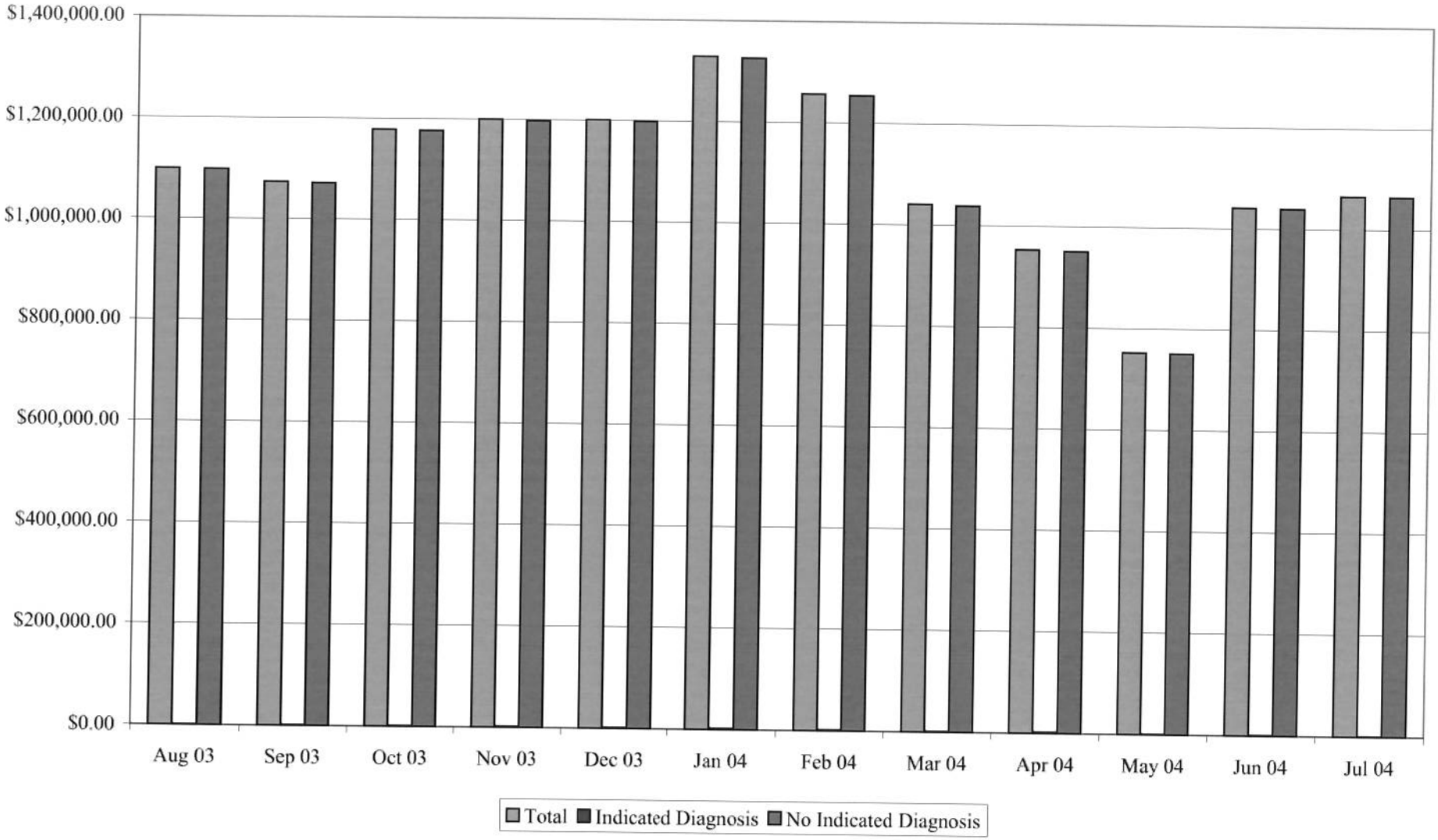
Percent of Prescriptions for Neurontin by Diagnosis



MISSISSIPPI MEDICAID
Total Dollars Spent for Neurontin by Diagnosis



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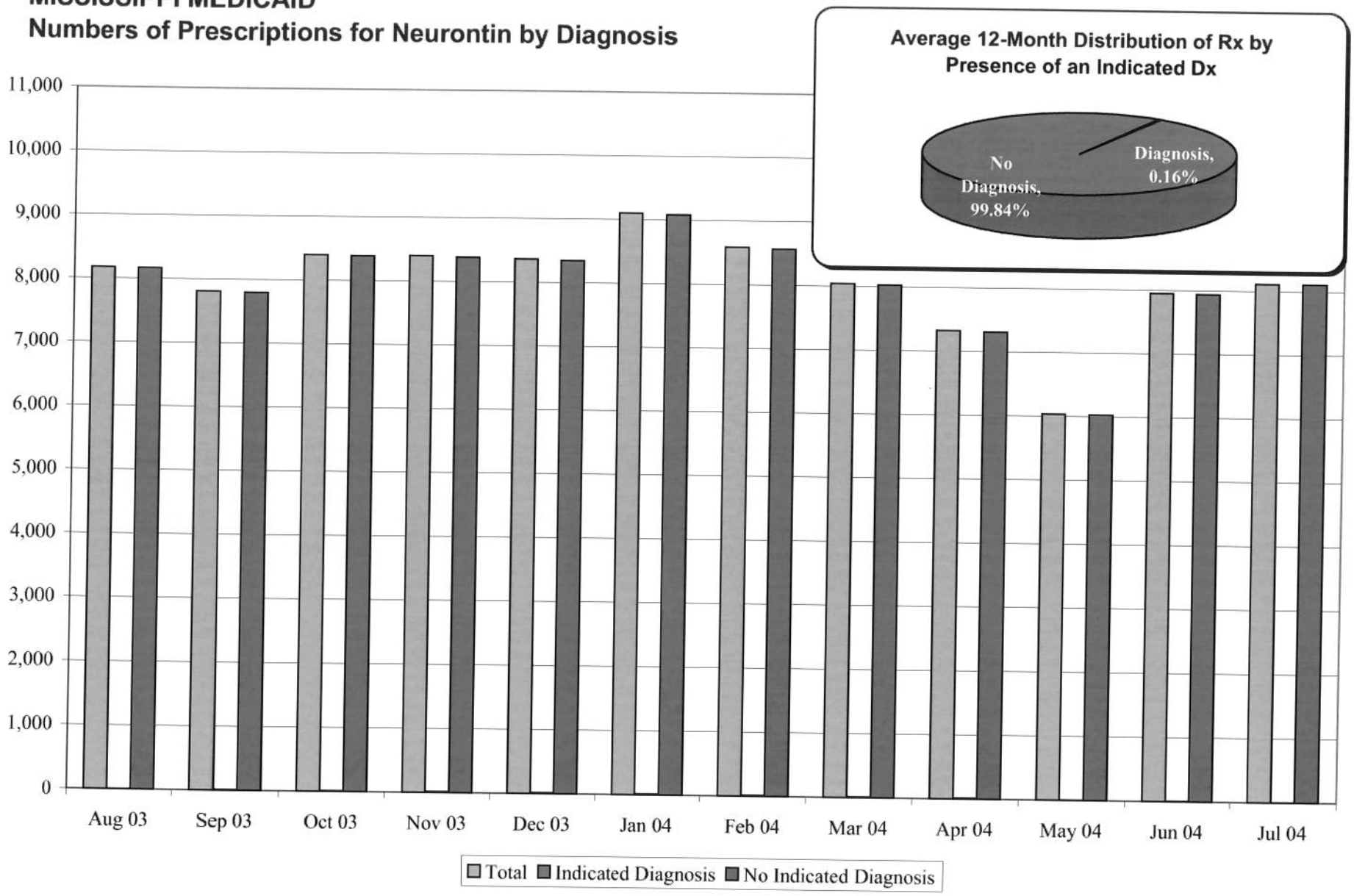
Numbers of Prescriptions for Neurontin by Diagnosis



Boxed Warning Update

Code of Federal Regulations definition for Black Box:

Citation: Title 21 CFR 201.57 Section E

(e) Warnings. Under this section heading, the labeling shall describe serious adverse reactions and potential safety hazards, limitations in use imposed by them, and steps that should be taken if they occur. The labeling shall be revised to include a warning as soon as there is reasonable evidence of an association of a serious hazard with a drug; a causal relationship need not have been proved. A specific warning relating to a use not provided for under the "Indications and Usage" section of labeling may be required by the Food and Drug Administration if the drug is commonly prescribed for a disease or condition, and there is lack of substantial evidence of effectiveness for that disease or condition, and such usage is associated with serious risk or hazard. Special problem, particularly those that may lead to death or serious risk or hazard. Special problems, particularly those that may lead to death or serious injury, may be required by the Food and Drug Administration to be placed in a prominently displayed box. The boxed warning ordinarily shall be based on clinical data, but serious animal toxicity may also be the basis of a boxed warning in the absence of clinical data. If a boxed warning is required, its location will be specified by the Food and Drug Administration. The frequency of these adverse reactions and, if known, the approximate mortality and morbidity rates for patients sustaining the reaction, which are important to safe and effective use of the drug, shall be expressed as provided under the "Adverse Reactions" section of the labeling.

MedWatch - The FDA Safety Information and Adverse Event Reporting Program

The Food and Drug Administration issued a Public Health Advisory, asking manufacturers of all antidepressant drugs to revise the labeling for their products to include a boxed warning and expanded warning statements that alert health care providers to an increased risk of suicidality (suicidal thinking and behavior) in children and adolescents being treated with these agents, and additional information about the results of pediatric studies.

FDA also informed these manufacturers that it has determined that a Patient Medication Guide (MedGuide), which will be given to patients receiving the drugs to advise them of the risk and precautions that can be taken, is appropriate for these drug products.

FDA and Centocor notified healthcare professionals of revisions to the WARNINGS and ADVERSE REACTIONS sections of the prescribing information for Remicade, indicated for the treatment of rheumatoid arthritis and Crohn's disease. In controlled studies of all TNFa-blocking agents, including Remicade, more cases of lymphoma have been observed among patients receiving the agents than among control group patients. Malignancies have also been observed in open-label, uncontrolled clinical studies at a rate several-fold higher than expected in the general population. Patients with Crohn's disease or rheumatoid arthritis, particularly patients with highly active disease and/or chronic exposure to immunosuppressant therapies, may be at a higher risk (up to several fold) than the general population for the development of lymphoma. FDA has

recommended a warning concerning malignancy be added to the labeling for all therapeutic agents that block TNF.

Risperdal (risperidone)

Audience: Neuropsychiatric healthcare professionals
FDA and Janssen revised the WARNINGS section of labeling, describing the increased risk of hyperglycemia and diabetes in patients taking Risperdal. MedWatch is posting a revised version of a letter originally distributed to health care professionals November 2003. FDA asked all manufacturers of atypical antipsychotic medications, including Janssen, to add this Warning statement to labeling.

Adderall XR (mixed salts of a single-entity amphetamine product)

BOXED WARNING

Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events.

Vivelle (estradiol transdermal system)/ Vivelle-Dot (estradiol transdermal system)

BOXED WARNING

The Women's Health Initiative Memory Study (WHIMS), a substudy of WHI, reported increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 4 years of treatment with oral conjugated estrogens plus medroxyprogesterone acetate relative to placebo. It is unknown whether this finding applies to younger postmenopausal women or to women taking estrogen alone therapy.

*As reported by The U. S. Food and Drug Administration Medwatch The FDA Safety and Adverse Event Reporting Program

Suggested Interventions
November 18, 2004

Over Utilization of Stimulants
Initial Criteria Exception Report Count—154 beneficiaries

Over Utilization of Anxiolytic Agents
Initial Criteria Exception Report Count—141 beneficiaries

Over Utilization of Inhaled Beta Agonists
Initial Criteria Exception Report Count—477 beneficiaries

Over Utilization of Narcotic Agents
Initial Criteria Exception Report Count—101 beneficiaries

Over Utilization of Sedative Agents Ambien and Sonata
Initial Criteria Exception Report Count—472 beneficiaries

Therapeutic Duplication of Atypical Antipsychotics
Initial Criteria Exception Report Count---1,584

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2ND QUARTER ACTIVITY STATISTICAL REPORT - YEAR 2004

	April	May	June	SUM		AVERAGE
Date Processed	4/12/2004	05/17/04	06/10/04			
# Claims Processed	966,613	934,992	897,701	2,799,306		933,102
# Criteria Exception Hits (or # Potential Drug Therapy Problems)	141,509	147,190	142,638	431,337		143,779
# Unique Patients with Hits	80,113	82,684	80,308	243,105		81,035
PROFILES						
PRINTED/REVIEWED	1202	752	818	2,772		924
REJECTED	671	553	578	1,802		601
CASE INFORMATION						
IDENTIFIED	531	199	241	971		324
COMPLETED	0	0	0	0		0
CASE RATE	44%	26%	29%	35%		33%
LETTER GENERATION						
VALID PRESCRIBER ID	532	199	258	989		330
PHARMACY CALLS	0	0	0	0		0
TOTAL GENERATED	532	199	258	989		330
DELETED GENERIC PRESCRIBER ID	92	31	24	147		49
DELETED IN QA	38	16	29	83		28
# PRESCRIBER LETTERS MAILED	402	152	205	759		253
# PRESCRIBER RESPONSES RECEIVED	93	27	44	164		55
RESPONSE RATE	23%	18%	21%	22%		21%
DISTRIBUTION OF CASES By Problem Type					Percentage	
DRUG/DISEASE INTERACTIONS	0	0	0	0	0%	0
DRUG/DRUG CONFLICTS	0	0	38	38	4%	13
OVER-UTILIZATION	71	59	64	194	20%	65
POSSIBLE NON-COMPLIANCE	460	0	0	460	47%	153
CLINICAL APPROPRIATENESS	0	140	139	279	29%	93
			SUM	971	100%	