



**Center for Operations and Pharmacy Management
Drug Utilization Review (DUR) Board Meeting Minutes
Wednesday June 2, 2010
Electronic Data Systems Conference Room
171 Service Avenue
Warwick, Rhode Island**

DUR Board Members Present: Michelle Booth, RPh
Stephen Kogut, PhD, RPh, MBA
Ellen Mauro, RN, MPH
Richard Wagner, MD

Others Present: Paula Avarista, RPh, MBA (RI Medical Assistance Program)
Ann Bennett (HP Enterprise Services)
Karen Mariano, RPh (HP Enterprise Services)
Joe Paradis, PharmD (Health Information Designs)

There were no changes made to the minutes from the December 2, 2009 meeting.

Paula Avarista discussed some of the changes made to the Preferred Drug List at the Pharmacy and Therapeutics (P&T) Committee meeting held on June 1, 2010. Esomeprazole (Nexium[®]) is now the preferred Proton Pump Inhibitor (PPI). The P&T Committee recommended that the DUR Board evaluate the long term use of PPIs in the elderly, due to the risk of fractures. The possibility of sending out retrospective DUR alert letter to prescribers was discussed. However, board members cautioned that the risk of fractures should be weighed against the risk of gastrointestinal bleeding if the use of PPIs were to be significantly reduced in the elderly. HID will evaluate the use of the PPI in the elderly.

The black box warning interaction of clopidogrel and omeprazole was also discussed. It will be determined if there is a prospective DUR criteria in place for this interaction and HID will activate a retrospective DUR criteria as well.

The P&T Committee also recommended that the DUR Board evaluate the intermittent use of long acting beta agonists, since patients should be using these agents on an ongoing basis. HID will evaluate the use of long acting beta agonists.

The mandated managed care program is fully in place and patients can no longer opt out of the system unless they need to change primary care providers. The Connect Care Choice population is now fairly stable and should remain between approximately 2,500 to 3,000 patients.

The long term use of sedatives, in particular triazolam, was discussed. Medicare Part D will begin to cover sedatives and anti-anxiety agents, but not until the year 2014. Since payment of these drugs will be the responsibility of the Medicaid Program until 2014, it was suggested that an entire review of the benzodiazepine drug class be undertaken by the DUR Board and P&T Committees at some time in the future. At this time, the Board requested that HID evaluate the number of patients chronically taking triazolam.

Long acting narcotics were discussed. A new prior authorization process for long acting oxycodone will be put in place. Patients will no longer be exempt from the prior authorization process if they previously had taken the drug. Patients must now fail the preferred long acting agents before the use of long acting oxycodone would be approved.

A summary of the restrictions put in place by other State Medicaid Programs on the use of brand name anticonvulsants was discussed. The Board raised the issue of liability for the Medicaid Program if a patient had seizures after being denied a brand anticonvulsant and being switched to the generic. The Board requested that HID review the brand vs. generic use of the anticonvulsant drug class.

Criteria for the coverage of smoking cessation products is under development since these drugs will be covered by the Medicaid Program in the future.

HID reviewed a summary of DUR intervention letters sent to prescribers for patients that appear to be non-adherent with ongoing therapy of antihypertensive agents, lipid lowering agents, antipsychotics and antidepressants. These efforts will continue.

Hepatitis C treatment was discussed. There are a number of patients with a diagnosis of hepatitis C at some point in their history with no evidence of recent treatment over the past year. The Board indicated that patients should be treated continuously for at least 12 to 24 months and there is no evidence that intermittent treatment is effective. The Board asked if there it would be possible to benchmark hepatitis C treatment in Rhode Island with other State Medicaid Programs. HID was also asked to provide a list of all patients with a hepatitis C diagnosis and indicate if the patient has current treatment and also if there is evidence of treatment with antiretroviral agents as well.

The use of atypical antipsychotics in children less than the labeled indicated age was discussed. It was noted that use of the atypicals in children is based more on the child's behavior than on a strict set of diagnostic criteria. HID was asked to provide a list of children taking atypical antipsychotics who were less than the labeled age for use of the drug.

The concurrent use of buprenorphine/naloxone (Suboxone[®]) along with other opioids was discussed. Each month a few patients are noted to be taking opioids along with Suboxone[®]. However, under the recommendations of the DUR Board, intervention letters have not been sent to prescribers. It was noted that the Neighborhood plan requires prior authorization for Suboxone[®] and does look for concurrent use of opioids and will alert the Suboxone[®] prescribers if other opioids are utilized. HID was asked to continue monitoring opioid use in patients taking Suboxone[®] and to send a list of identified patients to the Department.

The continuous use of antidepressant was discussed. The Board recommended that those Connect Care Choice patients with a diagnosis of depression be evaluated to determine if they have received antidepressant therapy. The Department will provide HID with a list of patients in the program and HID will review claims data to determine which patients have recently received antidepressant therapy. HID was also asked to evaluate the data for use of beta blockers in post MI patients.

The use of agents indicated for the treatment of fibromyalgia was discussed. There was some discussion as to which prescribers would be most likely to utilize any of the three agents currently approved for treating fibromyalgia. HID was asked to provide the Department with a list of prescribers of the drugs currently approved for fibromyalgia treatment.

Paula Avarista informed the Board that Senator Charles Grassley's office had made a request of all State Medicaid Programs to provide information on top prescribers of specific drugs including the atypical antipsychotics, long acting oxycodone and alprazolam.

A summary of DUR intervention letters for the entire year 2009 was reviewed. There was some discussion of the use of long acting injectable atypical antipsychotic agents. Some states are allowing pharmacists to inject these agents. The Board requested that HID report the use of long acting injectables as a percentage of the entire use of atypical agents.

There was further discussion of the dangers associated with the use of Suboxone[®] and benzodiazepines. It was noted that the use of Suboxone[®] and alcohol poses an even greater danger to patients.

The next meeting is scheduled for Wednesday September 15, 2010 at 8:00am.