Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review Board (DUR) Meeting Minutes
Wednesday June 6, 2007
Electronic Data Systems Conference Room
171 Service Avenue
Warwick, Rhode Island

DUR Board Members Present:	Tara Higgins, RPh, CGP, CDOE Stephen Kogut, PhD, RPh, MBA Richard Wagner, MD John Zevzavadjian, RPh.
DUR Board Members Absent:	Ellen Mauro, RN, MPH Ray Maxim, MD
Others Present:	Paula Avarista, RPh, MBA (RI Medical Assistance Program) Ann Bennett (Electronic Data Systems) Karen Mariano, RPh (Electronic Data Systems) Gale Davis (Electronic Data Systems) Joe Paradis, PharmD (Health Information Designs) Don Tatum (Affiliated Computer Services State HealthCare Solutions)

Minutes from the March14, 2007 meeting were approved with no changes.

Paula Avarista reviewed the status of the Preferred Drug List (PDL). A Pharmacy and Therapeutics (P&T) Committee meeting was held on June 5, 2007. Several drug classes were reviewed including antibiotics, anti-migraine therapy (Triptans), sedatives, long acting narcotics and respiratory agents. During the discussion of review of these agents, the use of antibiotics, Triptans and sedative agents were discussed. The P&T Committee recommended that the utilization of these classes of drugs be studied in more detail.

The topic of antibiotic utilization was discussed among Board members. Other Medicaid agencies and health plans have evaluated antibiotic use. The consensus by the Board was to determine if there were areas of antibiotic utilization in Rhode Island that could be improved and develop an interagency plan to address inappropriate use. The Board recommended that antibiotic utilization in the Rhode Island Medicaid population will be evaluated to determine what further action should be taken. It was also noted that sensitivity testing for all preferred antibiotics may not be included on all of Rhode Island's various laboratory sensitivity testing panels.

The long term use of sedative agents was discussed. Many health plans have limits on sedative use. The difficulty with implementing limits is that patients who have been on sedative agents for a long period of time will experience withdrawal symptoms if they are suddenly subject to quantity limits. It may be possible to initiate dosage reductions for some patients. Provider educational programs have been initiated by Blue Cross in Rhode Island, to address long term use of sedatives. Top Rhode Island Medicaid prescribers of sedatives will be identified and invited to attend one of the continuing education programs discussing sedative use.

The Board discussed the use of Triptans for migraines. It was recommended that Triptan utilization be evaluated to determine if any action is needed, such as imposing quantity limits or sending intervention letters recommending migraine prophylaxis therapy for patients found to be using excessive quantities of the drugs.

The use of low dose quetiapine was discussed. The following is an example of the types of diagnoses that were found to be present in a review of medical claims data for Rhode Island Medicaid recipients taking low dose quetiapine; alcohol abuse, generalized anxiety disorder, major depressive disorder, bipolar disorder, schizophrenia, mental retardation and post traumatic stress disorder. Other related issues were discussed, including, insomnia resulting from SSRI use, quetiapine use in autistic children and children with ADHD and selection of the appropriate antidepressant based on the individual patient. It was noted that there is a very low initial patient response rate for treatment of depression by primary care providers. Concurrent therapy with duplicate atypical antipsychotic agents in the Rhode Island Medicaid population remains low (around 6%), as compared to other state Medicaid progams.

A summary of retrospective DUR alert letters sent in response to specific drug-drug and drug-disease black box warning criteria were evaluated. Intervention letters have not been sent to prescibers of patients who appear to be stable on current therapy. Many prescribers may be aware of black box warning. However, it was recommended that alert letters for black box warnings should be sent to communicate information to prescribers regarding potentially negative drug-drug and drug-disease interactions when potential interactions are first noted based on changes in patient therapy.

Underutilizaiton of ACE Inhibitors and ARBs in patients with diabetes was discussed. In general, at least 80% of Rhode Island Medicaid patients with diabetes are being treated with ACE or ARB therapy when the data were evaluated over a three month time period.

A review of the pharmacy lock-in program was discussed. The current number of patients actually locked-in to a single pharmacy is down to less that 50 at this time due to loss of patients to Part D and patients who have lost eligibility or have stopped trying to use multiple prescribers to obtain controlled drugs. Issues discussed included the following, overutilization of benzodiazepines by part D recipients, inability to lock patient in to a single prescriber and utilization of methadone and risked associated with its use. Paula Avarista, Karen Mariano and Joe Paradis will be discussing the pharmacy lock-in program after this meeting and will bring the topic up again at the next DUR meeting.

Paula Avarista gave a summary of the transition to NPI number for identifying prescribers. Approximately 90% of Rhode Island pharmacies are using NPI. DEA number will still be used to identify prescriber until a cross walk can be set up to match DEA number with NPI.

New criteria were reviewed. Specific criteria for Avandia and Actos were discussed along with criteria for potential high dose of Vyvance, a new drug for ADHD. The role of the DUR Board with reference to providing information to the P&T Committee with respect to potential adverse events associated with the use of preferred drugs was also discussed.

The next meeting was scheduled for 8:00am on September 26, 2007.