Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review (DUR) Board Meeting Minutes
Wednesday September 26, 2007
Electronic Data Systems Conference Room
171 Service Avenue
Cranston, Rhode Island

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

Minutes from the June 6, 2007 meeting were approved with minor changes.

Paula Avarista gave an update on the status of the implementation of the Preferred Drug List (PDL). Board members requested if copies of third party plan formularies, including Medicare Part D plans, could be made available in order to compare them to the PDL. A request was also made to provide a summary of prior authorization requests at the next P&T Committee meeting. Dates for the Pharmacy and Therapeutics (P&T) Committee and DUR Board meetings were announced for 2008 and are as follows:

P&T Committee:	April 4, 2008 June 3, 2008 September 9, 2008 December 2, 2008
DUR Board:	April 9, 2008 June 4, 2008 September 10, 2008 December 3, 2008

Antibiotic utilization for respiratory infections was reviewed. Several questions emerged with regard to evaluating antibiotics utilization. Should overall use of antibiotics be evaluated or should individual disease states be examined? How does Rhode Island Medicaid compare to other State Medicaid programs with respect to antibiotic use? Can antibiotic prescribing be broken down by provider specialty? How many patients have antibiotics prescribed with no clear infectious disease process based on a review of their current diagnosis data?

Utilization of Triptans for the treatment of migraine was reviewed to determine if some patients may be receiving excessive quantities of these medications. Many other State Medicaid programs have strict quantity limits for these drugs. A total of 465 recipients were found to have at least one claim for a Triptan from January 2007 to July 2007. It was found that 198 (23%) of these patients had claims for quantities of 10 or more tablets. Of the patients with claims for 10 or more tablets, 48 (25%) were also taking migraine prophylaxis therapy. For the patients receiving high large quantities of Triptans Board members recommended that associated narcotic use be evaluated along with a review of any contraindications to Triptans that may be present in these patients. Board members recommended that contraindications to Triptan use and drug-drug interaction associated with Ttriptans be addressed by the prospective DUR process.

The utilization of methadone was briefly discussed. Board members felt that it was very difficult to prevent patients in methadone treatment programs from potentially abusing other controlled substances. In addition, methadone is often under utilized as an agent to assist with long term pain management.

The status of the Lock-in program was discussed. At this time less than 40 patients are currently in the program. In the past, between 110 to 120 patients were in the program at any given time. Many patients have transitioned to Part D, lost their eligibility or have been released from the program since "doctor shopping" behavior has stopped. The intention of the program is to try and change drug seeking behavior. However, there was agreement that patients will often pay cash for prescriptions for controlled drugs in an effort to avoid detection by the Lock-in screening process.

Specific black box warning criteria were reviewed. The Board did not feel that RI Medicaid providers needed to be further warned about the black box warning discussing thiazolidinediones and risk of heart failure. "Dear Doctor" letters have been sent out by the drug manufacturers. Dr. Wagner asked if she could review the cases that alerted on the potential problem of initiating clozapine or titrating the dosage of clozapine in the presence of benzodiazepine use.

A review of initiatives by Quality Partners to assess drug utilization in Part D patients with diabetes was presented. Quality measures include, rates of use of ACE, ARB and dyslipedemia therapies, patient adherence to these therapies, use of generics and avoidance of medications that may precipitate dysglycemia.

There was a discussion of the new tamper resistant prescription pad requirements and a discussion of the possibility of electronic prescribing in the future.

The next meeting was scheduled for 8:00am on December 12, 2007.