Executive Office of Health and Human Services

RI Department of Human Services

Drug Utilization Review (DUR) Board Meeting Minutes

Date – Tuesday, June 4, 2013

Time – 10:30 AM

DUR Board Members Present:	Michelle Booth, RPh Stephen Kogut, PhD, RPh, MBA Richard Wagner, MD – via conference call
DUR Board Members Absent:	Linda Rowe Varone, RPh Ellen Mauro, RN, MPH
Others Present:	Ann Bennett (HP Enterprise Services) Karen Mariano, RPh (HP Enterprise Services) Kathy Novak (Magellan) Ralph Racca (Rhode Island Medicaid) Joe Paradis, PharmD (Health Information Designs – HID)

Minutes from the April 16, 2013 meeting were approved with minor changes.

Several topics discussed at the P&T Committee meeting held earlier this morning were referred to the DUR Board for further evaluation. These issues were reviewed before the agenda items were discussed.

The antipsychotic drug class was reviewed by the P&T Committee and the DUR Board was asked to review the utilization of antipsychotic agents. The Board discussed the possibility of conducting a detailed review of the data and considered whether there would be a way to determine if injectable agents appeared to reduce the frequency of repeat hospitalizations in specific patients. This topic was also discussed later in the meeting.

The Board was asked to consider reviewing the utilization of non-preferred long acting narcotics, specifically the use of OxyContin®.

The P&T Committee asked the DUR Board to evaluate the use of agents to treat *C. difficile*.

The final topic referred to the Board for discussion was to evaluate the use of zolpidem with respect to the labeling changes for the drug, which recommend lower doses in women. The Board recommended that HID conduct a retrospective analysis of the use of zolpidem and send educational intervention letters to prescribers of higher doses for women. The Board also asked if there were any current quantity or dose limits on the drug. HP confirmed that there is a limit of 60 dosage units in 30 days. However, a quantity limit such as this one is a strict limit and there is no ability to override it. If a tighter limit of 30 dosage units were put into place it would also be a strict limit that could not be overridden. Neighborhood noted that when a limit of 10 mg per day was implemented, it was not well received by prescribers or patients and the limit has since been removed; however, this issue may be evaluated again in the future. The Board noted that a long duration of therapy with sedatives was also an issue and discussed alternatives to zolpidem therapy, such as over-the-counter drugs, trazadone, and TCAs.

However, all of these agents have some potential to produce adverse effects and many alternate agents cannot necessarily be recommended since they are not FDA indicated for the treatment of insomnia. HID will evaluate the data and identify women on higher than recommended doses and the Board recommended that an evaluation of chronic therapy be performed as well.

HID discussed a retrospective DUR evaluation performed on inappropriate narcotic utilization. The evaluation showed that with 60% of patients for whom an intervention letter was sent to their prescriber, similar inappropriate use of narcotics was not seen after a 4 to 8 month follow-up.

The use of antipsychotics in children was discussed. A total of 287 patients under age 18 had claims for any antipsychotic agent during first quarter 2013. Approximately 15% of them were foster care children. A review of claims for antipsychotic drugs prescribed to children who were less than the labeled indicated age showed that none were foster care children. The Board recommended that the use of antipsychotics in children less than the labeled indicated age continue to be monitored. The Board discussed the need for metabolic screening to be conducted on children prescribed antipsychotic agents. It was noted that the Neighborhood plan has approximately 3,000 foster care children enrolled in the plan. The use of antipsychotics in foster care children is monitored in this population. It was also noted that during the P&T meeting, a few patients gave testimony that they had been successfully treated with antipsychotics in their teenage years. Board members also noted that changes to DSM-5 would be made to the Autism Spectrum Disorder diagnosis, and that Asperger's Syndrome would no longer be a listed diagnosis.

The utilization of low dose quetiapine in children was also evaluated. HID reported that 40 children had claims for quetiapine and that half were taking doses lower than 200 mg per day. DUR intervention letters were sent to the prescribers. The Board asked that any diagnosis data for the children on low dose quetiapine be further evaluated and that the use of low dose quetiapine in the entire population continued to be evaluated. The Board cautioned that the use of benzodiazepines should be avoided in patients with a diagnosis of alcohol or substance abuse. HID was asked to determine if low doses were being given once daily for sedation or if low doses were being given 2 or 3 times a day. HID can evaluate the quantity dispensed and day supply to determine if quetiapine is being used once daily for sedation or possibly multiple times a day on a PRN basis for non-labeled uses such as anxiety or other disorders.

HID reported an evaluation of children with claims for both a stimulant and antipsychotic agent. The Board recommended that these patients be further evaluated to determine if the patients have a clinical diagnosis to support the use of antipsychotic agents.

HID conducted a follow-up to the letters sent to prescribers of Crestor® after specific strengths of the drug were made non-preferred. It appeared that 4 of the 45 patients previously taking Crestor® did not have current claims for any other lipid-lowering agent. Board members suggested that these patients may have been provided samples of the drug. HID will forward a list of these patient ID numbers to HP for follow-up.

HID evaluated diagnosis data for patients with claims for warfarin and the newer anticoagulation agents in an effort to determine if there was a difference in the incidence of reported bleeding among the two groups. There appeared to be a higher incidence of bleed in the warfarin patients but it is likely that not all diagnosis data was available for review. The Board recommended further evaluation of the data to determine if the patients on the newer agents were recently transitioned from warfarin and to evaluate the severity of bleeds, if possible.

At the April meeting it was noted that two injectable antipsychotic agents were included in the top 50 drugs ranked by cost per claims. It was suggested that use of high-cost mental health drugs be

monitored. The Board recommended that prescribers be educated with respect to the cost of some of these high-cost mental health agents. The issue of the utilization of injectable antipsychotic agents was further discussed. Board members noted that if the use of expensive injectable agents did result in fewer hospitalizations, then these agents could be considered to be more cost effective. However, it was also noted that if patients are adherent to less expensive oral therapy they should see the same clinical benefit as with the use of injectable agents. However, it was noted that there may be limitations to how much of the data, including diagnosis, hospitalizations, provider visits, ER visits, would be available for review. There was further discussion on how to best evaluate the use of these agents. The Board recommended that a review be conducted of patients with claims for injectable antipsychotics and if possible compare those patients outcomes to similar patients taking oral agents. Board members noted that with the clozapine experience, the fact that patients had to come into the clinic to have blood drawn seemed to help improve patient outcomes. HID will evaluate the data that they receive and determine if diagnosis data is transmitted along with a source code to determine where the diagnosis came from, hospital emergency room or provider visit.

HID reported that response rates to DUR letters increased slightly during the first quarter to around 38% to 39%. Neighborhood reported about a 40% response rate to recent DUR interventions.

Board members asked that a review of OxyContin® utilization be performed to determine if the current prior authorization criteria should be revised.

The next meeting will be held August 27, 2013 at the HP facility.