Center for Operations and Pharmacy Management
Drug Utilization Review (DUR) Board Meeting Minutes
Wednesday June 3, 2009
Electronic Data Systems Conference Room
171 Service Avenue
Warwick, Rhode Island

DUR Board Members Present:	Michelle Booth RPh Tara Higgins, RPh, CGP, CDOE Stephen Kogut, PhD, RPh, MBA Ray Maxim, MD 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)

A new pharmacist DUR Board member, Michelle Booth, was introduced to the group. There were no changes made to the minutes from the April 8, 2009 meeting.

Paula Avarista summarized recommendations that were made at the Pharmacy and Therapeutics (P&T) Committee meeting held yesterday on June 2, 2009. The muscle relaxant carisoprodol was made non-preferred and the grandfathering provision for long acting oxycodone (OxyContin®) was removed. P&T Committee members were also interested if other states covered melatonin or other Over-The Counter sleep aids. Paula Avarista pointed out that melatonin is not classified as a drug, but is classified as a nutritional supplement and therefore would not be covered by any state Medicaid program. The P&T Committee also asked the DUR Board to evaluate the use of duplicate long acting opioids and long term use of muscle relaxants.

Paula Avarista updated the DUR Board concerning changes to the Rhode Island Medical Assistance Program expected July 1, 2009. At that time managed care will become mandatory for all patients with the exception of those enrolled in the Connect Care Choice Program. These patients will remain in the fee-for-service population and estimates are that approximately 5,000 patients will be included in this group.

DUR Board members suggested expanding the composition of the Board to include organizations, such as United Healthcare, who are providers for Medicaid patients enrolled in managed care, since there would be a small number of patients remaining in the traditional fee-for-service program after July 1, 2009. Paula Avarista indicated that the role of the Medicaid DUR Board would continue to be focused on the Connect Care Choice fee-for-service population only, acknowledging that many discussions do relate to clinical practices with other groups of patients. Issues brought up at DUR Board meetings are relevant to other provider and payer organizations and clinical practices in general. However, it was suggested that the Medicaid DUR Board would not be the appropriate venue for these discussions. Perhaps a work group of

DUR Board members and other payer organizations could be developed to discuss these clinical issues further.

An issue that was discussed was the use of a common drug formulary among different payers including Medicaid, Medicare, and the three managed care providers in Rhode Island, United Healthcare, Blue Cross and Neighborhood Health Plan. This would be difficult if not impossible to achieve since Medicaid has specific requirements for coverage of all drugs for which federal rebates are available. It was noted that United Healthcare, Blue Cross and Neighborhood Health Plan made an attempt to have some commonality within their formularies for the Rhode Island Medicaid Managed Care population.

Ellen Mauro asked about the issue of tracking use of insulin pens from the minutes to the last meeting. The P&T Committee recommended removing prior authorization restrictions on the use of rapid acting insulin pens. All other pens would still require prior authorization. Health Information Designs (HID) will monitor the use of all insulin pens.

Dr. Wagner noted that the Community Medication Assistance Program (CMAP) would begin utilizing Suboxone® for addiction treatment. He also noted that the program now allows online claims processing for prescriptions.

There was discussion concerning pain management issues with reference to the long term use of narcotics and muscle relaxants. Rhode Island does not have comprehensive pain management centers for patients to be adequately followed. The DUR Board asked for HID to report back on what other states were doing with respect to any limits on the use of muscle relaxants. Neighborhood Health Plan does have some limits on the use of muscle relaxants.

The issue of non-adherence was discussed. HID has begun mailing retrospective DUR intervention letters to prescribers addressing non-adherence of antihypertensive agents, lipid lowering agents and also has criteria for non-adherence with antidepressants and medications for the treatment of diabetes. The Board recommended either sending copies of DUR letters to Medicaid case managers or sending case managers a listing of patients and doctors who were included in the interventions. Tare Higgins discussed what Blue Cross has done to address non-adherence. Their data has shown that adherence decreases over time. Blue Cross found that health coaching did help to modestly improve adherence. Dr. Wagner commented that adherence to medications prescribed by specialist tends to be higher than adherence to medications prescribed by primary care physicians. In addition, adherence to daily dosing is superior to adherence to BID or TID dosing. HID will continue addressing non-adherence as an ongoing DUR activity.

The use of duplicate atypical antipsychotic agents was reviewed. Using criteria developed by HID, it was found that approximately 6% of Rhode Island Medicaid patients taking an atypical agent were found to be taking more than one agent. This rate is higher than other states evaluated, including Maryland, West Virginia and Connecticut. Dr. Wagner commented that the rate of therapeutic duplication of antipsychotic agents in the CMAP program has also increased since the use of the atypical agents has not been aggressively managed over the past two years. There are valid reasons for duplicate therapy in some patients such as the use of clozapine and another agent and the use of rescue doses of oral medication for patients on long acting injectable agents. The DUR Board asked HID to repeat its evaluation of duplicate therapy but to include all antipsychotic agents, not just the atypical agents.

The use of Suboxone® and other opioids was discussed. The DUR Board recommended that HID continue to monitor the number of patients found taking opioids along with Suboxone®, but asked that DUR letters not be sent at this time due to the possible confidentiality issue of revealing that a patient is enrolled in a drug treatment program. Tara Higgins indicated that Blue Cross will obtain consent from a patient taking Suboxone® before the prescriber of another opioid is notified. However, the prescriber of Suboxone® will be notified if it is found that their patient is prescribed another opioid. It was noted that some prescribers are beginning to utilize Suboxone® for pain management. There was also discussion on the use of propoxyphene and merperidine. The DUR Board was interested if other Medicaid programs have limits on these drugs or if they are considered non-preferred.

As a follow-up from the last meeting, HID reported that duplicate use of two different long acting stimulants did not appear to be a problem. No patients were found to be taking two different agents chronically.

The number of DUR letters mailed and response rates were discussed. Paula Avarista reiterated that the DUR program is a not a punitive program but that there are many providers who continue not to respond at all to the DUR letters. The State is always trying to improve provider involvement in the DUR program and other programs such as compliance with the PDL. Tara Higgins suggested that focus groups could be formed for the prescribers who are non-responders. Continuing Medical Education (CME) programs may also be beneficial. Blue Cross has offered CME programs in the past and is offering a program in the fall discussing sleep disorders. There was discussion regarding the fact that some prescribers may have already received and will continue to receive multiple DUR letters for the same patents since the patients in the fee-for-service program are very complex patients. There was some concern that over time prescribers may become desensitized to the DUR letters.

The next meeting is scheduled for Wednesday September 16, 2009 at 8:00am.