



**Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review Board (DUR) Meeting Minutes
Wednesday June 7, 2006
Cranston, Rhode Island
DRAFT**

DUR Board Members Present: Tara Higgins, RPh, CGP, CDOE
Stephen Kogut, PhD, RPh, MBA
Ellen Mauro, RN, MPH
Ray Maxim, MD
Richard Wagner, MD

DUR Board Members Absent: John Zevzavadjian, RPh.

Guests: Paula Avarista, RPh, MBA (RI Medical Assistance Program)
Gail Davis, RN(Electronic Data Systems)
Karen Mariano, RPh (Electronic Data Systems)
Dawn Rousseau (Electronic Data Systems)
Ingelcia Simas (Electronic Data Systems)
Frank Spinelli (RI Medical Assistance Program)
Joe Paradis, PharmD (Health Information Designs)

Minutes from the March 1, 2006 meeting were approved with minor changes in reference to dosing guidelines for Seroquel[®].

As a follow-up to discussion at several previous meetings, it was agreed that patients with diabetes and evidence of coronary artery disease not currently taking lipid lowering therapy would be referred to Ellen Mauro to determine if they met criteria for case management. For those patients where under-utilization of lipid lowering therapy may be due to non-compliance, Frank Spinelli suggested that patient outreach efforts may be useful. The DUR board recommended that non-compliance be regularly evaluated for all maintenance drugs.

Retrospective criteria exceptions for duplicate therapy of SSRIs, gastrointestinal drugs, NSAIDs and sedatives were reviewed. Dr. Wagner indicated that the rate of duplicate therapy of mental health agents for Rhode Island is lower than many other states. There was also concern about duplicate SSRI therapy and the risk of potential adverse effects. It was recommended that intervention letters be sent to prescribers of duplicate SSRI therapy and perhaps follow-up from Dr. Maxim may be necessary in some cases.

Alerts for duplicate gastrointestinal agents were reviewed. It appeared that some patients were continuing on existing proton pump inhibitor (PPI) therapy after another proton pump inhibitor was prescribed. There was discussion that this was due to lack of patient awareness that the two drugs had the same function. Recommendations were made to evaluate Smart PA[®] criteria to determine if a claim for a second PPI could be blocked.

Duplicate therapy of sedative agents was also discussed. Dr. Wagner suggested that the long-term use of any sedative agent was more of a concern than some short term duplicate therapy. Dr. Kogut had concerns that dual eligible Medicaid/Medicare Part D patients will begin to utilize larger amounts of benzodiazepine sedatives since other non-benzodiazepine agents may be non-preferred by the Prescription Drug Plans. The Medical Assistance Program pays for benzodiazepine therapy. The concern is that prescribers will change

their prescriptions and thereby an increase utilization of benzodiazepines will occur since payment for non-benzodiazepines may be denied if they are non-preferred. It was recommended that the number of benzodiazepine claims be trended and evaluated over time.

The review of duplicate therapy criteria exceptions lead to a discussion concerning emergency room prescribing and the use of hospital provider numbers or dummy prescriber numbers. Often emergency room prescribers are not able to obtain an accurate drug history from patients. Patients may be at greater risk for adverse events and duplicate therapy. It is also often difficult to identify the prescriber when hospital prescription blanks are utilized and prescriber names are unclear. It was suggested by the Board that department directors at area hospitals be contacted and made aware of the issues of duplicate therapy, use of hospital or dummy provider numbers and potential drug interactions secondary to limited information available to emergency room prescribers.

Initiatives being undertaken by Quality Partners of Rhode Island, with respect to the transition to Medicare Part D, were summarized by Dr Kogut. Six months of claims data will be available in the coming month and initiatives looking at any changes in diabetes management are planned. The Board recommended evaluating medical costs over the first six months of the transition period to Part D, to determine if changes in pharmacy benefits had any impact on hospital costs. Plans to look at the cost of generic vs. brand name ACE inhibitors and ARBs are also being developed.

Joe Paradis reviewed a computer program which summarizes atypical antipsychotic utilization. The program was provided to the RI Department of Human Services by Janssen Pharmaceuticals. The program shows use of individual agents as well as demographics of the population, average daily dose and daily average consumption values. Atypical antipsychotic agents remain the highest drug expenditure item for the RI Medical Assistance Program. There was concern that the use of low dose Seroquel[®] as a sedative agent would continue to rise due to the fact that many of the Medicare Part D Plans consider the non-benzodiazepine sedatives to be non-preferred and benzodiazepines are not covered by Medicare.

Paula Avarista and Karen Mariano provided an update of pharmacy initiatives. The Rhode Island legislature is expected to approve the development and implementation of a Preferred Drug List (PDL). The State is interested in joining an existing multi-state supplemental rebate pool. A new primary care program will be starting. Retrospective DUR programs conducted by Heritage were briefly discussed. Details on the Falls in the Elderly project and the Poly-pharmacy project will be available at the next meeting. Dr. Kogut commented that the State of Iowa developed a poly-pharmacy program where patients on multiple medications had the opportunity to receive counseling from pharmacists.

Dr. Kogut mentioned that several program were being developed by the University of Rhode Island. They include a grant to set up pharmacy outreach programs, develop therapeutic substitution program for less expensive but therapeutically equivalent medications, brown bag counseling sessions and Pharmaceutical Company sponsored programs to provide medications to low income patients.

Several black-box labeling warnings were reviewed. It would be impractical for the Medical Assistance Program to alert all prescribers of drugs included in these warnings. Many of the warnings do not involve specific drug-drug or drug-disease interactions but include more general warnings regarding the drug's use. Dr. Wagner suggested that all specific drug-drug interactions, included in black box warning, that are identified based on retrospective review of claims data be alerted to prescribers. Any new warnings should also be discussed at Board meetings.

The next meeting was scheduled for 8:00am on Wednesday September 13, 2006.