

**Minutes of the November 18, 2004
Drug Utilization Review (DUR) Board Meeting**

Members Attending: Tim Alford, M.D., Billy Brown, PharmD, Randy Calvert, R.Ph., John Mitchell, M.D., Lee Montgomery, M. D., Joe McGuffee, R.Ph., Andrea Phillips, M.D., Cynthia Undesser, M.D.

Members Absent: Montez Carter, R.Ph., Clarence Dubose, R.Ph., Rudy Runnels, M.D., Leigh Anne Ramsey, PharmD.

Also Present: Judith Clark, R.Ph., Terri Kirby, R.Ph., Phyllis Williams –DOM
Lew Anne Snow, R.N., Kathleen Burns, R.N., Dennis Smith, R.Ph., Sam Warman, R.Ph.-HID

Dr. Tim Alford called the meeting to order at 2:10 p.m.

Judith Clark introduced three new DUR Board members- Randy Calvert, RPh, Billy Brown, PharmD and Lee Montgomery, M.D. Mrs. Clark also introduced Dennis Smith, RPh, clinical pharmacist with Health Information Designs, Inc.

Approval of the minutes of last meeting (June 24, 2004): Dr. Mitchell made a motion to accept the minutes as written. Dr. Undesser seconded the motion. All voted in favor of the approval.

Reports:

Update on Therapeutic Duplication of Atypical Antipsychotics:

Sam Warman presented an update on therapeutic duplication of atypical antipsychotics. A beneficiary must receive at least (2) atypical antipsychotic medications within a 90 day period to be identified as receiving duplicate therapy. Results of the update identified 186 beneficiaries for possible interventions due to therapeutic duplication. After the profiles were reviewed, intervention letters were mailed to 94 physicians. There were 308 less prescriptions written with a cost savings of \$44,746.69.

The following recommendations were made:

1. continue to identify beneficiary criteria exceptions and mail intervention letters
2. continue to record and evaluate prescriber responses
3. communicate the findings of this evaluation to prescribers and pharmacy providers

Update on over utilization of sedative agents-Ambien and Sonata:

A report on the over-utilization of Ambien and Sonata was presented. The report identified all beneficiaries receiving over a 30 day supply of Ambien or Sonata. Those beneficiaries with a diagnosis of cancer, mental illness, or chemotherapy within the last 90 days were excluded. There were 410 beneficiaries identified for possible interventions. After review, 277 physician interventions letters were sent. After the intervention letters were mailed there were 91 less prescriptions written for Ambien and Sonata which resulted in a cost savings totaling \$27,689.82.

The following recommendations were made:

1. Continue to identify beneficiary criteria exceptions and mail intervention letters
2. Continue to record and evaluate prescriber responses
3. Communicate the findings of this evaluation to prescribers and pharmacy providers
4. Record and report to DOM and the DUR Board the effectiveness of this criterion

Survey on the off-label use of Neurontin (gabapentin):

Sam Warman presented a report on the off-label use of Neurontin. In 2003, there were 89,918 Neurontin or gabapentin prescriptions written at a total cost of \$11,452,178.24. Medical data and pharmacy claims data from August 2003 through July 2004 indicated that only 0.16% of the claims had an approved indication or a documented indication for the utilization of Neurontin. A motion was made by Dr. John Mitchell to make the recommendation to the P & T Committee that brand name Neurontin would require prior authorization while generic gabapentin would be exempt from prior authorization. The motion was seconded by Dr. Phillips. All voted in favor of this motion.

Pharmacy Program Update:

Judith Clark, Director of Pharmacy Bureau, distributed a copy of the Preferred Drug List to the board members. Dr. Phillips requested a list of OTC preferred drugs to be offered to physicians for easy accessibility. Ms. Clark presented information regarding the utilization of carisoprodol. Ms. Clark stated that although currently there are quantity limits placed on this medication, frequently this medication is used in conjunction with many narcotic analgesics. Mrs. Clark asked the DUR board to consider placing further restrictions on the quantity allowed per month. After general discussion, a motion was made by Dr. Mitchell to limit the quantity of carisoprodol to 60 tablets per 34 days. The motion was seconded by Dr. Phillips. All voted in favor of this motion.

Mrs. Clark gave a brief report on recent pharmacy program expenditures. A list of the products with quantity limits was distributed to the board by Judy Clark. The list, effective July 1, 2004, includes hypnotics, narcotic analgesic combinations, central analgesics, non-narcotic analgesics with barbiturates, skeletal muscle relaxants, and Flextra. Ms Clark explained that when the quantity requested exceeds the maximum quantity allowed by the Division of Medicaid, a maximum override PA is required with supporting medical documentation from the prescribing physician.

Black Box Warnings:

Sam Warman presented black box warnings issued by the FDA concerning the following:

- Antidepressants-The FDA issued a Public Health Advisory, asking manufacturers of all antidepressant drugs to revise labeling for their products to include a boxed warning and expanded warning statements that alert health care providers to an increased risk of suicidal thinking and behavior in children and adolescents being treated with these agents.

- Remicade- FDA notified healthcare professionals of revisions to the WARNINGS and ADVERSE REACTIONS section of the prescribing information for Remicade, regarding a higher risk for the development of lymphoma. The FDA has recommended a warning concerning malignancy to be added to the labeling for all therapeutic agents that block TNF.
- Risperdal-FDA and Janssen revised the WARNING section of labeling, describing the increased risk of hyperglycemia and diabetes in patients taking Risperdal.
- Adderall XR-Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events.
- Vivelle- The Women's Health Initiative Memory Study reported increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 4 years treatment with oral conjugated estrogens plus medroxyprogesterone acetate relative to placebo.

Suggested Interventions:

Sam Warman presented several intervention recommendations. Each suggested intervention included the number of recipients identified during profile review as being at risk for the specific intervention. These suggested interventions included:

- Over Utilization of Stimulants
- Over Utilization of Anxiolytic Agents
- Over Utilization of Inhaled Beta Agonists
- Over Utilization of Narcotic Agents
- Over Utilization of Sedative Agents Ambien and Sonata
- Therapeutic Duplication of Atypical Antipsychotics

Recommendation: Judith Clark suggested the Board study non-institutional children to review medications they are currently taking. Joe McGuffee suggested that this study include information regarding duplicate therapy within 30 days with special interest on antibiotics. John Mitchell made a motion to approve the suggested interventions. Andrea Phillips seconded the motion. All voted in favor of this motion.

Election of New Officers:

Dr. Alford called for nominations from the floor for both Chairman and Vice Chairman of the DUR Board. Dr. Mitchell nominated Tim Alford to continue as Chairman of the DUR Board. Mr. McGuffee seconded the nomination. All voted in favor of the nomination. Lee Montgomery nominated John Mitchell for Vice-Chairman of the DUR Board. Andrea Phillips seconded the nomination. All voted in favor of the nomination.

Lew Anne Snow presented the following suggested meeting dates for 2005:

- March 24, 2005
- June 23, 2005
- September 22, 2005
- November 17, 2005

Dr. Mitchell motioned that the Board accept these dates as read. Dr. Undesser seconded the motion. All voted in favor of motion.

There being no other business, Dr. Alford asked for a motion to adjourn the meeting. John Mitchell made a motion to adjourn. Joe McGuffee seconded the motion. All voted in favor of the motion. The meeting was adjourned at 4:00 p.m.

Respectfully submitted;
Health Information Designs