October 2006 DURB Meeting Summary

Issue	Attachment*	Action	Notes
Roll Call			Present: Dr. Swee, Dr. Gooen, Dr. Woodward, Dr. Marcus, Ms, Rodriquez, Mr. Schafer , Dr. Moynihan, Ms. Olson, Dr. Barberio, Dr. Gochfeld Absent: Dr. Cavalieri, Dr. Moore, , Dr. Condoluci, Dr. Lichtbroun
Review of minutes	Pages 3-6; Tab 1	Approved	Minutes from the June, 2006 meeting were approved. The Board voted to change the time of future meetings to 11:00 am.
Secretary's Report	Page 7; Tab 2		Patricia Hafitz reported that the recommendations from the June 2006 meeting were signed by both Commissioners and that the implementation is almost complete. The programming for the recommendations from the April 2006 has been completed with the exception of the addition of the benzodiazepines to the methadone edit. The annual report was distributed by e-mail to the Board in September, and publication is being arranged. The DURB website is now linked to the State page. The Plavix reminder letters have begun going out. Kaye Morrow reported that the Disease Management program for the behavioral health medications with CNS is moving forward, and that a second contract has been signed with Lilly and APS for asthma, diabetes, COPD and hypertension in Hudson County. The National Pharmaceutical Association is examining some data from the State and is expected to suggest some additional disease management programs that can be undertaken.
Business			
A. Newsletters			Dr. Swee asked that the Board send any comments on the newsletters to Patricia Hafitz. A reminder will be sent out via e-mail. Dr. Gochfeld expressed a concern that the newsletter for insomnia should be rephrased because the current text gives the impression that the newer drugs are safer and less habit forming than properly used benzodiazepines. The Board agreed that the benzodiazepines should be

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			referenced as alternatives and that a relative cost comparison should be included. State staff will work with Dr. Gochfeld and send out a revised version for Board comment.
B. Data on methadone/opioid use			The data was presented for the denials and approvals for the months of August and September. Dr. Marcus agreed to work with DMAHS and the Division of Addiction Services in their discussion about methadone clinics and the related issues. Suboxone was also discussed, as there is a trend to utilize this instead of methadone, and future reporting will include suboxone-opioid data.
C. Questionnaire for HMO site visit			The Board was reminded that they can still submit comments on the questionnaire that is used by the State on HMO site visits. The next round of assessments will begin in January. The Board also received a comparison chart detailing the HMO coverage of four of the top drug categories covered by Medicaid, which will be discussed at the next meeting.
D. PPIs	Pages 11-12;Tab 4		The estimated savings for the Prilosec OTC pilot program was reported at $65,000 for the 2 month period for which data was available for comparison. Dr. Swee made the suggestion that the State look into the same type of program for loratadine.
E. GCSFs	Pages 13-52;Tab 5	Tabled	The discussion about protocols for off-label use of GCSFs was tabled in favor of more information. The Board requested a list of the diagnoses which have been submitted to Unisys by prescribers, and questioned whether they were compendia-listed. The State and Unisys will present a more comprehensive protocol at the next meeting.
F. Serotonin syndrome	Pages 53-56;Tab 6	Recommendation	The advisory was discussed, and the options weighed by the Board. It was decided that using the drug-drug interaction edit for this would most likely not be that beneficial; rather it was decided that the best action to take would be to publish a newsletter describing the serotonin syndrome, and the drugs that are potentially a problem. The Board suggested that the State include statistics on the occurrence of this problem, which would be derived from emergency room claims data compared with pharmacy claims data.

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G. Informational Highlights			
1. PA/darunavir	Pages57-86;Tab 7	Accepted	The protocol was noted. There were no comments.
2. PA/extended-release naltrexone	Pages 87-114;Tab 8	Accepted with revision	The protocol was revised to include a notation that the MEP unit would notify the prescriber if the patient was receiving an opioid.
3. PA/nabilone	Pages115-118;Tab 9		The protocol was noted. Discussion centered around this drug not being first-line therapy, as this is the way it is marketed.
4. Meeting dates	Page 119;Tab 10		The Board voted to change the January 17 meeting to January 24. All other dates were accepted as proposed.
5. Edit update	Page 119-166;Tab 11		Table updates were noted.
6. Top 200 drugs	Pages 167-171; Tab 12		It was requested that future reporting more clearly define the population, and better separate the classes of drugs.
7. Unisys reports	Pages 173-260;Tab 13		No comments were noted.
H. Action Items			
1. Recommendations (April 2006) 2. Adverse Drug Reactions 3. Newsletters 4. Methadone/opioid 5. PPIs 6. Serotonin syndrome			1. Continue with implementation of benzodiazepines/methadone edit. 2. State to obtain data from claims regarding ADRs. 3. Revise insomnia newsletter and e-mail to Board. 4. Analyze data regarding suboxone (see B above) 5. Evaluate potential savings for related initiative with loratadine (seeC) 6. State to prepare newsletter and data for Board review

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