Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review (DUR) Board Meeting Minutes
Wednesday December 12, 2007
Electronic Data Systems Conference Room
171 Service Avenue
Cranston, Rhode Island

DUR Board Members Present:	Stephen Kogut, PhD, RPh, MBA Ray Maxim, MD Ellen Mauro, RN, MPH Richard Wagner, MD John Zevzavadjian, RPh.
DUR Board Members Absent:	Tara Higgins, RPh, CGP, CDOE
Others Present:	Paula Avarista, RPh, MBA (RI Medical Assistance Program) Ann Bennett (Electronic Data Systems) Karen Mariano, RPh (Electronic Data Systems) Joe Paradis, PharmD (Health Information Designs)

Paula Avarista gave an update on the status of the Preferred Drug List (PDL). The PDL has been in effect for one year. As part of the discussion concerning the PDL, Paula indicated that the Medicaid program is considering quantity limits on the anti-emetic drug class, specifically the 5HT receptor blocking agents, which are costly and should not normally be used on a daily basis by patients. Most health plans and many other State Medicaid Programs have limits on these drugs. The Board discussed the issue and HID was asked to evaluate claims data to determine the top prescribers of these agents and review available diagnosis data for patients taking these drugs.

Other drug classes recently reviewed as part of the PDL process where lipid lowering agents (specifically statins) and antidepressants. For both of these drug classes, generic agents were selected as preferred and branded agents were made non-preferred. Patients currently taking Lipitor® 80mg and any dose of Crestor® would be able to continue on these medications without prior authorization. There was some discussion regarding the statin drug class and the need to alert prescribers that non-preferred brand statins would require prior authorization as of January 15, 2008. Dr. Kogut also posed the question if lovastatin should be considered non-preferred based on its efficacy compared to the other generic statins. HID will evaluate current utilization of lovastatin.

With respect to the antidepressant drug class, patients taking Cymbalta® and Lexapro® would be able to continue on these agents without prior authorization. Dr. Wagner asked if the PDL has been effective in reducing Medicaid costs and has there been any adverse impact on costs or other unexpected outcomes as a result of the PDL implementation. Paula Avarista indicated that drug cost savings have been achieved. Dr. Wagner and Dr. Maxim proposed that the impact of the PDL on other area be evaluated, such as increases in hospitalizations or emergency room visits. They also asked if there were any data available on prior authorization denials and wait time. It was recommended that HID review pharmacy data before and after January 15, 2008 (the PDL implementation date for the statins and antidepressants) and determine if patients on non-preferred agents were switched to preferred agents.
There was some discussion of the Centers for Medicare and Medicaid Services (CMS) required use of the National Prescriber Identification (NPI) numbers by May 23, 2008. The use of NPI in the future should help identify area of specialty of prescribers. There is hope that the number of claims submitted under the Rhode Island Hospital

identification number will be reduced. However, Board members cautioned that it may be difficult for many pharmacists to determine the actual prescriber for many prescriptions written by medical residents at Rhode Island Hospital.

Paula Avarista also talked briefly about the future of electronic prescribing (e-precribing) and the formation of the E-Prescribing Committee to evaluate and implement e-prescribing in Rhode Island.
Dr. Kogut indicated that the use of e-prescribing and an electronic health record are quality measures for Medicare in 2008.

Paula Avarista briefly discussed the new DEA ruling that allows prescriptions for multiple C-II drugs to be written on the same day for sequential filling over 90 days. Since Rhode Island State mandates that C-II prescriptions be filled within 30 days of the date written, this new DEA ruling should have no impact on prescribing of C-II drugs in Rhode Island.

Joe Paradis asked Board members and the Department for their comments on evaluating prescribers based on PDL compliance. Board members thought that resources could be better spent first on evaluated any possible unexpected adverse impacts that the PDL may have on drug utilization and medical costs or patient care. After this was evaluated, PDL compliance of prescribing preferred agents for individual prescribers could be looked at.

Joe Paradis asked Board members if top prescribers of asthma drugs should be sent a copy of the revised asthma treatment guidelines. The Board felt that if intervention letters were to be sent to prescribers in reference to a particular patient, then the revised guidelines should be attached, but a mass mailing would not be necessary. Dr. Kogut and Dr. Wagner suggested that criteria be developed for the following if not already in place with regard to asthma; use of oral steroids and an inhaled beta agonist, nonadherence with the use of long acting beta agonist inhalers, alert prescribers if patient have emergency room visits for worsening asthma and send intervention letters to prescribers of several short courses of steroids for asthmatic patients.

The use of brand name anticonvulsants was briefly discussed. Currently, prior authorization and medical justification is required for the use of a brand name anticonvulsant that has a generic equivalent. No change to this process was recommended.

New criteria were reviewed for non-adherence to antiretroviral medications. The Board recommended that these criteria be activated. Ellen Mauro asked if patients identified as being nonadherent with antiretroviral therapy could be referred to her office for consideration in case management programs.

Other criteria were reviewed. Dr. Maxim asked if patients with liver disease, also found to be on high doses of acetaminophen (more than 4 grams per day) could be referred to his office for evaluation. He was also in favor of developing quantity limits of combination acetaminophen narcotic products, based on limiting the dose of acetaminophen to 4 grams per day. Dr. Kogut asked if the proposed criteria related to antibiotic use in children less than one year of age could be evaluated over several months before any intervention letters were sent to providers.

Dr. Maxim and Ellen Mauro described a new program being undertaken to review the top 3000 Medicaid patients with the highest cost associated with their care. There is a concerted effort to develop ways of managing these high cost cases, such as transplant and trauma patients. These are highly detailed reviews and require intense analysis. Approximately 60 cases have been reviewed so far.

The next meeting was scheduled for 8:00am on April 9, 2008.