Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review Board (DUR) Meeting Minutes
Wednesday March 14, 2007
Cranston, Rhode Island

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

Minutes from the December 6, 2006 meeting were approved with minor changes.

Paula Avarista reviewed the status of the Preferred Drug List (PDL). A Pharmacy and Therapeutics (P&T) Committee meeting was held on January 15, 2007. The first drug classes reviewed included antihypertensive agents. There was very little controversy raised over the selection of the preferred agents. Provider Synergies is the vendor responsible for coordinating the PDL process, conducting clinical drugs reviews and negotiating supplemental rebates with manufactures. Rhode Island is part of the National Multi-State Purchasing Pool Initiative (NMPI). The meeting dates for the P&T Committee are as follows: April 3, 2007, June 5, 2007, September 18, 2007 and December 4, 2007. Drug classes to be reviewed at the April meeting include agents for the treatment of diabetes, lipid lowering agents, proton pump inhibitors and osteoporosis agents.

There was discussion of the use of low dose quetiapine, benzodiazpines and Rsiperdal Consta. Joe Paradis will provide Paula Avarista with a list of the top prescribers of low dose quetiapine and Risperdal Consta. The diagnosis for the use of low dose quetiapine will be investigated. Dr. Wagner indicated that a diagnosis of Post Traumatic Stress Disorder (PTSD) in patients with a history of substance abuse would be an appropriate use for low dose quetiapine. Other uses of low dose quetiapine, as an alternative to benzodiazepine therapy, may also be preferable. Board members asked if HID could determine if the use of benzodiazepines among Medicaid recipients was persistent, were benzodiazepines being used for long periods of time or were the agents being used for a short duration.

There was a brief discussion of the Connect Care Program. Ellen Mauro reported that patients in the Connect Care Program had lower hospital admission rates compared to patients who were offered the Program but refused enrollment.

Steve Kogut reported that Rhode Island Quality Partners and the College of Pharmacy are evaluating Medicare Part D pharmacy claims data. Data for six of the plans, which represents approximately 50% of Rhode Island Medicare Part D recipients, is now available. The rate of prescribing of and adherence to ACE Inhibitors and lipid lowering agents is being evaluated. Plans are to have telephone or face-to face contact

with providers to help improve medication management and change prescribing behavior to improve outcome measures. There are also plans to work with Optima on an intensive case management program to help their dual eligible population remain in independent living situations. Ellen Mauro indicated that she is working with Steve Kogut to coordinate efforts of the Rhode Island Chronic Care Collaborative to improve diabetes care with the work being done by Rhode Island Quality Partners.

Paula Avarista discussed the National provider Identification (NPI) number. Despite the fact that Rhode Island has been discussing NPI the need for providers to obtain an NPI number in their Provider Bulletins for over a year, only about 20% of Rhode Island Medicaid providers currently have an NPI number. There is no national database of NPI numbers that pharmacies have access to. DEA numbers will still be needed to be verified for prescriptions for controlled substances. Tara Higgins indicated that as of the proposed deadline date of May 23, 2007 Blue Cross will accept either and NPI plus DEA number or NPI number with claims transmissions.

Joe Paradis discussed a summary of antipsychotic use. There was discussion of several issues including the use of low dose atypical agents, the place in therapy for traditional antipsychotic agents, possible benefits of Risperdal® Consta® in patients not adherent to oral agents, once daily versus twice daily regimens and potential drug interactions with the new agent Invega™.

There was discussion about the DUR Board referring patients with multiple DUR criteria exceptions to case management. In the future, HID will provide Paula Avarista with a list of names of recipients with high DUR risk scores on a regular ongoing basis. These are patients utilizing multiple providers who have several DUR criteria exceptions and may be at risk for adverse outcomes. Many of these patients have diabetes along with other chronic conditions. Ellen Mauro will evaluate claims histories for these recipients to determine if they are candidates for case management. She also briefly discussed the new Connect Care Choice case management program.

Joe Paradis reviewed several new criteria. Some of the new criteria were developed for the new atypical agent Invega™. The consensus of the Board was to activate all of the Invega™ criteria. If the interactions with Invega™ alerted in the criteria are found to be not significant in the future, the criteria will be deactivated. Dr. Wagner indicated that there was no indication for use of Invega™ with Risperdal® since Invega™ is the major active metabolite of Rispderal®. He also noted that is patients were stable on Risperdal®, there appeared to be no clinical justification to transition them to Invega™. Changes were recommended to some of the other individual criterion.

A brief review of alerts sent out for black box warning criteria was conducted. Dr. Wagner asked HID to report on the number of criteria alerts for benzodiazepine use with clozapine.

The next meeting was scheduled for 8:00am on Wednesday March 14, 2007.