



**Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review Board (DUR) Meeting Minutes
Wednesday September 13, 2006
Cranston, Rhode Island**

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)
Dennis Domenicone, CPhT (Electronic Data Systems)
Karen Mariano, RPh (Electronic Data Systems)
Barbara Metz RN (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 June 7, 2006 meeting were approved with no changes.

Frank Spinelli reviewed the status of the Preferred Drug List (PDL). A Pharmacy and Therapeutics (P&T) Committee is being assembled and the first drug classes could be reviewed as early as November 1, 2006. A mass provider mailing regarding general information concerning the PDL process is expected soon. It is anticipated that there will not be significant barriers for providers or recipients to obtain prior authorization for non-preferred drugs. Appeal procedures to obtain denied non-preferred drugs are expected to be prepared in October. Paula Avarista indicated that certain drug classes such as the antipsychotic agents would not be included on the PDL. Stephen Kogut recommended that possible unintended consequences related to the PDL process be studied along with an evaluation of patient outcomes. Tara Higgins recommended that pharmacy focus groups be used to foster the PDL implementation process with providers.

Frank Spinelli also indicated that the prior authorization process for the PDL would be linked to the current "Smart PA" prior authorization process in an effort to streamline the processing and approval of preferred and non-preferred drugs. In addition, no specific quantity or dosage form limits have been discussed at this time for inclusion on the PDL. Dr. Wagner indicated that the prior authorization process for Medicare Part D plans has been cumbersome.

Frank Spinelli discussed the implementation of co-payments for the Medicaid drug benefit which will take effect in a few weeks. Co-payments will be \$1.00 for generics and \$3.00 for brands. Certain patients would be exempt from co-payments such as children under age 18 and younger, pregnant women, breast and cervical cancer patients, institutional patients and patients in the RIte Care and RIte Share programs. Pharmacists are not mandated to collect co-payments if the patient does not have the financial resources. The State is also evaluating the cost of dispensing fees and reimbursement of cognitive services by pharmacists.

Dr. Wagner indicated that the majority of hospitalizations in the indigent program are due to non-adherence. He was concerned that the implementation of a co-payment may increase non-adherence in some patients and recommended that this issue be studied.

Karen Mariano indicated that as of July 1, 2006 EDS began processing claims for the RIPAE program.

Stephen Kogut briefly discussed the RI Board of Pharmacy controlled substance monitoring program and some of its uses and shortcoming. The data contains no unique patient identifiers but it can be used to help with evaluating trends in use of controlled substances. He also indicated that data from three of the Medicare Part D plans are being reviewed to evaluate treatment measures for diabetes.

Dr. Wagner asked that a summary of criteria related to black box warnings for drug-drug interactions be included with minutes to DUR Board meetings. Joe Paradis will prepare a summary of existing criteria and new criteria will be developed if needed.

Joe Paradis presented a brief review of the use of benzodiazepine sedative agents. Since these drugs are not covered under Medicare Part D, there is concern that their use will increase in the dual eligible Medicaid population. Stephen Kogut asked that the use of all benzodiazepines be trended and their use in the dual eligible population be compared to other populations if possible.

The use of multiple antipsychotic agents was discussed. Comments received back from prescribers who received intervention letters for patients on three or more agents were reviewed. Dr. Wagner indicated that there is a small subgroup of patients who continue on three antipsychotic agents and appear to be adherent to therapy and do seem to benefit from three agents. Some are those who have started therapy with long acting Risperdal[®] Consta[®] and continue on two other agents. The use of low dose quetiapine as a sedative agent added as a third drug would not be considered appropriate. Dr. Wagner suggested evaluating the use of low dose quetiapine and long acting Risperdal[®] Consta[®] in Rhode Island as compared with other State Medicaid Programs.

A summary of responses from DUR letters discussing duplicate SSRI therapy was briefly reviewed. Dr. Wagner indicated that there are case studies published of patients who have benefited from duplicate SSRI therapy if they could not tolerate maximum doses of one agent.

Joe Paradis reviewed a summary of the Lock-In Program and the monthly process used to screen for patients who may be overutilizing controlled substances. The intent of the program is to avoid having to restrict patients to a single pharmacy by changing prescribing patterns if possible. Tara Higgins raised concerns over how to alert emergency room and urgent care prescribers of patients demonstrating drug seeking behavior without compromising patient confidentiality. It was recommended that the use of controlled drugs in the Medicaid population be compared to that in the Blue Cross and United HealthCare populations.

The next meeting was scheduled for 8:00am on Wednesday December 6, 2006.