April 2006 DURB Meeting Summary

Issue	Attachment*	Action	Notes
Roll Call			Present: Dr. Swee, Dr. Gooen, Dr. Gochfeld, Dr. Woodward, Dr. Marcus, Ms. Rodriquez, Mr. Schafer , Ms. Olson, Dr. Barberio, Dr. Moynihan, Dr. Moore Absent: Dr. Cavalieri, Dr. Lichtbroun, Dr Kuper [resigned]
Review of minutes	Pages 3-6; Tab 1	Approved	Minutes from the February, 2006 meeting were approved.
Secretary's Report	Page 6a; Tab 2		Patricia Hafitz reported that the DHS Commissioner has signed off on the October 2005 recommendations, and the programming has almost been completed to implement them. Dr. Swee requested that reporting be done on the impact of implementation. The recommendations from February 2006 have not been signed yet; the newsletter will be released once approval has been obtained. The Annual Report for SFY 2004 has been published in the NJ Register, and each Board member received a copy. It is also available on the DURB website (www.state.nj.us/huamanservices/dmahs). The website is still being enhanced. The draft of the Annual Report for SFY 05 will be sent to the Board once is it is approved by DMAHS. It was also noted that Dr. Lichtbraun was in attendance in February, but his name was omitted from the list of attendees on the transcript.
Business			
A. Data on Methadone/ Opioid use			Patricia Hafitz reported that there were difficulties in extracting the exact data that the Board had requested. Data from a one week period in January demonstrated that there were claims for 3,659 patients for patients in MMT, with 192 of those patients receiving prescriptions for narcotics. Most of those are believed to be long-term, chronic use rather than short-term, acute use, and future reporting should be able to define that better.

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B. Data on enrollment in ADDP			Ron Weinstein from ADDP discussed enrollment in the program, which has been relatively stable over the past 2 years at about 4,800.
C. Data on Plavix utilization	Pages 7-9;Tab 3	Recommendation appproved	Sam Emenike from Unisys presented the results from a claims review that looked at all patients who had been taking Plavix for more than 1 year. Patients who had a diagnosis (based upon medical claims) that supported long-term use were then excluded, and a survey was sent out to the prescribers. The responses indicated that about 11% of the patients were on therapy longer than the prescriber had intended. The Board felt it was be a good idea for prescribers to receive a notification for their patients who have been on Plavix for more than 1 year, with a request for the associated diagnosis.
D. Action Items			
1. Skeletal Muscle Relaxants	Pages 11-12;Tab 4	Recommendation approved with addition of benzodiazepines	Data was presented on utilization for skeletal muscle relaxants for the month of February 2006. The Board approved a recommendation that these drugs be subject to the therapeutic duplication edit when there are different prescribers involved, and that benzodiazepines be added to the list. Dr. Marcus requested that data from a longer time period be looked at, due to increased reporting of overdoses of tizanidine, and that the State be checking for the use of tizanidine and clonidine together.
2. Benzodiazepines in MMT	Pages 13-14; Tab 5	Recommendation approved with rewording	The Board approved recommending the protocol presented, but that it be reworded to allow for an "appropriate "diagnosis
3.Dronabinol/aprepitant	Pages 15-43;Tab 6	Recommendation approved with rewording	The Board approved recommending the protocols presented for dronabinol and aprepitant, with the criteria for denial eliminated from the dronabinol.
D. Informational Highlights			
1. Medicare Part D Update			Kaye Morrow reported that, now that all clients in Medicare Part D are utilizing their new PDP, other issues are becoming evident, most notably the prior authorization process, and the exception process. The members of the Board agreed that the fact that there is no standardization among the plans creates a tremendous burden for the

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			prescribers, and a great deal of time is wasted trying to navigate the system, however a standardized form may soon be in use. There is concern that many patients may not be receiving their medications, due to PDP denials, PA requirements, or copays being charged, even though the State pays the copay for dual-eligibles. Ed Vaccaro also pointed out that there are some troublesome issues for the patients in long-term care too. Office of Utilization Management staff members spend a great deal of time and effort on a daily basis, successfully assisting clients resolve Medicare Part D issues, and the State also provides a 6 day emergency supply in addition to wraparound coverage.
2. Disease Management Update			The State is embarking on a disease management project involving behaviorial health medications, utilizing CNS. It is still in the start-up phase, and once it begins it will last for 2 years.
3.Edit update	Pages 45-51;Tab 7		Since Tequin is contraindicated in diabetic patients, the State is using the drug-drug interaction edit to monitor its use. The first fill edit is still under development, and fentanyl patches will be monitored under that edit. The Board requested a follow-up from Ortho-McNeill on the delivery system, and how it is affected by the application of heat.
4.Top 200 drugs	Pages 53-55;Tab 8		The list of top 200 drugs has been revised by Dr. Swee, which combines all the strengths of the same drug; that will be distributed at the next meeting. Unisys will also sort the list by classes for the next meeting. Dr. Swee reported that, when all strengths of drugs are combined, the greatest expenditure is on risperidone, 13 million dollars for the first quarter 06. Kaye Morrow mentioned that it was important to remember that the patients in managed care have these drugs carved out, so the figure for risperidone represents many more clients than the figure for Nexium.

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