Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, December 13, 2016
10:30 a.m.

DUR Board Members Attending	Richard Wagner, MD Michelle Booth, PharmD (NHPRI) Linda Rowe-Varone, PharmD, BCPP Steve Kogut, PhD, MBA, RPh (URI) Jerry Fingerut, MD (Xerox)
Others Attending	Ann Bennett (HP Enterprise Services) Scott Donald, PharmD (HID) Heather Kissinger, PharmD (HID) Matthew Waldrop, PharmD (HID) Karen Mariano, RPh (HP Enterprise Services)

The meeting began at 10:30 a.m., and the minutes of the September 13, 2016 meeting were approved.

The Board reviewed several slides addressing changes in prescribing patterns since the provider education letters were mailed at the end of February 2016. These results have been continuously reviewed since the last Board meeting. For the letter addressing patients who are taking a short-acting analgesic in the absence of a long-acting analgesic, previously 10 recipients had no change in therapy. Since the last meeting, seven recipients were continued on a short-acting analgesic without a long-acting formulation. One recipient had been restarted on prior qualifying therapy. Of the seven recipients, two physicians responded to the third mailing. Responses from prescribers included "tried to modify therapy but recipient not cooperative" and "patient has an appointment to discuss drug therapy." A Board member recommended that physicians who did not respond to letters receive a phone call.

The change in prescribing patterns for the letter addressing the concurrent use of an antipsychotic and a stimulant was reviewed. At the last Board meeting, it was discovered that there was no change in therapy for 18 recipients. Over the last quarter, 18 recipients again continued on concurrent therapy. Only one physician responded to the new mailing. One board member requested that future reporting include total population receiving treatment with either agent to provide a broader picture of the population.

The final topic for evaluation of changes in prescribing patterns since the February mailings addressed patients receiving greater than 120 morphine milliequivalents. Five recipients continued on qualifying therapy since June 7, and one physician replied to the mailing. A discussion requested that reporting for next quarter include recipients on lower thresholds, such as those between 60 to 119 morphine milliequivalents.

HID presented information regarding the concurrent use of benzodiazepines and other anxiolytics, excluding ramelteon, based on the claims from third quarter. Overall, 767 recipients were on a benzodiazepine and 98 recipients were on another anxiolytic. Forty recipients hit on duplicate therapy, and their physicians received a letter regarding the concurrent use of these medications. For six recipients, the concurrent therapies were prescribed by different physicians. In addition, nine of the 40 recipients were prescribed an opioid, and three of the 40 recipients were taking concurrent suboxone. A board member requested another mailing to physicians with patients on duplicate therapy, a letter addressing opioid use while on a benzodiazepine and another anxiolytic, and a letter addressing suboxone use while on a benzodiazepine and another anxiolytic.

HID reviewed EpiPen utilization over the third quarter. As anticipated, a larger number of claims was observed in the third quarter. One hundred fifty recipients had claims. One recipient received four prescriptions during this timeframe, 17 received two prescriptions, and 132 received a single prescription. The Board requested this report be continued for the next meeting.

As requested at the last Board meeting, HID reviewed trazodone utilization over the third quarter. A total of 263 recipients received a total daily dose of 100 mg or less. Of these recipients, 170 were taking less than 100 mg daily. One board member requested the total number of recipients receiving any dose of trazodone to better understand the percentage of recipients on low-dose therapy.

Upon reviewing claims for the third quarter, it was reported that no recipients were taking a total daily dose of acetaminophen of 4.0 grams or higher. Only one recipient was taking total daily dose of 3.0 grams, two recipients were taking 2.6 grams, and eight recipients were taking 2.0 grams.

HID presented an analysis of antipsychotic use and post-traumatic stress disorder diagnosis. Over the third quarter, 18 recipients were identified as having a diagnosis for post-traumatic stress disorder and currently taking an antipsychotic. One Board member inquired about how many of these recipients were on quetiapine. Further analysis shows only three of the 18 recipients were taking quetiapine.

HID presented a slide showing the utilization of antipsychotics under the indicated age during the third quarter of 2016. The qualifying recipients rose from previous quarter from 15 to 24. Future reporting is to include the applicable diagnosis reported.

The Board reviewed a slide that presented the top 30 medications by utilization during the first quarter of 2016.

The next Board meeting is April 4, 2017.

The meeting adjourned at 11:35 a.m.