Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, June 9, 2015
10:30 AM

DUR Board Members Attending	Steve Kogut, PhD, MBA, RPh Richard Wagner, MD
Absent	Michelle Booth, PharmD Ellen Mauro, RN (Rhode Island EOHHS) Linda Rowe-Varone, Pharm D
Others Attending	Ann Bennett (HP Enterprise Services) Steve Espy, RPh (HID) Jerry Fingerut, MD (Xerox) Karen Mariano (HP Enterprise Services) Ralph Racca (Rhode Island EOHHS)

The Meeting began at 10:55 a.m., and the minutes of the April 7, 2015 meeting were approved.

The Committee reviewed the Lock-In criteria. HID explained the three criteria were previously approved by Rhode Island Medicaid and are the primary criteria used to identify recipients for Lock-In review. HID explained that the number of recipients that have been reported did not all result from a review of controlled substances; therefore, HID will no longer provide that number.

The Committee discussed identifiers for lock-ins based on the number and combination of pharmacies and prescribers where a patient received/was prescribed controlled substances.

There was discussion regarding Medicaid being a secondary payer. HID asked for clarification of which of the formulas should be used to identify recipients for Lock-In review. The Board suggested looking at recipients who are using two or more physicians and three or more pharmacies, and receiving three or more controlled substances in 30 days. Discussion followed concerning creating a new letter process that would allow HP time to review any recipients recommended for Lock-In. HID suggested a manual letter process that would send letters to providers and recipients if they have been identified as meeting the criteria. The Board asked how long it would take to actually lock in recipients once they have been identified. HID responded that it may take as long as six months after sending the initial letter to Lock-In recommendation, in part due to the three-month criteria suppression that occurs after sending letters to providers. HID suggested that reducing the length of the criteria suppression would reduce the amount of time between initial identification and lock in.

The Committee discussed creating letters to suggest that the provider review the recipient's profile in the Rhode Island Prescription Drug Monitoring Program.

The Committee asked HID to provide a comparison of the utilization of short-acting analgesics between Rhode Island and other states. The comparison should be based on percent of population.

The Committee discussed incentivizing pharmacies for agreeing to provide prescriptions to Lock-In patients. The incentive would be based on counseling and medication review, similar to the Medication Therapy Monitoring Program. This process may include tracking the effectiveness of monitoring the Lock-In patient, if it would result in reduction of the utilization of controlled substances.

The Committee reviewed a table of patients identified as receiving buprenorphine and an opiate in the same month from October 2014 through March 2015.The table identified the recipient, month of service, name of the opiate, quantity, and days' supply. Those opiates that were prescribed by the same physician who prescribed the buprenorphine were noted. In reviewing the table, one patient was identified in three different months, and one recipient was identified in two separate months.

The Committee reviewed a summary of the use of antipsychotics in the first quarter of 2015. There were 1,035 recipients who received antipsychotics; of those recipients, 228 were under 18 years old. The Board discussed that those recipients under 18 years old and receiving an antipsychotic are of a unique population.

HID presented seven recipients under the FDA-indicated age who received an antipsychotic in the first quarter of 2015. The information included the patient's age, name and strength of the antipsychotics, quantity, and diagnosis correlated to the antipsychotic prescribed. Discussion followed regarding submitting diagnoses within the new DSM-5. There was also discussion about sending letters to prescribers when the diagnosis presented is not considered a chronic psychotic disorder and about the prescribing physician's specialty. HID stated that, moving forward, the prescriber specialty will be included in the table for antipsychotics prescribed to patients under the label age.

The Committee reviewed a report that indicated 182 recipients under the age of 18 years received a 180-day supply or more of antipsychotics in 2014. Seventy-six of those recipients received a 360-day supply or more of an antipsychotic. HID presented the number of recipients broken down by a range of days' supply, including three recipients with a days' supply greater than 1,000. The largest days' supply was 1,380. The same slide presented a one-month drug history for the recipient with the 1,380-day supply. The recipient received prescriptions for five antipsychotics for a total days' supply of 150 in one month. The diagnosis associated with the patient was also displayed. Discussion followed concerning not just the days' supply, but also the number of antipsychotics being prescribed to recipients. The DUR Committee asked HID to present the utilization of a long-acting injectable antipsychotic with any other antipsychotic.

HID presented the results of a criteria that identifies recipients under the age of 18 years being prescribed a psycho stimulant and also an atypical antipsychotic without an indication for the antipsychotic. During the April DUR cycle, 30 recipients met the criteria, and HID sent education letters to 35 prescribers. There were 12 responses (34%). Six responders thought the benefits outweighed the risks, two responders indicated they tried to modify therapy but the recipient was not cooperative, three responders stated they have an appointment to discuss therapy, and one responder stated awareness and was monitoring the patient. The DUR Committee asked the HID to present the number of recipients over the age of 18 who are receiving both an antipsychotic and a psycho stimulant.

HID presented a table that compared specific statistics for the CMS report for FY2013 to the current CMS report for FY2014.In 2013 the RI DUR program mailed 3,727 interventional letters to prescribers with a response rate of 36% and a cost savings of $124,979. In 2014 the RI DUR program mailed 5,221 interventional letters to prescribers which resulted in an increased response rate of 39% and a cost savings of $236,267.

There was no information available regarding hospitalization for fee-for-service recipients who transitioned for Managed Care compared to fee-for-service recipients.

HID presented the utilization of Invokana® for the calendar year of 2014 and first four months of 2015. The Committee asked HID to continue to monitor the utilization and present the results at a subsequent meeting. The Committee also asked HID to include indication of trial and failure of metformin for each recipient who is receiving Invokana®.

The Committee asked for the number of recipients who have been diagnosed with HIV and also are being treated for hepatitis C. Karen Mariano from HP stated that EOHHS is monitoring those recipients and would be able to provide the number of recipients at the meetings. .

The next meeting will be August 25, 2015.

The meeting adjourned at 12:00 p.m.