Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, June 7, 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, MHSA (Hewlett Packard Enterprise Services) Katie DeRuiter, PharmD (HID) Karen Mariano, RPh (Hewlett Packard Enterprise Services)

The meeting began at 10:30 a.m., and the minutes of the April 12, 2016 meeting were approved.

The Board reviewed several slides describing changes in prescribing patterns after the provider education letters were mailed out at the end of February 2016. For the letter addressing patients who are taking a short-acting analgesic in the absence of a long-acting analgesic, there were eight recipients for whom there was no change in therapy, and six of those recipients' physicians did not respond to the provider education letter. The Board feels that for those six recipients' physicians, a second letter should be mailed out addressing the fact that no response was received and we are still concerned about the patient's therapy. If there is still no response from the provider, a phone call to the provider may be warranted. The change in prescribing patterns for the letter addressing the concurrent use of an antipsychotic and a stimulant was reviewed. There was no change in therapy for 17 recipients. The Board wanted to know if other states were looking into this topic. The Board would like a follow-up letter to be sent to the prescribers of the two recipients who did not have any diagnoses that would justify the use of these two classes of medications. For all of the recipients whose claims ended before the provider education letter were mailed, the Board would like to know how many of those recipients lost their Medicaid benefit. One Board member recommended that we should continue to check the change in prescribing patterns in recipients for whom there was no change in therapy and report this information at the September meeting and the December meeting before any follow-up letters are mailed out.

HID presented information regarding the concurrent use of opioids and benzodiazepines based on the May 2016 Initial Criteria Exception Report (ICER). There were 11 recipients who hit on that criteria, and their physicians received a letter regarding the concurrent use of these medications. One Board member feels that the letter should include information about the PDMP.

The Board reviewed information showing the utilization of opioids under the following circumstances: how many patients presented to a pharmacy with a prescription for a short-acting opioid (≤ 20 dosage units) between 3/23/16 and 4/22/16 and did not have any other short-acting opioid prescriptions within 20 days of the prescription in question. The same information was presented for short-acting opioid

prescriptions for > 20 dosage units as well as for long-acting opioid prescriptions for ≤ 20 dosage units and > 20 dosage units. One Board member explained that there may be a lag in billing on the medical side, which could explain why so many recipients did not have any diagnoses listed. Michelle Booth from NHPRI presented information that they had 33,000 prescriptions in six months for a C2. There were 21,610 (65%) claims for > 20 units dispensed. If the current legislation on this topic passes, the recipients of NHPRI would be significantly impacted, according to Michelle.

HID presented a slide showing the utilization of Valeant products during the first quarter of 2016. One Board member wanted to know if RI Medicaid should exclude Valeant products from being covered, but Karen Mariano explained why this cannot be done. Also, the Board wanted to know what the net cost is for these Valeant products and the average cost per prescription. One Board member wanted to know if we could send letters to physicians and/or pharmacies prescribing and dispensing Valeant products informing them of the high cost.

HID presented information regarding the utilization of hepatitis C agents. There were four recipients who had claims for hepatitis C agents during the first quarter of 2016. The Board feels this topic should continue to be monitored.

The Board reviewed a slide that evaluated HIV medication adherence in FFS Medicaid patients based on the May 2016 ICER. There were four recipients who hit on this criteria. There was no further discussion regarding this topic.

HID presented a slide showing the utilization of antipsychotics under the indicated age during the first quarter of 2016. One Board member was curious to know more about the student in an organized healthcare education/training program.

The Board reviewed information regarding the prescribing of buprenorphine products during the first quarter of 2016. Per the SAMHSA website, there were 111 prescribers of buprenorphine products, and 74 of these prescribers were active prescribers for Medicaid recipients. One Board member would like to see this information benchmarked with other states. Also, the Board would like to know the number of organizations reflected in the number of active prescribers of buprenorphine products.

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

HID presented information on Vyvanse for Binge Eating Disorder (BED). There was one recipient identified who had a diagnosis of unspecified eating disorder, but the patient also had a diagnosis of ADHD.

The Pharmacy and Therapeutics committee asked the DUR board to present on the utilization of EpiPens, specifically how many EpiPens are being filled per month per recipient. For NHPRI, the quantity limit is four pens per fill. The Committee also wanted to know if other plans are requiring a diagnosis for the new diabetes medications (GLP-1 agonists, SGLT2 inhibitors, etc.). One Board member reported that the patient must try metformin before being approved for the newer diabetes medications that require a prior authorization.

The next board meeting is September 13, 2016.

The meeting adjourned at 11:30 a.m.