Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, June 13, 2017
10:30 a.m.

DUR Board Members Attending	Richard Wagner, MD (Brown) Gayle Dichter, RPh, MBA (NHPRI) Michelle Booth, PharmD (Magellan) Linda Rowe-Varone, PharmD, BCPP Steve Kogut, PhD, MBA, RPh (URI) Jerry Fingerut, MD (Conduent)
Others Attending	Karen Mariano, RPh (DXC Technology) Ann Bennett, MHSA (DXC Technology) Heather Kissinger, PharmD (HID) Ralph Racca (Administrator EOHHS) Tolani Olagundoye (URI PharmD Candidate)

The meeting began at 10:40 a.m., and the minutes of the April 2017 meeting were approved with a requested change to modify wording around the ADURS Topics.

DUR Topics for Follow-Up
The Board reviewed Prescribing Patterns after provider education mailings.

For the letter addressing patients who are taking a short-acting analgesic in the absence of a long-acting analgesic, 101 recipients were identified. Letters were sent on March 15th and 97 of the 101 recipients targeted were continuing to use short acting agents in the absence of a long acting agent. HID followed up with a response to a request for information regarding the specific guideline cited in the letter to prescribers and stated that the letter did not contain a guideline citation. The Board discussed the lack of response to the intervention and trend of moving away from recommending use of long acting agents in general. The Board suggested a more unified message among FFS and the MCOs with regard to the direction we want to provide for prescribers would be more consistent. Board members made a suggestion that less variation among the different payers would be in the best interest of the DUR effort. A mention was made that United Health and BCBS-RI both have the long acting agents on prior authorization; RIDOH is requesting all payers have long acting agents on PA. FFS will implement in the upcoming weeks. The Board requested to place this educational mailing on hold.

For the letter addressing the concurrent use of an antipsychotic and a stimulant, 24 recipients were identified. Letters were sent on March 15th and responses to the intervention were reviewed. HID would email the Board the number of recipients who were still identified to be receiving concurrent therapy post intervention. The Board requested benchmarking with other states data for the next meeting. The Board requested to continue with this educational mailing for the next quarter.

For the recipients receiving 60 - 120 morphine milliequivalents (MME), 58 recipients were identified and their diagnoses and length of use were reviewed by the Board. The Board commented that some of the diagnoses were worrisome and didn't warrant use of 60-120 MME in most cases and questioned whether the inconsistent diagnoses and number of fills could be due to recipients moving in and out of the MCOs. DXC stated that could be the case. DXC and EOHHS will work together to complete a targeted mailing for this topic. The Board requested to discontinue this query for the next quarter.

Outside of the 3 requested specialty mailing requests, HID presented information regarding 3 additional follow-up items ; the concurrent use of benzodiazepines and opiates, antipsychotic use under the indicated age, and duplicate antipsychotics in the pediatric population.

During May 2017, 18 recipients received a benzodiazepine concurrently with an opioid. 3 cases were created and no responses were received so far. The Board requested to rerun this intervention and have profiles reviewed and letters sent regardless of any previous letters in the past 3-6 months. The Board requested to know the number of recipients receiving a benzodiazepine alone and an opiate alone as reference, and to know if the prescribers were the same or different in the patients receiving concurrent therapy. HID would follow-up in September.

HID presented a slide showing the utilization of antipsychotics under the indicated age during 1st quarter 2017. The qualifying recipients increased from previous quarter from 20 to 21. The Board requested to continue this query going forward focusing on the prescribers who are prescribing these medications.

During May 2017, 158 recipients received duplicate antipsychotics (42 pediatrics and 116 adults). 14 cases were created (5 pediatric and 9 adults) and no responses were received so far. The Board requested to rerun this intervention and have profiles reviewed and letters sent regardless of any previous letters in the past 3-6 months. The Board also requested to break out the number of recipients receiving quetiapine within this intervention group. HID would follow-up in September.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented the ADURS topics for 1st Quarter 2017. Naloxone utilization was reviewed as well as and codeine/tramadol utilization in the pediatric population. The Board requested benchmark information regarding codeine/tramadol utilization. The Board also requested to know if HID has criteria regarding tramadol use with concurrent fluoxetine or olanzapine. HID would follow up during the September meeting.

Top 25 Medications – 1st Quarter

The Board reviewed a slide that presented the top 10 medications by utilization during 1st Quarter 2017, the top 25 medications were included as a handout to the Board members.

Top 50 Prescribers of Controlled Substances – 1st Quarter

The Board reviewed a slide that presented the top 10 prescribers of controlled substances for 1st QTR 2017, the top 50 prescribers were included as a handout to the Board members. The Board information that the Board requested to mask during the last meeting was removed and the provider specialty was included. It was noted that most prescribers on the list were pediatric and psychiatry specialty. HID suggested to run the top prescribers report for opioids only so that the pediatricians and psychiatrists would be filtered out. The Board agreed.

Opioid Utilization Report – 1st Quarter

The Board reviewed a slide that presented long and short acting opioid utilization during 1st QTR 2017. Board members requested to report overall number of claims as well as the number of claims for short acting and long acting agents going forward.

FFY 2016 CMS Report Update

HID presented the FFY 2016 CMS report at high level going through the tables and attachments required by CMS.

Meeting Confirmation and Adjournment

The Board requested 3 topics for follow-up during the September meeting; compounded vancomycin and it's utilization in other HID states, benchmarking of fluoroquinolone use in other HID states, and benchmarking of atypical antipsychotics in other HID states, what other restrictions are being implemented by other states. HID would follow-up during the next DUR meeting. The next DUR Board meeting was confirmed as September 12th, 2017. The meeting adjourned at 12:00 p.m.