Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, June 5, 2018
10:30 a.m.

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

The meeting began at 10:36 a.m. The minutes of the April meeting were approved with the following change; change "and" to "or" on the 2nd page, 3rd paragraph, 1st and last sentence, when referencing "codeine or tramadol."

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

For the letter addressing patients who are taking concurrent stimulants and antipsychotics, 98 recipients were identified during 1st quarter. Letters were sent on April 26th and the 10 responses received were reviewed with the Board. HID stated all prescriber response forms were modified to include an area where the prescribers responding can identify the ICD-10 code the recipient is diagnosed with for the medication they are utilizing. The Board requested to know the breakdown of adults versus pediatric recipients who were identified by this mailing and to benchmark this issue against another state. The Board requested to know the alert message sent in the letter for this mailing as well. The Board commented that an approach using all programs who cover Medicaid recipients would benefit the population and might reflect bigger change across the state. The Board requested not to run this mailing for the next quarter but to follow-up on the specific requests pertaining to the 1st quarter mailing during the September meeting, along with any additional responses that are received. HID would follow-up in September.

For the letter addressing the concurrent use of benzodiazepines and opiates, 8 recipients were identified and reviewed, and 8 cases were created. Letters were sent during the April and May 2018 RDUR cycles and no responses have been received so far. The Board requested to continue this targeted intervention going forward and commented that this particular intervention is a CMS target this year for the Medicare population. HID would follow up in September.

For the letter addressing the utilization of antipsychotics under the indicated age during 1st quarter 2018, 12 recipients were identified and reviewed, and 12 cases were created. The qualifying recipients decreased from previous quarter from 13 to 12. HID presented more specific information regarding the 12 recipients identified, including age, medication prescribed, and diagnosis or suspected diagnosis for use. The Board commented that Texas reviewed this issue and determined their numbers were large enough to put a hard edit in place in order to deter the use of non-FDA approved atypicals in the

pediatric population. The Board requested to continue tracking these recipients going forward but not to repeat the targeted mailing. The Board requested to have HID send any responses received regarding this mailing directly to DXC. HID agreed and would follow-up in September.

For the letter addressing triple antipsychotics, 31 recipients were identified, 20 recipients were dismissed due to same drug, different strength, and same prescriber, and 11 recipient's prescribers received intervention letters. The Board requested that HID send DXC the recipient ID's who received 4 or more atypical antipsychotics. HID agreed. The Board requested to continue this intervention going forward. HID would follow-up in September.

Outside of the 4 requested specialty mailing requests, HID presented information regarding 4 additional follow-up items; buprenorphine used concurrently with benzodiazepines and atypical antipsychotics, nuplazid utilization, buprenorphine utilization, persistence, and disengagement, and the number of women of child bearing potential enrolled in FFS Medicaid and the number of recipients receiving L-methylfolate prescriptions.

During the April meeting, the Board request to know how many recipients were receiving concurrent buprenorphine, benzodiazepines, and atypical antipsychotics. HID followed-up and reported that 3 recipients were found to receiving all 3 classes of medications during 1st quarter2018. The Board requested additional information regarding RDUR criteria for concurrent use, and requested to know what prescribers were prescribing all 3 types of medications to these recipients during 1st and 2nd quarter 2018. The Board also requested to know the number of recipients receiving buprenorphine concurrently with benzodiazepines for the next meeting. HID would follow-up in September.

During the April meeting, the Board request to know how many recipients during 1st quarter 2018 received prescriptions for nuplazid. HID reported that zero recipients received prescriptions for tetrabenazine during 1st quarter. The Board requested the pathway to accessing this medication. DXC stated that this medication would be available for patients if needed but no clinical pathway exists as of yet to obtain this medication. The Board determined that general utilization of nuplazid did not need to be tracked for next quarter.

During the April meeting, the Board request to know the number of recipients who were found to utilize, persist on and disengage from buprenorphine treatment from June 1st – December 1st 2017. HID reported that 283 recipients were found to have received at least 1 buprenorphine prescription from 6/1/2017 through 12/31/2017 and 242 of those recipients disengaged from treatment (identified as having no more than 3 consistent/consecutive prescriptions during the 6 month period). DXC received a listing of those recipients from HID to verify eligibility of the disengaged recipients to see if they terminated FFS coverage and the date or they left FFS for an MCO and what the date was. DXC stated 100% of the recipients who "disengaged" from buprenorphine treatment moved to another healthcare plan. The Board requested to know, of those recipients, how many enrolled back into FFS and continued on buprenorphine. DXC stated this would be hard to measure. The Board suggested to check with the other plans, possibly provide them a list of recipient IDs to determine if those recipients who left FFS continued on buprenorphine through their new plan. The Board expressed concern that there could be disruption of treatment in an already hard to treat population due to changing healthcare plans. DXC would follow up in September.

During the April meeting, the Board request to know the number of women of child bearing potential enrolled in FFS during 1st quarter 2018. HID reported that 1,934 women of child bearing potential (aged 16-49) had a prescription filled during 1st quarter. HID reported that they could not report on all women enrolled, just on the recipients who had a prescription filled during the time frame in question. In April

the Board had also requested to know the number of recipients who received a prescription for L-methylfolate. HID reported that 20 recipients filled 41 prescriptions for L-methylfolate during 1st quarter 2018. Based on these results, the Board requested to add an additional parameter to the query to determine the number of female recipients who received a prescription within child the bearing age who also received a prescription for prenatal vitamins. HID would follow-up in September, looking at 2nd quarter data.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented the ADURS topics for 1st Quarter 2018. Botox utilization, specialty pharmacy medications, Cannabidiol Oil (CBD) coverage, ADURS minimum standards for DUR programs, and opioid utilization in the pediatric population were reviewed. HID stated that a question was posed to determine what restrictions states have for Botox utilization through the ADURS listserve and most states responded that the only cover non-cosmetic use of the medication and only cover the non-cosmetic formulation NDCs. HID reported that during 1st quarter 2018, 7 unique recipients filled 7 prescriptions for botox under FFS and the vast majority had an FDA approved indication for use. HID stated that a question was posed to determine how states handle specialty pharmacy medication deliveries, do they require insurance, signature, and how stolen medications are handled. Most states responded that signatures are required at delivery time and a police report is required to cover a stolen medication override. With regard to CBD oil, a question was posed through the ADURS listserve to determine how states approach coverage for the product. Those states who responded, responded unanimously that CBD oil is not a covered product under FFS. HID stated that during the ADURS annual meeting in February, John Coster, the Director of the Division of Pharmacy at CMS presented and stated that The Department of Health and Human Services (HHS) will set minimum standards for DUR programs to help increase oversight of opioid prescriptions in Medicaid programs. In response to Coster's presentation, ADURS put together a subcommittee to recommend to HHS/CMS what those minimum standards should be. The document was sent to all Medicaid contacts on the ADURS listserve as well as to John Coster. It is a 6 page documents with potential minimum standards the DUR programs might be held to. DXC and HID reviewed the document and answered questions regarding the Prospective and Retrospective DUR programs proactively. The Board discussed the auto refill process and accumulation edits in place for FFS Medicaid. DXC stated that while RI does not have an accumulation edit in place currently for FFS, there are early refill limits in place. The Board requested to know if the limits were the same for controlled and non-controlled substances. DXC stated they were. The last ADURS topic covered opioid utilization in the pediatric population. HID reported that during 1st quarter, 20 unique pediatric recipients received 26 prescriptions for opioids during 1st quarter 2018. The Board requested to know the specific recipients and prescription types and quantities for methadone, morphine and oxycodone prescriptions from 1st and 2nd quarter 2018. The Board also requested to revisit the MME queries during the next meeting and report on the recipients receiving greater than 90 MME/day and provide a list of their prescribers. HID would report back in September.

Top 10 Medications by Utilization & Cost

The Board reviewed slides that presented the top 10 medications by utilization and by cost during 1st Quarter 2018, the top 25 medications for each report were included as a handout to the Board members. DXC commented that the medications by cost report did not present the entire fiscal picture and did not take into consideration rebate or situations where a primary insurance covered a portion of the prescription and FFS paid the remaining amount or copay, only the copay portion was reported here, not the entire cost of the medication. The Board requested to know if brand and generic products were lumped together in the report or if they were broken out. HID would follow up in September. The Board commented that chlorpromazine was number 24 on the list of most costly medications and requested to know if outreach could be performed to providers notifying them when a generic product's cost increased substantially. DXC stated they would look into this. The Board stated that there is a risk

that generic manufacturers may stop production of their generic products due to cost. The Board requested to know if information regarding the average cost/RX, cost per claim and cost per claim per day could be included in cost report for the next meeting. DXC and HID were doubtful this information could be included as it is considered proprietary but they would look into this and report back in September.

High Volume Prescribers of Controlled Substances

The Board reviewed a slide that presented the high volume prescribers of controlled substances for 1st QTR 2018, the top 50 prescribers were included as a handout to the Board members. HID would continue to report this information quarterly.

Opioid Utilization Report

The Board reviewed slides that presented long and short acting opioid utilization during 1st QTR 2018 and overall number of claims compared to the number of claims for short acting and long acting agents. HID would continue to report this information quarterly.

Federal Fiscal Year (FFY) 2017 Annual CMS Report Review

HID provided a high level review of the FFY 2017 CMS report to the Board. And described that the report contains 3 main components; a survey, 2 tables, and 8 attachments. DXC and HID collaborated on the report and it would be submitted to CMS by the June 30th deadline. The Board had no comments or questions regarding the CMS report.

Meeting Confirmation and Adjournment

The next DUR Board meeting was confirmed as September 11th, 2018. The remainder of the 2018 meetings were confirmed as: September 11th, 2018, and December 11th, 2018. The meeting adjourned at 12:00 p.m.