



Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, September 15, 2020
10:30 a.m.

DUR Board Members Attending Richard Wagner, MD (Brown)
Jerry Fingerut (EOHHS)
Steve Kogut, PhD, MBA, RPh (URI)
Mark Lorson, PharmD, BCACP, BCGP (NHPRI)

Others Attending Karen Mariano, RPh (DXC Technology)
Ann Bennett, MHSA (DXC Technology)
Heather Kissinger, PharmD (HID)

The meeting began at 10:35 a.m. The minutes of the June meeting were deferred for approval until the December meeting.

DUR Topics for Follow-Up

The Board reviewed Prescribing Patterns after provider education mailings.

For the letter addressing the concurrent use of benzodiazepines and opiates, 18 recipients were identified and reviewed, and 18 cases were created during 2nd quarter 2020. 2 responses have been received so far. Denominators included 345 recipients receiving benzodiazepines and 166 recipients receiving opioid prescriptions. The Board noted that concurrent use in other populations was about 20% and a more liberal approach may be a better measure of concurrent use. DXC commented that concurrent use was also reviewed at point of sale. The Board requested to continue the concurrent opioid and benzodiazepine targeted intervention going forward. HID would follow up in December.

Utilization of atypical antipsychotics under the indicated age during 2nd quarter 2020 was presented to the Board, 5 recipients were identified during 2nd quarter. Per follow up from the previous meeting, HID stated that the 17-year-old recipient who was identified during 4th quarter to be receiving clozapine who was not identified during 1st quarter 2020 was determined to age out of the pediatric population after 4th quarter 2019. The Board requested to continue tracking this issue going forward. HID would follow-up in December.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 9 recipients were identified, and 9 cases were created during 2nd quarter 2020. 1 response has been received so far and the denominator was 166 unique recipients received an opioid. The Board requested to repeat the mailer. HID would follow-up in December.

For the intervention addressing recipients receiving methadone maintenance with concurrent opioid prescriptions, 1 recipient was identified during 2nd quarter 2020, who had been identified for the past 4 quarters. Additionally, the recipient was found to be a long-term care (LTC) patient for two-thirds of 2nd quarter but continued to receive the opioid prescription post LTC release. The Board requested HID to repeat the mailer for the 1 recipient identified during 2nd quarter and report the number of recipients during the next meeting for 3rd quarter 2020. The Board also requested the recipient information be sent to DXC for potential outreach directly to the OTP. HID would follow-up in December.

For the intervention addressing stimulant exceeds max dose, 15 unique recipients were identified, and 15 cases were created during 2nd quarter 2020. 4 responses have been received so far and the denominator was 463 unique recipients received a stimulant. The Board requested to repeat the mailer during 3rd quarter and report on the number of recipients receiving greater than 30 mg/day of Adderall XR. The Board also requested a breakdown of all recipients who were identified by the stimulant max dose criteria for 3rd quarter data, including age and medication and dose received. HID would follow-up in December.

For the request to review atypical antipsychotic use in recipients less than 18 years of age with concurrent sedative hypnotics/anxiolytics, HID recently reviewed new criteria with DXC which was approved for use. HID plans to review criteria going forward and would follow-up in December.

Outside of the requested specialty mailing requests, HID presented information regarding 9 additional follow-up items; opioid induced constipation (OIC) agent utilization, naloxone utilization, biologic agent utilization, tramadol utilization, age breakdown of FFS enrollees, statin utilization, glucagon compound utilization, SGLT2 and GLP1 utilization, and migraine preventative treatment.

For the follow-up item addressing OIC agent utilization, HID recently reviewed new criteria with DXC which was approved for use. HID plans to review criteria going forward and would follow-up in December.

For the follow-up item addressing naloxone utilization, HID reported that 39 prescriptions were filled for 39 unique recipients during 2nd quarter 2020. Neighborhood reported a 25% decline in naloxone prescribing from 1st quarter 2020 to 2nd quarter 2020. The Board requested HID to continue utilization review. HID would follow up in December.

For the follow-up item addressing biologic agent utilization, HID presented 6 different classes of biologics, FDA approved indications, and utilization. The Board requested HID to review recipients without appropriate diagnosis for use with DXC. HID would review with DXC offline. The Board requested to continue utilization review the following quarter. HID would follow up in December.

For the follow-up item addressing tramadol utilization, HID reported that 24 unique recipients received 55 total prescriptions for tramadol products during 2nd quarter 2020. Per follow-up from the previous meeting, HID reported that tramadol accounted for 14% of all opioid prescriptions during 2nd quarter. The Board requested to review specific tramadol RDUR criteria to use for review within the FFS program to curb tramadol prescribing. The Board requested to continue utilization review the following quarter. HID would follow-up in December.

For the follow-up item addressing the age breakdown for FFS enrollees was presented. DXC shared that during August 2020 the total FFS population was reported as 37,526 where approximately 16,000 recipients were < 50 years of age and approximately 22,000 were > 50 years of age.

For the follow-up item addressing statin utilization, HID reported that 732 unique recipients filled a statin prescription during 2nd quarter 2020. 333 recipients were male, and 399 recipients were female. Per follow-up from the previous meeting, HID reported breakdown of age by decade and the male: female ratio for each decade. The Board requested that HID sent DXC information regarding the male: female ratio by decade for the entire FFS population during 2nd quarter 2020 to provide a denominator and to help determine if there is an underutilization of statins in males or if this is not an issue for our population. The Board agreed follow-up could be done via email post meeting.

For the follow-up item addressing glucagon compound utilization, HID reported that 4 unique recipients received 5 prescriptions for glucagon compound kits during 2nd quarter 2020. All 4 recipients had a diagnosis of diabetes as well as a concurrent insulin prescription. Neighborhood shared utilization data and reported on outreach performed to their endocrinologists who verified that recipients who received > 2 glucagon kits were utilizing their medications appropriately. The Board requested to know if other states are reviewing appropriate glucagon compound utilization. HID would follow-up in December.

For the follow-up item addressing SGLT2 and GLP1 utilization, HID reported that 38 unique recipients received 56 prescriptions for these products during 2nd quarter 2020. HID stated that utilization was reported on during 2nd quarter 2019 where 17 unique recipients were identified with approximately 50% having an appropriate diagnosis for use. The Board requested to review utilization for these medications every other quarter. HID would follow-up in March 2021.

For the follow-up item addressing migraine preventative treatment utilization, HID reported that 3 unique recipients received 3 prescriptions for CGRP (calcitonin gene related peptide) medications during 2nd quarter 2020. All 3 recipients had received prior therapy with a medication such as lamotrigine, atenolol, or sumatriptan. The Board agreed there was continuity of care and was not an issue for the FFS population.

HID commented that there was an additional topic that was requested for follow-up that would be reviewed during the December meeting: HIV medication utilization and appropriate use. Neighborhood added that they recently reviewed recipients with a HIV positive diagnosis who were only receiving 1 antiretroviral. Neighborhood also reported on two additional interventions; use of bupropion, tramadol or fluoroquinolones concurrent with seizure medications, and tamoxifen used concurrently with antidepressants.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: MCOs to pay NADAC + FFS dispensing fee, montelukast black box warning, and newly proposed SUPPORT Act requirements. The Board requested that HID review potential RDUR criteria identifying recipients at high risk of overdose from opioids who are receiving opioid prescriptions without a naloxone prescription. HID would follow-up in December.

Top 10 Medications by Utilization & by Pharmacy Paid Amount

The Board reviewed slides that presented the top 10 medications by utilization and by pharmacy paid amount during 2nd quarter 2020.

High Volume Prescribers of Opioids

The Board reviewed a slide that presented high volume prescribers of opioids for 2nd quarter 2020. HID would review any outliers with DXC during monthly status meetings.

Opioid Utilization Report

The Board reviewed slides that presented long and short acting opioid utilization during 2nd quarter 2020. Overall number of claims compared to the number of claims for short acting and long acting agents was reviewed.

FFY 2019 CMS Report

HID provided an update regarding the FFY 2019 CMS report and successful submission ahead of the due date to September 30th.

New Business

The Board requested the following topics to be reported on during the December meeting; utilization of HIV medications for appropriate indication, hepatitis C medication review and percentage of recipients who completed course of treatment, review of biologic agents for duration of use and continuity of care. HID would follow-up.

Meeting Confirmation and Adjournment

The remainder of the 2020 DUR meetings were confirmed as: December 15th. The meeting adjourned at 11:39 a.m.