Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, June 7, 2022
10:30 a.m.

DUR Board Members Attending	Richard Wagner, MD (Brown) Jerry Fingerut (EOHHS) Linda Rowe-Varone, PharmD, BCPP Mark Lorson, PharmD, BCACP, BCGP (NHPRI)
Others Attending	Karen Mariano (Gainwell Technologies) Ann Bennett, MHSA (Gainwell Technologies) Heather Kissinger, PharmD (Kepro)

The meeting began at 10:30 a.m. The minutes of the April meeting were approved with the following change: page 2, paragraph 5, last sentence, change "April" to "June."

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, 4 recipients were identified and reviewed, and 4 cases were created during 1st quarter 2022 which represented 0.007% of the FFS population. 0 responses have been received so far. Denominators included 310 recipients receiving benzodiazepines and 99 recipients receiving opioid prescriptions. Benchmarking against another state showed 0.5% of the population receiving concurrent therapy. The Board commented that this is an important topic to continue covering due to the opioid epidemic and added that 80% of opioid overdoses are fentanyl related. The Board requested to continue tracking this issue going forward. Kepro would follow-up in September.

Utilization of atypical antipsychotics under the indicated age during 1st quarter 2022 was presented to the Board, 6 recipients were identified during 1st quarter accounting for 0.04% of the RI FFS Medicaid pediatric population. Benchmarking against another state showed approximately 2% of the pediatric population received atypicals under the indicated age during 1st quarter. The Board commented that some of the age ranges for certain atypicals are receiving adjusted FDA approvals and requested to continue tracking atypical antipsychotics under the indicated age on a quarterly basis. Kepro would update the query parameters to reflect the adjusted age ranges for certain medications and follow-up in September.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 2 recipients were identified and reviewed, and 2 cases were created during 1st quarter 2022, accounting for 0.004% of the RI FFS population. The denominator was 99 unique recipients received an opioid during 1st quarter. Neighborhood mentioned they have tracked this topic and have a larger percentage of their population receiving > 90 MME compared to the FFS program. The Board requested to attempt to benchmark against another state and continue tracking this intervention. Kepro would follow-up in September.

For the intervention addressing stimulant exceeds max dose, 11 unique recipients were identified, and 11 cases were created during 1st quarter 2022, representing 0.2% of the RI FFS population. 2 responses have been received so far, indicating the benefits of the drug outweigh the risks, and the denominator was 413 unique recipients received a stimulant. Per follow-up, Kepro reported a breakdown of all recipients who were identified by the stimulant max dose criteria for 1st quarter data, including age, medication, dose received, and specifically recipients ≥ 40 years of age receiving stimulants exceeding the max dose with a history or risk of cardiovascular disease. No prescriber trends were identified during the targeted review. Kepro reported that benchmarking against another state was not an option due to the same criteria not being active in other states. The Board suggested that all states adopt the stimulant max dosing criteria recommendations due to the CMS requirement to review this class of medications in the pediatric population. Additionally the Board stated that 40% of prescribed stimulants are diverted, often by people within the same household. The Board requested to continue tracking this intervention. Kepro would follow-up in September.

For the request to review patients receiving an opioid with no naloxone, 6 recipients and 6 cases were created with no responses received during 1st quarter 2022. The denominator for opioid utilization was 99 unique recipients. The Board requested to continue the mailer for 2nd quarter 2022. Kepro would follow-up in September.

For the intervention addressing tramadol utilization, Kepro reported that 15 unique recipients received 25 total prescriptions for tramadol products during 1st quarter 2022. 1 unique recipient was identified for risk of seizures with concurrent tramadol and cyclobenzaprine therapy; however the Board requested no mailers be performed during the previous meeting. Kepro reported that tramadol made up 25% of all opioid claims for RI FFS during 1st quarter, compared to 20% for a benchmark state. The Board requested to continue tracking tramadol criteria only and to not mail any additional letters. Kepro would follow-up in September.

Outside of the requested specialty mailing requests, Kepro presented information regarding 7 additional follow-up items: naloxone utilization, movement disorder/tardive dyskinesia medication utilization, SGLT-2 and GLP-1 agent utilization, super long acting injectable antipsychotic utilization, pre/post COVID buprenorphine medication utilization, American Diabetes Association (ADA) recommended weight loss drugs for patients with Type II Diabetes, and glimepiride utilization and hypoglycemic events.

For the follow-up item addressing naloxone utilization, Kepro reported that 31 prescriptions were filled for 30 unique recipients during 1st quarter 2022 accounting for 30% of the recipients' receiving opioids. Benchmarking against another state showed approximately 9% of the recipients' receiving opioids received a naloxone prescription during 1st quarter. Neighborhood commented that their utilization matched the benchmark state. The Board commented that chronic opioid users, while needing naloxone, do not necessarily need a new naloxone prescription for each opioid fill. The Board requested to continue tracking but change the lookback timeframe to one year. Kepro would follow up in September.

For the follow-up item addressing the newer movement disorder/tardive dyskinesia (TD) medication utilization, Kepro reported that 2 recipients received these medications during 1st quarter 2022 which represented 0.004% of the RI FFS population. Kepro reported that recipient 1 received 1 prescription for Ingrezza, with 2 atypicals and no diagnosis history of TD. Recipient 2 received prescriptions for Austedo, long term therapy with fluphenazine 2.5 mg/day with an extensive history of schizoaffective disorder but did not have a diagnosis of tardive dyskinesia. Benchmarking against another state showed 0.02% of their population receiving newer TD medications. The Board requested to continue tracking utilization and benchmarking as this is a class of medications, we don't completely understand yet. Additionally,

atypical antipsychotic use is only increasing due to the treatment of affective disorders with these medications. Kepro would follow-up in September.

For the follow-up item addressing the utilization of SGLT-2 and GLP-1 agents, Kepro reported that 50 unique recipients (0.09% of FFS population) received these agents during 1st quarter 2022. Per follow-up, Kepro reported that 43 recipients had a diagnosis of diabetes, 4 recipients had a diagnosis of heart failure without diabetes, and 3 recipients did not have any diagnosis data or other medications that would indicate the indication for use. Benchmarking against another state showed 1.66% of their population received these medications during 1st quarter 2022. The Board stated that this class of medications is being used appropriately and requested to discontinue tracking utilization.

For the follow-up item addressing the utilization of super long-acting injectable antipsychotics, Kepro reported that 29 unique recipients received prescriptions and 10 recipients were hospitalized at some point either prior to therapy or during treatment. During the previous meeting the Board requested to know the start date of the medication for each patient and perform a look back of 1 year to determine if any hospitalizations occurred prior to starting the medication. Kepro shared recipient specific data with Gainwell and reported that 4 of the 29 unique recipients had a hospitalization within the 1-year lookback from the start of their long acting injectable antipsychotic. The Board stated that this class of medications is being used appropriately and requested to discontinue tracking utilization.

For the follow-up item addressing pre/post COVID buprenorphine utilization, Kepro reported that 521 unique recipients received buprenorphine MAT during 2019 and 170 unique recipients received buprenorphine MAT during 2021. Of the 521 unique recipients receiving buprenorphine during 2019, only 35 (6.72%) were found to be receiving treatment during 2021. Neighborhood mentioned they also saw a significant drop (35-40%) in buprenorphine MAT comparing pre and post COVID numbers and commented that they are attempting to determine the cause of the decline in use. The Board discussed in person appointments versus virtual appointments and concluded that virtual appointments likely decrease barriers to patient care for this population. The Board questioned if other states are reviewing and addressing the decline in buprenorphine MAT, keeping in mind that opioid overdose deaths have not declined. The Board questioned if the FFS patients from 2019 receiving buprenorphine had continuous enrollment or other medical encounter, and if so, why did they stop receiving buprenorphine therapy. Kepro and Gainwell would discuss next steps offline and would follow-up in September.

For the follow-up item addressing the utilization of ADA recommended medications for weight loss in patients with Type 2 diabetes and obesity, there were no patients identified during 1st quarter 2022 who had both a diagnosis of T2D and obesity, however, 6 unique recipients did receive liraglutide, orlistat, and semaglutide with varying diagnoses. The Board requested to continue tracking utilization. Kepro would follow-up in September.

For the follow-up item addressing the utilization of glimepiride utilization and hypoglycemic events, there were no recipients identified who received glimepiride during 1st quarter 2022 with subsequent hypoglycemic events. The Board determined this was not an issue for the FFS population and requested to discontinue tracking utilization. Neighborhood questioned whether post myocardial infarct medication recommendations (B-blockers, ACEIs) were reviewed, identifying patients who had an MI but were not prescribed either medication as recommended by guidelines. Kepro would follow-up in September.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: suboxone max dose. The Board requested to know the number of patients exceeding 24 mg per day of buprenorphine. Kepro would follow-up in September.

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 1st quarter 2022.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 1st quarter 2022. The Board requested to review the details of prescriber #2 and #7 from the list. Kepro would meet off-line with Gainwell to provide the claims level detail requested. The Board requested to continue tracking the high-volume prescribers on a quarterly basis.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 1st quarter 2022. Overall number of claims compared to the number of claims for short acting and long-acting agents was reviewed.

CMS Report Overview
The Board reviewed a slide that presented the annual CMS report overview with a brief update provided by Kepro. The Board requested to know what was discussed in the Innovative Practices Narrative. Kepro stated this document would be shared with the Board.

P&T Committee Requested Topics
Additional topics for review requested by the P&T committee for the September meeting included: review of hepatitis C medications, HIV medications and open formulary design, guidelines for plaque psoriasis or rheumatoid arthritis and recommendations for using one biologic agent over another. Kepro would follow-up in September.

Meeting Confirmation and Adjournment
Pending in person meeting space availability and reservations, the remaindered 2022 DUR meetings were confirmed as: September 20th and December 13th. The meeting adjourned at 11:25 a.m.