Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, September 20, 2022
10:30 a.m.

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

The meeting began at 10:30 a.m. The minutes of the June meeting were approved with the following change: page 2, paragraph 10, remove duplicate sentence reading "long term therapy with fluphenazine with an extensive history of schizoaffective disorder but did not have a diagnosis of tardive dyskinesia."

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, 5 recipients were identified and reviewed, and 5 cases were created during 2nd quarter 2022 which represented 0.01% of the FFS population. 2 responses have been received so far. Denominators included 295 recipients receiving benzodiazepines and 117 recipients receiving opioid prescriptions. Benchmarking against another state showed 0.5% of the population receiving concurrent therapy. The Board requested to continue tracking this issue going forward. Kepro would follow-up in December.

Utilization of atypical antipsychotics under the indicated age during 2nd quarter 2022 was presented to the Board, 8 recipients were identified accounting for 0.06% 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 2nd quarter. The Board requested to continue tracking this issue going forward. Kepro would follow-up in December.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 1 recipient was identified and reviewed, and 1 case was created during 2nd quarter 2022, accounting for 0.002% of the RI FFS population. The denominator was 117 unique recipients received an opioid during 2nd quarter. Benchmarking against another state showed approximately 0.1% of the population received > 90 MME daily during 2nd quarter. The Board requested to continue tracking this issue going forward. Kepro would follow-up in December.

For the intervention addressing stimulant exceeds max dose, 20 unique recipients were identified, and 20 cases were created during 2nd quarter 2022, representing 0.4% of the RI FFS population. 7 responses have been received so far, and the denominator was 420 unique recipients received a stimulant. Per follow-up, Kepro reported a breakdown of all recipients who were identified by the stimulant max dose

criteria during 2nd quarter, 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 (CVD). No prescriber trends were identified during the targeted review and there were no recipients ≥ 40 years of age identified with a diagnosis of CVD. The Board requested to know if medications inferring CVD were considered when reviewing risk. Kepro stated that diagnosis history alone was considered, however, a complete review of medications would be reviewed for the next meeting. Kepro reported that benchmarking against another state was not an option due to the same criteria not being active in other states. The Board requested to continue tracking this intervention. Kepro would follow-up in December.

For the request to review patients receiving an opioid with no naloxone, 5 recipients and 5 cases were created with no responses received during 2nd quarter 2022. The denominator for opioid utilization was 117 unique recipients. Neighborhood reported that 10% of their recipient population who filled an opioid filled a prescription for naloxone. The Board requested to continue the mailer for 3rd quarter 2022. Kepro would follow-up in December.

For the intervention addressing tramadol utilization, Kepro reported that 10 unique recipients received 17 total prescriptions for tramadol products during 2nd quarter 2022. 1 unique recipient was identified for risk of seizures with concurrent tramadol and amitriptyline therapy; however the Board requested no mailers be performed during the previous meeting. Kepro reported that tramadol made up 8% of all opioid claims for RI FFS during 2nd quarter, compared to 20% for a benchmark state. The Board questioned if any tramadol combination products were included on the PDL and confirmed there were none. The Board requested to discontinue tracking tramadol utilization and criteria.

Outside of the requested specialty mailing requests, Kepro presented information regarding 8 additional follow-up items: naloxone utilization, movement disorder/tardive dyskinesia medication utilization, pre/post COVID buprenorphine medication utilization, American Diabetes Association (ADA) recommended weight loss drugs for patients with Type II Diabetes, post myocardial infarct (MI) medication recommendations, hepatitis C medication utilization, HIV and open formulary design, and guidelines for plaque psoriasis supporting one biologic agent over another.

For the follow-up item addressing naloxone utilization, Kepro reported that 31 prescriptions were filled for 30 unique recipients during 2nd 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 2nd quarter. The Board requested to continue tracking this intervention. Kepro would follow-up in December.

For the follow-up item addressing the newer movement disorder/tardive dyskinesia (TD) medication utilization, Kepro reported that 2 recipients received these medications during 2nd quarter 2022 which represented 0.003% of the RI FFS population. Kepro reported that recipient 1 received 1 prescription for Ingrezza, with 2 antipsychotics 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 that Kepro develop DUR criteria to identify patients receiving Austedo or Ingrezza without a supporting diagnosis. Kepro would meet with Gainwell to finalize the new criteria request. The Board requested to continue tracking utilization and benchmarking. Kepro would follow-up in December.

For the follow-up item addressing pre/post COVID buprenorphine utilization, Kepro previously 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. During the previous meeting the Board requested to know if other states were seeing a decline in buprenorphine MAT. Kepro stated that of the states polled, no one reported a decline in buprenorphine MAT. During the previous meeting the Board requested to know if the FFS patients from 2019 receiving buprenorphine had continuous enrollment or other medical encounter claims data, and if so, why did they stop receiving buprenorphine therapy. Kepro reported that per Gainwell, a portion of the 521 recipients were reviewed and found that coverage was terminated due to a move to an MCO, Medicare, or other coverage terminated. During the previous meeting the Board questioned whether a DUR mailer should be created to target prescribers of recipients who remained enrolled in FFS Medicaid but stopped buprenorphine therapy. Kepro stated that based on the results of the Gainwell query regarding terminated enrollment, a letter would not be necessary. During the previous meeting the Board requested to know if any recipients were receiving > 24mg/day of buprenorphine. Kepro reported that during 2nd quarter 2022, no recipients were found to be receiving > 24mg/day of buprenorphine. Neighborhood reported a substantial decline in MAT and a deeper look into the data showed recipients receiving 1-2 doses of buprenorphine in the emergency room who did not follow-up with a provider, indicating loss to follow-up. The Board discussed the Medicaid expansion that occurred in 2020 and discussed if expansion would result in a higher rate of recipients receiving MAT. The Board discussed the possibility that recipients stayed enrolled with the MCOs and despite the Medicaid expansion, enrollment numbers could have stayed the same or declined or potentially the number of recipients diagnosed with opioid use disorder declined in the overall patient population. The Board commented that sometimes policy does not translate into a change in behavior. Patients could be waiting to see a prescriber which is a barrier to care. The issue of decline in MAT could be that patients are seeking care but not able to access care due to barriers. The Board agreed the decline in MAT utilization is likely multifaceted and requested to discontinue tracking this topic.

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 2nd quarter 2022 who had both a diagnosis of T2D and obesity, however, 12 unique recipients did receive liraglutide, orlistat, and semaglutide with varying diagnoses. The Board requested to review weight loss medications as a class, separate from the medications recommended by the ADA for weight loss. This class list included: Xenical (orlistat), Qsymia (phentermine/topiramate ER), Contrave (naltrexone/bupropion ER), Saxenda (liraglutide), Wegovy (semaglutide), Imcivree (setmelanotide). Neighborhood commented plans are requiring patients to be enrolled in a weight loss management program to utilize pharmaceutical weight loss therapy. The Board commented that these medications are in high demand and may call for a new policy on appropriate utilization. The Board requested to know if the FFS Medicaid prior authorization criteria for these medications requires patients to be enrolled in a weight loss management program. Gainwell would follow-up. Pending Gainwell follow-up, the Board requested Kepro to develop a DUR mailer targeting prescribers of patients receiving the weight loss medications letting them know that concurrent weight loss management programs are required/recommended in patients receiving these medications. The Board requested to continue tracking utilization. Kepro would follow-up in December.

For the follow-up item addressing the utilization of post MI medications, there was 1 recipient identified who had a diagnosis of MI during the previous month without receiving a beta blocker. Upon further investigation, the recipient was found to be receiving an ACEI. Kepro stated that the RetroDUR criteria system is not designed to identify the lack of 2 drug classes, however, a separate criteria similar to the beta blocker criteria can be developed to identify a lack of ACEIs in recipients post MI. Neighborhood commented that 33% of their heart failure patient population are not receiving a beta blocker or ACEI. Neighborhood would share criteria parameters used to identify these patients for Kepro

to create a similar query for the FFS Medicaid population. The Board requested to continue tracking. Kepro would follow-up in December.

For the follow-up item addressing the utilization of hepatitis C medications, there were 2 recipients identified who received Mavyret during 2nd quarter 2022. Recipient 1 received 2 cycles in June and July and recipient 2 received 1 cycle in May with coverage terminated in June. The Board requested to know if recipient 1 received a third dose of Mavyret and if patient 2 continued therapy with the MCO they were moved to. Kepro would follow-up in December.

For the follow-up item addressing HIV medications and open formulary design, per Gainwell Kepro relayed that there is no support at the State level to manage this class of medications at this time.

For the follow-up item addressing guidelines for plaque psoriasis and the request to know if one biologic agent is recommended over another, Kepro reported that per guidelines, one agent is not recommended one agent over another. The Board commented that IL17/23 agents have shown greater efficacy compared to the other biologics in the treatment of plaque psoriasis. Neighborhood commented that the newer topical agents are less costly and can be more effective.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: utilization of multiple atypical antipsychotics and utilization of lorazepam liquid in the pediatric population.

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 2022. Neighborhood requested to know if there has been an increase in Eliquis on a national level, potentially due to an increase in COVID induced atrial fibrillation. Kepro would follow-up in December.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 2nd quarter 2022. 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 2nd quarter 2022. Overall number of claims compared to the number of claims for short acting and long-acting agents was reviewed.

P&T Committee Requested Topics
Additional topics for review requested by the P&T committee for the December meeting included: review of condom coverage under the pharmacy benefit and review of weight loss medications. Kepro would follow-up in December.

Meeting Confirmation and Adjournment
Pending in person meeting space availability and reservations, the remaining 2022 DUR meetings were confirmed as: December 13th. The meeting adjourned at 11:38 a.m.