Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, April 4, 2023
10:30 a.m.

DUR Board Members Attending	Jerry Fingerut (EOHHS) Richard Wagner, MD (Brown) Mark Lorson, PharmD, BCACP, BCGP (NHPRI)
Others Attending	Ann Bennett, MHSA (Gainwell Technologies) Kelly Leighton (Gainwell Technologies) Joseph Morasutti, PharmD (Gainwell Technologies) Heather Kissinger, PharmD (Kepro)

The meeting began at 10:30 a.m. The minutes of the December meeting were approved as written.

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 4th quarter 2022 which represented 0.008% of the FFS population. 1 response has been received so far. Denominators included 264 recipients receiving benzodiazepines and 100 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 June.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 3 recipients were identified and reviewed, and 3 cases were created during 4th quarter 2022, accounting for 0.005% of the RI FFS population. The denominator was 100 unique recipients received an opioid during 4th quarter. Benchmarking against another state showed approximately 0.1% of the population received > 90 MME daily during 4th quarter. The Board requested to continue tracking this issue going forward. Kepro would follow-up in June.

For the intervention addressing stimulant exceeds max dose, 15 unique recipients were identified, and 15 cases were created during 4th quarter 2022, representing 0.3% of the RI FFS population. 2 responses have been received so far, and the denominator was 382 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 4th 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). One prescriber trend was identified during the targeted review and there were no recipients ≥ 40 years of age identified with a diagnosis of CVD or medication inferring disease. The Board commented that stimulant utilization since COVID is on the rise and is not specific to the pediatric population, citing telehealth may be contributing to the increase. The Board questioned whether stimulants are periodically reviewed for prior authorization (PA) if recipients are receiving them long term. Gainwell stated this type of review does not occur. Neighborhood stated that there is no PA required for generic stimulants, only brand products. The Board requested to review the utilization of brand Adderall versus

generic as there is concern over their bioequivalence. The Board requested to continue tracking this intervention. Kepro would follow-up in June.

For the request to review patients receiving an opioid with no naloxone, 3 recipients and 3 cases were created with no responses received during 4th quarter 2022. The denominator for opioid utilization was 100 unique recipients. The Board requested to know the parameters of the criteria. Kepro stated recipients must be receiving at least a 60 days supply of an opioid without a current naloxone prescription within the past 180 day claims period. The Board discussed standing orders for naloxone and the recent FDA announcement of naloxone availability over the counter. Gainwell stated that naloxone will still need to be billed as a prescription in order for Medicaid to cover the item as it is a CMS requirement that Medicaid cover OTC products. Gainwell added that the standing order for pharmacies to prescribe and dispense naloxone has expired, however, Neighborhood stated that individual pharmacies still have standing orders for naloxone which should cover any patient seeking a prescription for the product and allow the Board to continue tracking. The Board requested to continue the mailer for 1st quarter 2023. Kepro would follow-up in June.

For the request to review patients receiving the newer movement disorder/tardive dyskinesia (TD) medication without an appropriate diagnosis, 1 recipient was identified and 1 cases created during 4th quarter 2022. The Board requested to continue the mailer for 1st quarter 2023. Kepro would follow-up in June.

Outside of the requested specialty mailing requests, Kepro presented information regarding 3 additional follow-up items: naloxone utilization, antipsychotic use under the indicated age, and pharmacologic therapy for weight loss.

For the follow-up item addressing naloxone utilization, Kepro reported that 30 prescriptions were filled for 29 unique recipients during 4th quarter 2022 accounting for 0.05% of the Medicaid population. Benchmarking against another state showed approximately 0.3% of the Medicaid population received a naloxone prescription during 4th quarter. The Board requested to continue tracking. Kepro would follow-up in June.

Utilization of atypical antipsychotics under the indicated age during 4th quarter 2022 was presented to the Board, 6 recipients were identified accounting for 0.01% 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 4th quarter. The Board requested to continue tracking this issue going forward. Kepro would follow-up in June.

For the follow-up item addressing the utilization of pharmacologic therapy for weight loss, the Board requested Kepro develop a RDUR mailer targeting prescribers of patients who are receiving weight loss medications without history of dietary counseling and surveillance. This class list included: Xenical (orlistat), Qsymia (phentermine/topiramate ER), Contrave (naltrexone/bupropion ER), Saxenda (liraglutide), Wegovy (semaglutide), and Imcivree (setmelanotide). Kepro presented the criteria to the Board for review and stated that 3 patients were identified during 4th quarter, but no mailer was performed. The Board stated that the P&T committee reviewed the weight loss agents today and are planning to review them again for any changes to the recommended treatment algorithm in September. The Board added that therapy should be used in collaboration with BMI measurement, nutritionist input, diet and exercise management and benefits are typically seen in patients who remain on therapy long term. Gainwell stated that diagnoses can be difficult to track due to recipient movement from FFS to the different MCOs. The Board requested to table the criteria and continue tracking utilization. Kepro would follow-up in June.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: weight loss drug utilization, Leqembi, and CMS non-compliance notifications.

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 4th quarter 2022. The Board commented that since Trulicity was added back onto the PDL, it will likely move higher on the list of top medications by total provider paid amount.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 4th 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 4th quarter 2022. The overall number of claims compared to the number of claims for short acting and long-acting agents was reviewed. The Board commented that prescription opioids are not the issue when considering opioid overdose, which has more to do with illicit fentanyl.

P&T Committee Requested Topics
Additional topics for review requested by the P&T committee for the June meeting included: myocardial infarction (MI) medications, Hepatitis C medications, and creation of a list of all biosimilar medications. Kepro would follow-up in April.

Meeting Confirmation and Adjournment
Pending in-person meeting space availability and reservations, the remainder of the 2023 DUR meetings were confirmed as: June 6th, September 12th, and December 12th. The meeting adjourned at 11:09 a.m.