Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, June 6, 2023
10:30 a.m.

DUR Board Members Attending	Jerry Fingerut (EOHHS) Richard Wagner, MD (Brown) Steve Kogut, PhD, MBA, RPh (URI) Matt Lefebvre, PharmD (NHPRI)
Others Attending	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 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, 3 recipients were identified and reviewed, and 3 cases were created during 1st quarter 2023 which represented 0.005% of the FFS population. 2 responses were received. Denominators included 300 recipients receiving benzodiazepines and 110 recipients receiving opioid prescriptions. Benchmarking against another state showed 0.5% of the population receiving concurrent therapy. The Board requested to know the percentage of opioid overdose deaths associated with fentanyl and percentage of opioid overdoses associated with benzodiazepines. EOHHS would follow up. The Board requested to continue tracking this issue going forward. Kepro would follow-up in September.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 0 recipients were identified during 1st quarter 2023. The denominator was 110 unique recipients received an opioid during 1st quarter. Benchmarking against another state showed approximately 0.1% of the population received > 90 MME daily during 1st quarter. The Board requested to target patients receiving > 60 MME daily. Kepro stated the SUPPORT Act required DUR interventions match the limits set at point of sale (POS) for MME. Gainwell sets their MME limit to identify patients receiving > 90 MME, therefore, the retrospective limit matches the POS parameter. The Board requested to continue tracking this issue going forward. Kepro would follow-up in September.

For the intervention addressing stimulant exceeds max dose, 14 unique recipients were identified, and 14 cases were created during 1st quarter 2023, representing 0.02% of the RI FFS population. 3 responses have been received so far, and the denominator was 422 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 1st 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 or medication inferring disease. 3 out of the 10 patients receiving amphetamine/dextroamphetamine were receiving brand name Adderall. The Board commented that it is unclear what the most effective dose of a stimulant medication is and that it is also

difficult to decrease a dose of a stimulant medication once initiated. 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, 9 recipients and 9 cases were created with no responses received during 1st quarter 2023. The denominator for opioid utilization was 110 unique recipients. The Board requested to know if Neighborhood tracked opioid utilization without concurrent naloxone. Neighborhood responded that approximately 1/8th of their opioid prescriptions are co-prescribed with naloxone. The Board requested to continue the mailer for 2ndquarter 2023. Kepro would follow-up in September.

For the request to review patients receiving the newer movement disorder/tardive dyskinesia (TD) medications without an appropriate diagnosis, 1 recipient was identified and 1 case created during 1st quarter 2023. The prescriber responded to the intervention letter with the ICD-10 code associated with the medication prescribed. The Board requested to continue the mailer for 2ndquarter 2023. Kepro would follow-up in September.

Outside of the requested specialty mailing requests, Kepro presented information regarding 6 additional follow-up items: naloxone utilization, antipsychotic use under the indicated age, pharmacologic therapy for weight loss, post myocardial infarction (MI)/heart failure (HF) medication recommendations, hepatitis C medication utilization, and biosimilar medication list.

For the follow-up item addressing naloxone utilization, Kepro reported that 2 prescriptions were filled for 2 unique recipients during 1st quarter 2023 accounting for 0.003% of the Medicaid population. Benchmarking against another state showed approximately 0.3% of the Medicaid population received a naloxone prescription during 1st quarter. The Board discuss collaborative practice agreements and whether pharmacies within the state still have these in place. Gainwell commented that the collaborative practice agreements have expired, however, pharmacies continue to have standing orders to dispense naloxone. Neighborhood commented that utilization of naloxone for their patients has increased. The Board requested to continue tracking. Kepro would follow-up in September.

Utilization of atypical antipsychotics under the indicated age during 1st quarter 2023 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 1st quarter. The Board discussed the use of antidepressants in the pediatric population and risk of suicidality. Kepro stated that CMS requires states to have a program in place to monitor the use of antipsychotics in the pediatric population. RI FFS currently meets that requirement. While it is not a federal requirement to review all mental health medications in the pediatric population, RI FFS reviews all mental health medication classes within the pediatric population monthly. The Board requested to continue tracking antipsychotic use under the indicated age going forward. Kepro would follow-up in September.

For the follow-up item addressing the utilization of pharmacologic therapy for weight loss, the Board requested Kepro develop RDUR criteria identifying 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). The Board requested to remove setmelanotide from the drug list and to add phentermine. Kepro stated that 3 patients were identified during 1st quarter, but no mailer was performed, per Board request as current prior authorization criteria requires evidence of success with therapy. The Board requested to table the criteria and continue tracking utilization. Kepro would follow-up in September.

For the follow-up item addressing the utilization of post myocardial infarction (MI)/heart failure (HF) medications, there were 1,190 unique recipients with a diagnosis of MI or HF within the previous 365 days. Of those 1,190 recipients, 222 recipients had a current drug claim within the past 30 days, indicating their primary insurance was FSS Medicaid. Of the 222 recipients with current drug claims and a diagnosis of MI/HF in the previous one year, 153 of those recipients were not receiving therapy with a renin angiotensin aldosterone inhibitor (RAASi) therapy concurrent with beta blocker (β Blocker) therapy (bisoprolol, carvedilol, or metoprolol) during the previous 1 year of claims. The Board requested to table this issue until the December meeting to review the data again. Kepro would follow-up in December.

For the follow-up item addressing the utilization of hepatitis C medications, there was 1 recipient identified who received Mavyret during 1st quarter 2023. The recipient received 1 cycle during January. Kepro reported that due to the patient only receiving prescriptions in January, their coverage was likely terminated, and care was transferred to a managed care organization (MCO). The Board requested to table this issue until the December meeting to review claims data. Kepro would follow-up in December.

For the follow-up item addressing the biosimilar medications, Kepro presented the requested list of all biosimilars to the Board. The Board requested a revised list of biosimilar medications for all cytokine and CAM antagonists for the September meeting citing that these medications are a budget issue and currently there are no biosimilars in this class approved for use on the preferred drug list (PDL). 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: the CMS All State DUR Survey Webinar.

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 2023.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 1st quarter 2023. 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 2023. The overall number of claims compared to the number of claims for short acting and long-acting agents was reviewed. The Board requested to report rates of totals claims per beneficiary per quarter going forward as part of the opioid utilization report. Kepro would follow-up in September.

Annual CMS Report
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 that a summary of all targeted interventions performed during the federal fiscal year of the report were included in the innovative practices narrative. The Board requested a copy of the executive summary for the annual CMS report. 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: listing of all biosimilar medications for the cytokine and CAM antagonists. Kepro would follow-up in September.

Meeting Confirmation and Adjournment
Pending in-person meeting space availability and reservations, the remainder of the 2023 DUR meetings were confirmed as: September 12th and December 12th. The meeting adjourned at 11:34 a.m.