Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, June 2nd, 2026
10:30 a.m.

DUR Board Members Present	Jerry Fingerut (EOHHS) Richard Wagner, MD (Brown) Steve Kogut, PhD, MBA, RPh (URI) Matt Lefebvre, PharmD (NHPRI)
DUR Board Members Absent	Linda Rowe-Varone, PharmD, BCPP
Non-Board Members Attending	Collette Onyejekwe, PharmD, RPh, MPH Karen Mariano, RPh (Gainwell Technologies) Ann Bennett (Gainwell Technologies) Heather Kissinger, PharmD (Acentra Health)

The meeting began at 10:33 a.m. The minutes of the April meeting were approved with the following changes:

- Page 1, change header date from "December 2, 2025" to "April 7, 2026."
- Page 2, paragraph 3, change "April" to "June."

The Board reviewed a slide containing population overview information including number of enrolled patients, number of patients who filled a prescription, and average number of prescriptions per patient per quarter. Acentra Health reported the approximate Medicaid enrollment in Rhode Island, the number of unique recipients who had an office visit during the quarter, and the number of recipients residing in nursing homes during the quarter. The Board discussed the recent increase in number of enrolled recipients and requested to continue tracking.

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, six recipients were identified and reviewed, and six case was created during 1st quarter 2026 which represented 0.009% of the FFS population. One response was received. Denominators included 340 recipients receiving benzodiazepines and 190 recipients receiving opioid prescriptions. Benchmarking against another state showed 0.13% of the population receiving concurrent therapy. The Board commented that there has been a recent increase in stimulants concurrent with opioid deaths. The Board requested to continue tracking concurrent use of opioids and benzodiazepines. Acentra Health would follow up in September.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, two recipients were identified during 1st quarter 2026 representing 0.003% of the FFS population. The denominator was 190 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 continue tracking patients receiving > 90 MME going forward for FFS. Acentra Health would follow up in September.

For the intervention addressing stimulant exceeds max dose, 13 unique recipients were identified, and 13 cases were created during 1st quarter 2026, representing 0.02% of the RI FFS population. One response has been received so far, and the denominator was 398 unique recipients received a stimulant. Per follow-up, Acentra Health reported a breakdown of all recipients who were identified by the stimulant max dose criteria during 1st quarter, including medication, dose received, and specifically recipients ≥ 40 years of age receiving stimulants exceeding the max dose with a history of hypertension (HTN) or medication to infer diagnosis. No prescriber trends were identified during the targeted review, there were six recipients ≥ 40 years of age, and two were identified with a diagnosis of HTN or medication inferring disease. The Board noted the benchmark of 0.24% and found it very useful. The Board requested to continue tracking stimulant use exceeding the max dose. Acentra Health would follow-up in September.

For the intervention addressing recipients receiving chronic opioid therapy without naloxone, 15 recipients and 15 cases were created with no responses received during 1st quarter 2026. The denominator for opioid utilization was 190 unique recipients. The Board requested to expand the lookback timeframe for naloxone from 180 days to 360 days. Acentra stated the change would be made to the criteria. The Board requested to know the number of RI FFS recipients who had a diagnosis of prescription opioid poisoning in the previous one-year period. The Board requested to continue tracking chronic opioid therapy without naloxone. Acentra Health would follow up in September.

For the intervention addressing GLP-1/GIP medication utilization in women of childbearing potential, 8 unique recipients were identified, and 8 cases were created during 1st quarter 2026, representing 0.012% of the RI FFS population. One response has been received so far, and the denominator is 152 unique female recipients received a GLP-1/GIP medication. The Board requested to continue tracking. Acentra Health would follow-up in September.

Outside of the requested specialty mailing requests, Acentra Health presented information regarding 6 additional follow-up items: antipsychotic use under the indicated age, GLP-1/GIP medication utilization, SGLT (Sodium glucose co-transporter) – 2 utilization, cytokine and cell adhesion molecule (CAM) biosimilar medication utilization, triple therapy with an opioid, stimulant, and benzodiazepine, and sickle cell medication utilization.

Utilization of atypical antipsychotics under the indicated age during 1st quarter 2026 was presented to the Board, seven 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 atypical antipsychotics under the indicated age during 1st quarter. The Board requested to continue tracking the utilization of atypical antipsychotics under the indicated age. Acentra Health would follow up in September.

For the follow-up item addressing the utilization of GLP/GIP agonist medication utilization, Acentra Health stated that the medications were grouped by indication for weight loss or indication for type 2 diabetes mellitus (T2DM). 150 unique recipients utilized agents indicated for T2DM and 72 unique recipients utilized agents indicated for weight loss during 1st quarter 2026, representing 0.23% and 0.11% of the RI FFS population, respectively. Benchmarking showed 1.6% of the FFS population benchmark state utilizing T2DM indicated GLP/GIP agonist medications and 0.17% of the FFS population utilizing weight loss indicated GLP/GIP agonist medications. Neighborhood shared that 1.3% and 0.59% of their population received GLP/GIP agonist medications for T2DM and weight loss, respectively. The Board commented that Neighborhood's utilization percentages are better aligned with coordinated care and guidelines. The Board discussed the Centers for Medicare and Medicaid Services (CMS) Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth (BALANCE) model which is designed to

provide better pricing and access for GLP/GIP agonist medications to Medicare and Medicaid patients. The Board discussed how to allocate resources for obesity after making T2DM and comorbidities the primary goal. The Board requested Neighborhood to provide benchmarking utilization numbers for all MCOs. Neighborhood would follow up in September. The Board requested to continue tracking for the FFS population. Acentra Health would follow up in September.

For the follow-up item addressing SGLT-2 medication utilization, Acentra stated that 143 unique recipients received an SGLT-2 medication during 1st quarter, representing 0.22% of the population. Benchmarking against another state showed that 1.30% of their FFS population was receiving these medications. During the previous meeting, the Board requested to know the breakdown of unique recipients with cardiovascular disease, chronic kidney disease (CKD), and diabetes. Acentra Health reported that 30 recipients had a diagnosis of heart failure, 16 had a diagnosis of chronic kidney disease, and 72 had a diagnosis of type 2 diabetes. The Board requested to redesign the query as a quality indicator to first identify all recipients who have a diagnosis of CKD and report on the number of unique recipients who are not receiving an SGLT-2 inhibitor or a GLP/GIP agonist. Once the Board has this information, an informed decision can be made to intervene on the population not receiving therapy as a preventative measure. Acentra Health would follow up in September.

For the follow-up item addressing the biosimilar medications, Acentra Health presented the requested list of all cytokine and cell-adhesion molecule (CAM) biosimilars that have gained US approval, sourced from the FDA. During the previous meeting the Board requested to include tracking of biosimilars for Prolia, Xgeva, pegfilgrastim, and filgrastim. There were seven unique recipients identified to be receiving biosimilar products during 1st quarter. The Board requested to continue tracking utilization. Acentra Health would follow up in September.

For the follow-up item addressing utilization of opioid, benzodiazepine, and stimulant triple therapy, Acentra stated that no recipients were identified during 1st quarter who received triple therapy with these medications. The Board requested to discontinue tracking.

For the follow-up item addressing utilization of sickle cell medication utilization, Acentra stated that no recipients were identified during 1st quarter who received pharmacy claims for Casgevy or Lyfgenia as these products would likely be billed on the medical side. Four unique recipients were identified to be receiving hydroxyurea. The Board commented that EOHHS already tracks sickle cell patients and requested to discontinue DUR Board tracking.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: Enbumyst, Lasix-ONYU, and Spravato for bipolar disorder.

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 2026.

Highest Volume Prescribers of Opioids
The Board reviewed a slide that presented highest volume prescribers of opioids for 1st quarter 2026. During the previous meeting the board requested clarification for prescribers with gerontology classification and long-term-care identifiers across the top three providers on the reported list. Acentra reported that specialty is pulled directly from the NPPES database. The Board requested to continue tracking on a quarterly basis.

Opioid, Naloxone, and Stimulant Utilization Reports
The Board reviewed slides that presented long and short acting opioid utilization, and stimulant medication utilization during 1st quarter 2026. The overall number of claims compared to the number of claims for short acting and long-acting opioid agents was reviewed. Long and short acting opioids accounted for 0.10% and 0.70% of all FFS claims during 1st quarter. Neighborhood reported that long and short acting opioids accounted for 0.06% and 1.8% of all FFS claims during 1st quarter.

Annual CMS Report
The Board reviewed a slide that presented the annual CMS report overview with a brief update provided by Acentra Health.

Meeting Confirmation and Adjournment
Pending in-person meeting space availability and reservations, the remainder of the 2026 DUR meetings were confirmed as: September 15th and December 1st. The meeting adjourned at 11:35 a.m.