Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, April 7, 2015
10:30 AM

DUR Board Members Attending	Michelle Booth, PharmD Jerry Fingerut, MD (Xerox) Linda Rowe-Varone, Pharm D Richard Wagner, MD
Absent:	Steve Kogut, RPh Ellen Mauro, RN (Rhode Island EOHHS)
Others Attending	Ann Bennett (HP Enterprise Services) Cathy Cordy, RPh (Rhode Island EOHHS) Steve Espy, RPh (HID) Karen Mariano (HP Enterprise Services) Mollie Pettigrew , Student (URI School of Pharmacy) Ralph Racca (Rhode Island EOHHS)

Minutes of the December 2, 2014 meeting were approved with one change: The recognition of Ralph Racca's attendance.

The committee reviewed the Lock-In criteria, and indicated that there are 131 patients currently restricted to one pharmacy under the Medicaid Fee-for-Service program. Discussion followed concerning whether a Lock-In patient in the Fee-for-Service program who enrolls in a Managed Care Program would continue to be locked in. The DUR Board recommended that the lock-in status follow the patient from the Fee-for-service program to the Managed Care Program. There was discussion regarding whether a patient could be unlocked once they had been locked in. HID explained that each Lock In patient is reviewed annually, and if the patient is no longer meeting the criteria, HID can recommend that the patient be unlocked. A review of the current lock-in patients reflect (1) patients in an out of state treatment facility (2) management by the Connect Care program. Removal of lock-ins is made by the agency/program that has locked in the patient. Recommendations for patients who have primary insurance are not locked in because Medicaid is not the primary payer of the claim.

The committee reviewed patients who met the Lock-In criteria of receiving 6 or more claims for controlled substances from 3 or more pharmacies and 2 or more prescribers in a month. No patients were identified as having met this criteria in the month of October; one patient was identified in November and one patient in December. There was discussion of whether the criteria is too liberal, and the DUR Board asked HID to provide results of alternative formulas, including 3 claims for controlled substances in a month, 4 claims in a month, 5 claims in a month. HID presented the number of patients who met the criteria of concurrent utilization of buprenorphine and other opiates. Two patients were identified in October, four were identified in November, and four in December. There was a discussion

regarding whether the same patients were identified each month, and a question regarding whether the prescribers of the buprenorphine and the opiates are the same. HID explained that one time prescriptions for small quantities of opiates are not considered. The DUR Board asked HID to include those prescriptions and provide them in the results for the next DUR Board meeting.

The Committee reviewed a summary of the use of antipsychotics in children. The number of children under 18 years old receiving an antipsychotic was 222 in the 4th quarter of 2014. The number of children being prescribed antipsychotics under the FDA-approved age has declined, from 9 in the first quarter of 2014 to 7 in the fourth quarter. There was discussion regarding the significance of length of therapy for the antipsychotics, and the DUR Board asked HID to provide the number of children under the age of 18 years old, who were on any antipsychotics for a minimum of 180 days and their diagnosis.

The committee reviewed a report on the utilization of stimulants for 2014. HID presented there were 10,285 prescriptions for stimulants for 1,825 recipients. HID reviewed the recipients' medical claims and submitted ICD 9 codes. Based on the paid medical claims 1,367 recipients received stimulants for an indication other than an FDA-approved indication. Those non-FDA-approved diagnoses include pervasive disorder, intellectual disorder, problems learning, and oppositional defiant disorder.

The committee reviewed two graphs indicating the utilization of antipsychotics and stimulants. The first graph indicated there were 2,130 recipients prescribed antipsychotics in 2014, and 1,825 recipients were prescribed a stimulant. There were 248 recipients who received an antipsychotic and a stimulant. The second graph that indicated that of the 2,130 recipients receiving an antipsychotic and 1,367 recipients receiving a stimulant for a non-FDA-approved diagnosis, there were 185 recipients who received both an antipsychotic and a stimulant. Discussion followed concerning notifying prescribers, and HID indicated that there are RDUR criteria that recognize the use of a stimulant and an antipsychotic without a diagnosis for the antipsychotic. The DUR Board asked HID to provide the number of prescribers who received a letter for this criteria and the number of responses.

The Committee reviewed three RDUR criteria and the number of prescribers who received a RDUR letter and if they responded to the letter. The criteria was; Recipient receiving greater than 100 Morphine Equlivants per day, utilization of oxycodone and a benzodiazepine, and long-term therapy of a short-acting opiate in the absence of a long-acting opiate. The number of prescriptions attributed to the prescriber for the criteria was identified, and the number of prescriptions was tracked over the next four months to indicate whether the prescriber changed prescribing habits after receiving a letter. There was discussion concerning following up with the prescribers who did not respond, in accordance with the State Attorney General's directive, to see if they had any change in prescribing habits and if the patient is still under their care.

The committee reviewed the top 10 RDUR criteria for the year 2014, which included a description of the criteria, the number of recipients identified, the number of letters mailed, and the number of responses received. It was noted that there 2,338 letters for the top 10 RDUR criteria with a 42% response rate. There were 6,445 letters for all of the criteria in 2014 with a 36% response rate. HID will continue to present this table at future DUR Board meetings.

The committee reviewed a summary of all of the DUR interventions for the calendar year 2014: 11% of the letters were for overutilization and therapeutic duplication, 20% of the letters were for non-adherence, 28 % of the letters were for drug-disease or drug-drug interaction, and 41% of the letters pertained to clinical appropriateness.

The committee reviewed a comparison of letters sent, responses received, and the response rate between two other states in the same regional area for the year 2014. State 1 sent 7,912 letters, State 2 sent 3, 2202 letters, and Rhode Island sent 6,445 letters to providers. State 1 received 1,258 responses, State 2 received 6,529 responses, and Rhode Island received 2,323 responses. State 1 had a response rate of 16%, State 2 had a response rate of 21%, and Rhode Island had a response rate of 36%.

In response to a request from the Pharmacy and Therapeutics committee, HID reported that there were no patients with a diagnosis of psoriatic arthritis who are taking lithium.

The Pharmacy and Therapeutics committee asked the DUR Board to report on the hospitalization of Fee-for-Service patients who transitioned into Managed Care, and then compare that rate to the rate of hospitalization of Fee-for-Service patients.

The Pharmacy and Therapeutics committee also asked the DUR Board to provide a prospective review of the utilization of the new SGLT2 anti-diabetic agent, Invokana®, which was approved to be a preferred agent of the Medicaid formulary.

The meeting adjourned at 12:00 p.m.