Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, April 10, 2018
10:30 a.m.

DUR Board Members Attending	Richard Wagner, MD (Brown) Linda Rowe-Varone, PharmD, BCPP Steve Kogut, PhD, MBA, RPh (URI) Jerry Fingerut, MD (Conduent) Michelle Booth, PharmD (Magellan)
Others Attending	Karen Mariano, RPh (DXC Technology) Ann Bennett, MHSA (DXC Technology) Heather Kissinger, PharmD (HID)

The meeting began at 10:36 a.m. The minutes of the December meeting were approved with the following changes; change the "Top 50" Prescribers report to the "Highest Volume" Prescribers report.

DUR Topics for Follow-Up
The Board reviewed Prescribing Patterns after provider education mailings.

For the letter addressing patients who are taking stimulants and antipsychotics, 91 recipients were identified during 3rd quarter. Letters were sent on November 30th and the 24 responses received were reviewed with the Board. The Board requested to modify the prescriber response form to include an area where the prescribers responding can identify the ICD-10 code the recipient is diagnosed with for the medication they are utilizing. The Board requested to run this intervention for 1st quarter 2018 and report back during the June 2018 meeting. HID would follow-up in June.

For the letter addressing the concurrent use of benzodiazepines and opiates, 20 recipients were identified and reviewed, and 20 cases were created. Letters were sent during 1st quarter 2018 (January, February and March RDUR cycles) and no responses have been received so far. The Board requested to know if buprenorphine was included as an opiate in this review. HID stated that it was not included and that opiates for this review were defined by AHFS class. Because buprenorphine is not a pure opioid agonist, it has a different AFHS class from the opioid agonists. The Board requested to query the number of recipients receiving buprenorphine concurrently with benzodiazepines. It was also requested to query concurrent use of antipsychotics with buprenorphine and benzodiazepines. HID would follow up during June using 1st quarter data. The Board requested to continue to repeat the concurrent use of benzodiazepines and opiates intervention monthly. HID would follow-up in June.

HID presented a slide showing the utilization of antipsychotics (non-mailer) under the indicated age during 4th quarter 2017. The qualifying recipients decreased from previous quarter from 14 to 13. HID presented more specific information regarding the 13 recipients identified, including age, medication prescribed, and diagnosis or suspected diagnosis for use. The Board requested to continue this query going forward and requested to create a custom targeted mailer. HID would follow-up in June. The Board requested to query nuplazid utilization for 1st quarter 2018 during the June meeting. HID would follow-up in June.

For the letter addressing triple antipsychotics, 25 recipients were identified, 6 recipients were dismissed due to same drug, different strength, and same prescriber, and 19 recipient's prescribers received intervention letters. The Board requested that denominators of all recipients who received an antipsychotic be included for future meetings and to continue this intervention monthly. HID would follow-up in June.

HID reviewed a new criterion regarding concurrent use of stimulants and opiates that was activated after the December meeting. Review for this intervention occurred during the March 2018 RDUR cycle. 4 recipients were identified and their prescribers received intervention letters. The Board determined that the concurrent use of stimulants and opiates intervention did not need to be continued for next quarter.

HID presented information regarding use of codeine or tramadol in the pediatric population. Continued benchmarking and tracking of utilization was requested for 4th quarter and the Board mentioned this information was very helpful. For the letter addressing the use of these agents in the pediatric population, 2 recipients were identified and reviewed, and 2 cases were created. Letters were sent during the March RDUR cycle and no responses had been received so far. During the previous meeting, the Board had requested to determine if these prescriptions were coming from emergency rooms. HID reported on the prescriber specialty of the 2 cases identified during the March review and the prescribers were not emergency room providers. The Board determined that the use of codeine or tramadol in the pediatric population intervention did not need to be continued for next quarter.

Outside of the 6 requested specialty mailing requests, HID presented information regarding 4 additional follow-up items; adherence to buprenorphine products, tetrabenazine utilization, OTC utilization, and folic acid utilization.

During the December meeting, the Board request to know how many recipients were identified by the buprenorphine nonadherence criteria. HID followed-up and reported that zero recipients were found to be non-adherent to buprenorphine products during 4th quarter2017. The Board requested additional information regarding recipients who persisted with buprenorphine treatment and recipients who disengaged from treatment over a 6 month period. The Board requested to look at buprenorphine utilization between June 2017 and December 2017 and report on the number of recipients who remained on therapy consistently over those 6 months, and also report on the number of recipients who disengaged from therapy during those 6 months but remained enrolled in FFS. HID would follow-up in June.

During the December meeting, the Board request to know how many recipients during 4th quarter received prescriptions for tetrabenazine. HID reported that zero recipients received prescriptions for tetrabenazine during 4th quarter. The Board requested to know if prescriptions filled at specialty pharmacies were identified in this query. DXC stated that if the specialty pharmacy was enrolled in the payer system, claims billed through them would be identified. The Board determined that general utilization of tetrabenazine did not need to be tracked for next quarter.

During the December meeting, the Board request to know the number of prescriptions filled for OTC medications during 4th quarter 2017. HID reported that 8,264 OTC prescriptions were filled for 3,644 unique recipients during 4th quarter. The Board determined that general utilization of OTC medications did not need to be tracked for next quarter.

During the December meeting, the Board request to know the number of prescriptions filled for folic acid during 4th quarter 2017. HID reported that 810 folic acid prescriptions were filled for 372 unique recipients during 4th quarter. Folic acid utilization was benchmarked against another state's data. The Board requested to know the total number of women of child bearing potential enrolled in RI FFS during 1st quarter 2018. The Board requested to know the total number of recipients receiving L-Methylfolate prescriptions during 1st quarter 2018. The Board also stated that L-Methylfolate given concurrently with antidepressants is a very effective treatment for depression. HID would follow-up in June. The Board determined that general utilization of folic acid did not need to be tracked for next quarter.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented the ADURS topics for 4th Quarter 2017. Hemlibra, Sublocade, and the scope of the DUR Board with regard to integrating MCOs to comply with the final rule were reviewed. HID stated that for both medications listed there was no utilization for the FFS Medicaid population. The Board stated that Hemlibra is a new sub cutaneous (SC) option to treat hemophilia A. Typically a recipient has to fail infused therapy prior to obtaining access to the newer SC dosage form, which might be why we are not seeing utilization yet. The Board requested to know if we have access to medical claims. DXC stated that we do have access but would need to know the J-codes to find specific claims for medications such as Hemlibra or Sublocade. This could be difficult because J-code assignment can lag, specifically for newer agents. HID discussed the scope of the DUR Board with regard to integrating MCOs to comply with the final rule. DXC mentioned that CMS put together a work committee with about 10 states to discuss MCOs and what they are contractually obligated to do. DXC stated they would provide the state with information regarding the FFY 2018 DUR report requirements.

Top 10 Medications by Utilization

The Board reviewed a slide that presented the top 10 medications by utilization during 4th Quarter 2017, the top 25 medications were included as a handout to the Board members. HID mentioned that in addition to top medications by utilization, reporting on top medications by cost would begin in June. The Board requested to remove the OTCs from the report and only report on prescription medications going forward. HID would make the requested change going forward.

High Volume Prescribers of Controlled Substances

The Board reviewed a slide that presented the high volume prescribers of controlled substances for 4th QTR 2017, the top 50 prescribers were included as a handout to the Board members. The Board discussed the number of mid-level practitioners on the list. HID would continue to report this information quarterly.

Opioid Utilization Report

The Board reviewed slides that presented long and short acting opioid utilization during 4th QTR 2017 and overall number of claims compared to the number of claims for short acting and long acting agents. HID would continue to report this information quarterly. The Board requested to benchmark this data against another state during the next meeting. HID would report this information during the June meeting.

Meeting Confirmation and Adjournment

The next DUR Board meeting was confirmed as June 5th, 2018. The remainder of the 2018 meetings were confirmed as: June 5th, 2018, September 11th, 2018, and December 11th, 2018. The meeting adjourned at 11:46 a.m.