Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, April 9, 2019
10:30 a.m.

DUR Board Members Attending	Richard Wagner, MD (Brown) Jerry Fingerut (EOHHS) Linda Rowe-Varone, PharmD, BCPP Steve Kogut, PhD, MBA, RPh (URI) Gayle Dichter, RPh, MBA (NHPRI)
Others Attending	Karen Mariano, RPh (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; add explanation regarding the lack of responses received when mailings are in close proximity to meetings that are reporting on responses to those mailings, change "Top 10 medications by utilization and cost" to "Top 10 medications by utilization and by pharmacy paid amount" on the 3rd page, 3rd section. The Board then approved the minutes from the December meeting with the changes listed above.

The Board discussed and requested follow-up for the following topics that were discussed during the P&T meeting earlier that morning.

1. Utilization and lack of utilization of bone resorption agents, benchmarking with MCO's.
2. Utilization of SGLT-1 and 2 agents, incretin mimetics for appropriate disease states, benchmarking with MCO's.
3. Glyburide utilization and targeted mailer for patients receiving this medication to educate prescribers this medication is no longer on the PDL, do not include a response form with the letter.
4. Utilization of PPIs and benchmarking against the MCO's to determine if there is an issue with overprescribing.
5. Utilization of medications indicated for treatment of psoriasis, topicals and biologics, benchmarking with MCO's.

Additionally, the Board requested to review access to Suboxone during the next meeting. HID would follow-up.

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

For the letter addressing patients who are taking concurrent stimulants and antipsychotics, 71 recipients were identified during 4th quarter. Letters were sent, and 14 responses have been received so far. Benchmarking against another state was presented. HID also presented information for 41 pediatric patients who were targeted by the intervention and reported answers to 4 questions posed by DXC

1. For each recipient, were the prescribers the same or different for both medications? HID stated that 3 patients were found to have different prescribers for the medications but only 1 patient's prescribers were from different practices.
2. What were the prescriber specialties? HID reported on prescriber specialty and noted the majority were Psych and Neurology.
3. What are the relevant diagnoses for each recipient? HID reported on the relevant diagnoses.
4. Identify if there was a predominant prescriber. HID reported there was not a predominant prescriber identified.

The Board requested to know if the recipients diagnosed with need for assistance at home and no household member able to render care are receiving more support services; such as a care manager or behavioral health intervention services. DXC stated it is possible these recipients are living in group homes, but more research would need to be performed to determine. The Board requested to include the % of recipients targeted based on the entire population for both RI and the benchmarked state. The Board requested to know the adherence to both the stimulant and the antipsychotic for each recipient. HID would include this information in June. The Board expected to see compliance with the stimulants but stated that the use of antipsychotics as needed would be acceptable. The Board reviewed the 14 responses associated with the mailer and discussed the different options for provider education. The Board then discussed the Rhode Island 2019 requirement to include a diagnosis of each controlled substance prescription (relevant to the prescription). The Board questioned what ICD-10 codes were relevant and acceptable and who defines this. The Board added that Medicare uses compendia supported reference lists, requiring diagnoses for every prescription and if the diagnosis does not match the requirement, Medicare pulls the cost of the prescription back for the entire contract year. The Board then clarified that for Rhode Island FFS, only the controlled substance prescriptions require a diagnosis. The Board commented that there is utility in the data, finding out why patients are using each controlled substance can lend insight. The Board then commented that when the new requirement to submit C2's electronically is established, the EMR (electronic medical record) will reflect the diagnosis. The Board commented that a statewide approach would be the best scenario and provide an opportunity for everyone to partner together. The Board commented that EMR fatigue is a reason for prescriber burnout and a suggestion was made to contact the Medical Directors, rather than individual prescribers for certain targeted interventions. The Board then discussed that following topics brought up during a recent annual APA meeting; refill requests do not always come up in the EMR, 90 days supply refills are not appropriate without a clinical indicator for most psychiatric medications, the liability of the prescriber in these cases, and a recent study that was released in Britain that showed smaller days' supply decreased suicidality in psychiatric patients. The Board expresses concern over whether ICD-10 equates to effective prescribing.

For the letter addressing the concurrent use of benzodiazepines and opiates, 15 recipients were identified and reviewed, and 15 cases were created. 7 responses have been received so far. The Board requested to continue this targeted intervention going forward and report back on the specifics regarding benzodiazepine medication, dose, and quantity. HID would follow up in June.

Utilization of atypical antipsychotics under the indicated age during 4th quarter 2018 was presented to the Board, 1 recipient was identified. The Board requested to continue tracking this issue going forward. HID would follow-up in June.

For the letter addressing atypical antipsychotic use and the risk of metabolic syndrome in recipients who have a diagnosis of diabetes (or medication inferring diagnosis), 42 recipients were targeted, and their prescribers received intervention letters. 10 responses have been received so far. HID requested to

know if the Board wanted to continue to target all atypical antipsychotics or did they want to target specific atypicals known to increase the risk of metabolic syndrome more than others in the class? The Board responded that the FDA continues to include information regarding the risk of metabolic syndrome for all atypicals in the class and that recipients will often switch medications within the class which can contribute to their exposure of risk from different medications. The Board also added that olanzapine can increase the risk of metabolic syndrome in a matter of months. The Board requested to repeat this intervention and track dosing information for quetiapine for the next meeting. HID would follow-up in June.

For the letter addressing long acting oxycodone products not on the PDL (Preferred Drug List), 5 recipients were identified to be receiving prescriptions from 8 different prescribers. All 8 prescribers received an intervention letter. The Board requested to report on any responses received during the next meeting but not repeat the mailer at this time. HID would follow-up in June.

Outside of the 6 requested specialty mailing requests, HID presented information regarding 6 additional follow-up items; buprenorphine used concurrently with benzodiazepines, the number of women of child bearing potential enrolled in FFS Medicaid and the number of recipients receiving L-methylfolate prescriptions and prenatal vitamins, clonidine utilization and opioid dependence, Epidiolex utilization, fluvoxamine utilization, and naloxone utilization.

During the December meeting, the Board requested to know how many recipients were receiving concurrent buprenorphine and benzodiazepines. HID followed-up and reported that 15 recipients were found to receiving concurrent medications during 4th quarter 2018. Benchmarking for another state was also presented and reviewed. The Board requested to repeat the query for 1st quarter 2019, review each recipient individually for specific benzodiazepine (including alprazolam) received, days' supply, and days overlap, and create a specialty mailer for the recipients who were receiving the medications from two different prescribers. Benchmarking against another state was also requested. HID would follow-up in June.

The number of women of child bearing potential enrolled in FFS during 2nd quarter 2018 who gave birth was tabled until the June meeting with requested follow up from DXC.

During the December meeting, the Board requested to review clonidine utilization during 4th quarter 2018. HID reported that 15 unique recipients filled 21 prescriptions for clonidine during 4th quarter. The Board determined this was not an issue for the FFS (fee for service) population at this time.

During the December meeting, the Board requested to review Epidiolex utilization during 4th quarter 2018. HID reported that 2 unique recipients filled 3 prescriptions for Epidiolex during 4th quarter and into the beginning of the 1st quarter 2019. The Board requested to continue utilization review for the June meeting. HID would follow up.

During the December meeting, the Board requested to review fluvoxamine utilization during 4th quarter 2018. HID reported that 11 unique recipients filled 28 prescriptions for fluvoxamine during 4th quarter. The Board determined this was not an issue for the FFS (fee for service) population at this time.

During the December meeting, the Board requested to review naloxone utilization during 4th quarter 2018. HID reported that 36 prescriptions were filled during 4th quarter 2018. The Board requested to continue utilization review for the June meeting. HID would follow up.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented the ADURS topics for 4th Quarter 2018. Medication Assisted Treatment (MAT) Prior Authorization (PA) status and refill tolerance, Epidiolex dosing, prescriber reporting around opioids, and universal PA forms were the topics reviewed.

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 2018.

Top Prescribers of Controlled Substances
The Board reviewed a slide that presented the top prescribers of controlled substances for 4th QTR 2018.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 4th QTR 2018 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.

Meeting Confirmation and Adjournment
The remainder of the 2019 DUR meetings were confirmed as: June 4th, September 10th, and December 17th. The meeting adjourned at 12:00 p.m.