Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, August 26, 2014
10:30 AM

DUR Board Members Attending	Michelle Booth, PharmD Stephen Kogut, PhD,RPh, MBA Ellen Mauro, RN, MPH Richard Wagner, MD
Others Attending	Ann Bennett (HP Enterprise Services) Cathy Cordy, RPh (Rhode Island EOHHS) Jerry Fingerut, MD (Xerox) Joe Paradis, PharmD (HID) Scott Donald, Pharm D, Dir. of Clinical Services (HID) Steve Espy, RPh (HID)

Minutes of the June 3, 2014 meeting were approved with one change: The Neighborhood MCO is alerting prescribers of buprenorphine with claims for other opioids.

The Board requested and recommended that all DUR Board members be considered for membership on the P&T committee and that all members of the P&T committee be considered for membership on the DUR Board. The purpose of this request was to ensure a quorum and to provide efficiencies for those members attending one or both of the meetings.

HID reviewed patients who met the newly adopted Lock-In criteria, which includes patients receiving 6 or more claims for controlled substances from 3 or more pharmacies and 2 or more prescribers in the most recent 30 days. There were 3 patients identified as having met the new criteria in the month of July. HID will continue to monitor this criteria, report to the DUR Board, and forward patient names to HP. Discussion followed concerning the fact that the criteria includes all controlled substances, even those anticonvulsants that have but recently been included as controlled substances by the DEA.

Further discussion followed with respect to the effectiveness of a Lock-In Program in tracking patient outcomes. The state does monitor the patients regarding the decreased utilization of emergency rooms. It was suggested that tracking of unexpected deaths would be optimal, comparing death rates in Lock-In patients versus similar patients who are not part of the Lock-In Program. Further discussion involved the issue of how to show statistical significance in death rates between patient groups since so few patients are locked in.

The availability of naloxone for those patients in the Lock-In Program was considered. The state does cover the drug, and every pharmacy has the ability to have it available. There was a recommendation that those pharmacies that are providing controlled substances for the Lock-In patients have the naloxone and the ability to discuss the proper utilization of naloxone with the patient, patient's family, and caregivers.

HID presented a summary of those patients who met the criteria of utilizing short-acting opioids for greater than 90 days with no long-acting opioid agent. A total of 39 patients were identified for the months of June, July, and August 2014. Further review of all claims for those patients for the months of January until July 2014 found 330 claims for opioids, an average of 8.4 claims per patient; the average quantity dispensed was 89 units and the average days supply was 24. There were 68 prescribers identified for the 39 patients. The top 10 prescribers were responsible for nearly half of the claims. There were questions of whether the specialties of the prescribers were known. It was stated that the specialty was not known but could be investigated by HID and HP. Next was the question of the diagnosis of those 39 patients. The diagnoses for those patients have not been considered but will be investigated by HID.

Discussion followed about providers from the same facility being taken into consideration. It was explained that the provider not only receives a letter identifying the alert message but also receives a full drug history, which shows the providers by their Medicaid ID number. A concern was raised about the rescheduling of the hydrocodone combination products to schedule II and what effect this may have on the number of patients identified by the criteria. Since new prescriptions will need to be written for every refill, patients may end up utilizing additional prescribers.

A summary of the use of antipsychotics in children under the label-indicated age was presented. The data indicates a continued decline in children under the age of 18 having been prescribed an antipsychotic when comparing data from second quarter 2012 to data from second quarter 2014. The number of children with claims for antipsychotics under the label-indicated age remained consistent.

HID presented a table of the utilization of hepatitis C medications for the time frame of 01/01/2014 to 07/11/2014. The development of statewide guidelines for the use of the newer agents continues.

HID reviewed the utilization of eszopiclone (Lunesta®). The data presented was for the second quarter of 2014 and it revealed that 6 of the 7 unique patients were on the higher dose of 3mg. There was a question of consideration of gender, and HID stated the new criteria does not take gender into consideration. There was further discussion on contacting the prescribers of the higher dose.

HID presented the utilization of EpiPen for the time frame of 01/01/2014 to 06/30/2014. There were 258 claims for 221 unique patients. Six patients had 3 claims, and 2 patients had 4 claims. There was discussion on a limit of claims for a specific time frame. Further discussion indicated that the beginning of a new school year may have an influence on the number of claims. HID will continue to monitor.

In response to discussion at the June DUR Board meeting concerning the black box warning of oxycodone and enzyme inhibitors, there were 3 responses from prescribers indicating that the patient was deceased. Further inquiry discovered the patients all had a diagnosis of metastatic cancer.

HID informed the Board of some of the new requirements of the annual CMS report. CMS has requested that long narratives discussing the activities of the DUR Board for the required time frame not be submitted. CMS has requested that states provide a report on the Top 10 DUR alerts based on a ranking determined by the state. Those alerts could be ranked by the number of criteria exceptions, the number of letters mailed, or the priority of the alerts as determined by the state.

HID presented a table of the Top 10 DUR alerts for FY 2013, which included a description of the alert, the number of recipients identified, the number of letters mailed, and the number of responses received. HID will continue to present this table at future DUR Board meetings. The Board suggested to include high volume, high cost and high risk recipients who receive an alert.

HID presented a summary of the non-responders to DUR letters. There were 28 prescribers who received 10 or more DUR letters for the time period of June 2013 to May 2014 and have not responded to any of the letters. These 28 prescribers account for 415 letters. The prescribers' names and a summary of the types of alerts were sent to the state for follow up.

HID presented a summary of the DUR letters for the second quarter of 2014. There was a 37% response rate. The discussion that followed included whether we should only be concerned about the response rate for specific categories of letters (e.g., clinical appropriateness) and whether some sort of compensation should be included with the letters in an effort to improve response rates. There was also discussion of reviewing prospective override codes prior to sending out the letters to pharmacies. It was explained that HID does not have access to that information.

HID explained to the Board some of the characteristics of the current CMS annual report. The report is not due until September 30, 2014, due to some of the changes this year to the report. There will be questions on the report that pertain to PDMP, e-prescribing, fraud and abuse, edits for morphine equivalence, edits for buprenorphine, edits for use of antipsychotics in children, use of stimulants, and monitoring of MCO DUR activities.

The DUR Board as a whole wanted to express its sincere appreciation to Joseph Paradis for his 10 years of service to the Board.

The next DUR Board meeting will be December 2, 2014.