Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, December 2, 2014
10:30 AM

DUR Board Members Attending	Michelle Booth, PharmD Stephen Kogut, PhD, RPh, MBA Richard Wagner, MD
Others Attending	Karen Marino (HP Enterprise Services) Ann Bennett (HP Enterprise Services) Cathy Cordy, RPh (Rhode Island EOHHS) Jerry Fingerut, MD (Xerox) Steve Espy, RPh (HID)

Minutes of the August 28, 2014 meeting were approved with one change: The ranking of the alerts for the CMS report should include alerts that have high volume, high cost, and/or high risk.

HID reviewed patients who met the newly-adopted lock-in criteria, which includes patients receiving six (6) or more claims for controlled substances from three (3) or more pharmacies and two (2) or more prescribers in the most recent 30 days. There were three patients identified as having met the new criteria in the month of August and two in September. HID will continue to monitor this criteria, report to the DUR Board, and forward patient names to HP. HID also presented the number of patients who met the criteria of concurrent utilization of buprenorphine and other opiates; six patients were identified in July, three in August, and six in September.

Discussion regarding the process of the Lock-In program followed, including discussion about the criteria development. HID presented a copy of each of the lock-in letters that are sent to the prescribers: multiple providers, early refill, duplication of therapy, chronic use without a specific diagnosis, concurrent use of buprenorphine and an opiate, long-term use of short-acting opiates, warning letter, lock-in letter, and the letter sent to a prescriber alerting that the recipient has been locked in to a pharmacy but still has adherent utilization of controlled substances. HID discussed the specifics of the messages included in each letter and to whom the letters are sent. HID explained the steps taken when a patient is locked in to a specific pharmacy, to whom letters are sent, and the effort to choose a pharmacy to dispense to the patient.

The Board asked if HID could track the changes in behavior of the recipients identified though the lock-in process. There was discussion of the appearance of the letter; it was suggested that the letter be more concise and have the letter type as the title to make the prescriber aware of the content, in an effort to entice the prescriber to read the letter.

In accordance with the new reporting requirements of the annual CMS report, HID presented a report on the utilization of stimulants for the same time period of the most recent CMS report, 10/01/12–09/30/13. The report included the name of the stimulants and the number of prescriptions for each of the medications. The total number of prescriptions and number of recipients of the stimulants were displayed in age by decade. Of the 1,683 recipients that were identified by this report, 1,231 were being prescribed for uses other than the FDA-approved indications.

For the next DUR Board meeting, the Board asked HID to prepare a similar report for the calendar year of 2014 and to include the ICD-9 number along with the diagnosis. The Board also asked HID to prepare a similar report for recipients who receive a stimulant and also take an antipsychotic.

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 third quarter 2014. The number of children with claims for antipsychotics under the label-indicated age remained consistent.

HID presented the utilization of EpiPen for the timeframe of 07/01/14–09/30/14. There were 206 claims for 181 unique patients. Four patients had three claims, and 17 patients had two claims. There was discussion on a limit of claims for a specific timeframe.

HID presented a table of the top 10 DUR alerts for the timeframe of 01/01/14–06/30/14, which included a description of the alert, the number of recipients identified, the number of letters mailed, and the number of responses received. It was noted that there was a 42% response rate for the top 10 alerts and a 40% response rate for all of the alerts sent to prescribers. HID will continue to present this table at future DUR Board meetings.

HID presented a summary of all of the DUR interventions for the calendar year 2014 up to the current cycle. HID explained the process of the intervention cycle from receiving and loading the data, choosing the criteria for review, and reviewing approximately 1,000 profiles and 150 lock-in profiles each month. The summary also included the number of letters mailed to prescribers and the number of responses received back from the prescribers. The summary provided a breakdown of the number of letters per therapeutic categories. There was discussion about the follow-up with the prescribers who receive letters and do not respond. It was noted that the State will have a face-to-face discussion with the 28 prescribers who were identified previously to have received 10 or more letters and did not respond to any of the letters received.

There was discussion of the incorporation of the RDUR data into the EMR and/or HIE.

The Pharmacy and Therapeutics committee asked HID to report the number of patients with a diagnosis of psoriatic arthritis and are taking lithium.

The DUR Board meeting dates for 2015 were presented: April 7, June 9, August 25, and December 1.