Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, December 1, 2015
10:30 AM

DUR Board Members Attending	Richard Wagner, MD Michelle Booth, PharmD Linda Rowe-Varone, PharmD
Absent	Steve Kogut, PhD, MBA, RPh Ralph Racca (Rhode Island EOHHS)
Others Attending	Ann Bennett (HP Enterprise Services) Katie Eanes, PharmD (HID) Jerry Fingerut, MD (Xerox) Karen Mariano (HP Enterprise Services) Scott Donald, PharmD (HID)

The meeting began at 10:30 a.m., and the minutes of the August 25, 2015 meeting were approved with the exception of adding Michelle Booth and Linda Row-Varone as DUR Board Members.

The Board reviewed a table demonstrating the number of recipients on a short-acting analgesic without a long-acting analgesic in their claims history between 1/1/15 and 9/30/15. This data was compared to two other states' data reporting the same information. For Rhode Island, there were 250 patients receiving at least three prescriptions for a short-acting opiate without a long-acting opiate from the same physician. Michelle Booth from Neighborhood Health Plan of Rhode Island (NHPRI) reported that from August to the end of November, 14,780 members received at least one prescription for any opiate (excluding buprenorphine) and the average number of prescriptions filled per member was three prescriptions. For NHPRI, 14,656 members filled IR only and 492 filled both an IR and an ER opiate (representing 3%). The Board feels the physicians writing the prescriptions for chronic (at least three months) short-acting opiates without a long-acting opiate should receive a letter, and we should focus on the members receiving the prescriptions from the same physician. One Board member mentioned that CMS is releasing guidelines regarding opiate prescribing at the beginning of the year and asked if we should wait to send the letters out until after the release of the guidelines. The Board feels the letters should be sent out sooner rather than later. Compared to other states' data, RI appeared to represent a lower percentage of patients on a short-acting analgesic without concurrent use of a long-acting analgesic.

The Board reviewed North Dakota's policy regarding oxycodone IR use. The Board was curious to know why ND developed this policy.

The Board reviewed a slide demonstrating six recipients who were on an opiate, a muscle relaxer, and a benzodiazepine/sedative hypnotic in the third quarter. The Board also reviewed a letter notifying the

prescribers of the concurrent use of these agents and recommended adding a statement indicating that of the opiate deaths last year, 30% of patients were concurrently on a benzodiazepine. The Board was curious to know how many patients were concurrently taking an opiate and a benzodiazepine.

The Board reviewed data showing the utilization of >100 mg MED from 4/1/15-9/30/15. There were 34 patients identified who were taking >100 mg MED chronically during the specified timeframe. The Board recommended a letter be sent to physicians prescribing >120 mg MED chronically and would like to have a question in the letter asking if the patient has had a pain management consultation in the past 12 months. The Board feels that the patients who were chronically on methadone should be looked at separately to evaluate what they are being treated for, but the physicians prescribing the methadone should still receive the letter. The Board would like more information about those patients on methadone in excess of 120 mg MED at the next Board meeting.

The Board again reviewed a letter draft notifying the top 25 prescribers of controlled substances about the PDMP. The Board would like to add a statement instructing physicians to contact the Department of Health if they have any questions regarding use of the PDMP website.

The Board reviewed a slide that showed the number of patients on both an oral antipsychotic and a long-acting injectable psychotic between 7/30/15 and 9/30/15. The Board was curious to know if those 28 patients who were on both an oral and injectable were taking the same antipsychotic.

The Board reviewed information regarding the utilization of antipsychotics in patients under the indicated age. In the third quarter, 22 patients under the indicated age were identified as being on an antipsychotic, and 5 of those patients are in foster care. The Board recommended sending a letter to the geriatric medicine specialist and the student physician informing them of best practices regarding this issue.

The Board reviewed a letter draft notifying prescribers that their patients were taking both an antipsychotic and a stimulant. The Board stated that the letter cannot identify the other prescriber if two different providers are prescribing the stimulant and antipsychotic.

The Board reviewed a list (shown below) of the top 15 drugs by utilization and cost in the third quarter. The Board would like to look at the top 30 drugs in both categories at the next Board meeting. Also, the Board would like the table to include an asterisk next to the medications that are on the Preferred Drug List (PDL).

	3rd Quarter	Rx Count	3rd Quarter	$ amount
1	Aspirin	2664	Aripiprazole	$172,839
2	Loratadine	2264	Esomeprazole magnesium	$137,576
3	Docusate sodium	2006	Paliperidone	$114,881
4	Ergocalciferol (vitamin D2)	1978	Insulin glargine	$112,481
5	Cholecalciferol (vitamin D3)	1705	Fluticasone/salmeterol	$69,409
6	Cetirizine	1485	Tiotripium Bromide	$60,153
7	Albuterol sulfate	1356	Etanercept	$58,504
8	Acetaminophen	1329	Efavirenz/emtricitab/tenofovir	$57,864
9	Ibuprofen	1197	Buprenorphine HCL/naloxone HCL	$57,468
10	Folic Acid	1177	Fluticasone propionate	$50,367
11	Sertraline	1019	Albuterol sulfate	$49,435
12	Fluticasone propionate	1008	Methylphenidate	$46,534
13	Calcium carbonate/vitamin D3	997	Oxycodone	$42,316
14	Trazodone	919	Quetiapine	$41,695
15	Methylphenidate	867	Adalimumab	$35,247

The Board reviewed a slide showing the number of patients on a topical androgen. In the second and third quarters, 14 patients (all males) were taking a topical androgen. All claims for a topical androgen were for AndroGel or Androderm.

The Committee reviewed a slide showing the utilization of flu agents from 2012 to 2015. It was noted that Tamiflu is on the PDL.

The Board reviewed a table (shown below) demonstrating the utilization of centrally acting antiadrenergic agents in the third quarter. The Board was curious how many patients were taking both clonidine and guanfacine, and this information will be presented at the next Board meeting.

	Clonidine IR	Methyldopa	Catapres-TTS	Guanfacine IR
≥ 18 years old	90	1	5	25
<18 years old	115	0	1	0
< 12 years old	*44*		*1*	*0*
TOTAL	**205**	**1**	**6**	**25**

The P & T Committee was interested to look into hospital data regarding anticoagulants and bleed rates over the last 12 months. Xarelto is on the PDL as an alternative because of a possible lesser risk of bleeds, and the Committee was curious to see if this is substantiated.

The next board meeting is April 12, 2016.

The meeting adjourned at 11:20 p.m.