Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, December 12, 2017
10:30 a.m.

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

The meeting began at 10:33 a.m. The minutes of the June meeting were approved with the following changes; change the spelling of "Gail" to "Gayle." The September meeting minutes were approved with the following changes; change the spelling of "Gail" to "Gayle" and strike development of criteria regarding interaction between tramadol and olanzapine from the minutes. The Board requested that a copy of the presentation be sent to the members prior to each DUR meeting.

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 2nd quarter. Letters were sent on November 30th and no responses were received so far. Responses were received for the 2nd quarter mailing and discussed with the Board. The Board requested to hold this intervention during the next quarter but to report on responses received during 3rd quarter at the April 2018 meeting. HID would follow-up in April.

For the letter addressing the concurrent use of benzodiazepines and opiates, 11 recipients were identified and reviewed, and 11 cases were created. Letters were sent during the October RDUR cycle and responses to the intervention were reviewed. HID followed up with requested information regarding the criteria from the September meeting and stated that malignancy is not a negating diagnosis for this intervention. HID added that a link to the Department of Health best practices for opioid prescribing was added to the intervention letter, along with a link to the state's PMP. This change was made not only to the opioid concurrent with benzodiazepine intervention letter, but all pharmacy lock-in letters as well. The Board requested to know if any days supply filters or parameters were part of this criteria. HID stated there were no days' supply parameters for this intervention. The Board questioned why the number of patients who were receiving both a benzodiazepine and opiate concurrently were so low, especially compared to the denominators. The Board requested to know how many recipients hit on this same criteria in previous years during the month of October. HID would follow up during April. DXC stated they would send this document to HID to include in future mailings. The Board requested to repeat this intervention monthly. HID would follow-up in April.

HID presented a slide showing the utilization of antipsychotics (non-mailer) under the indicated age during 3rd quarter 2017. The qualifying recipients decreased from previous quarter from 20 to 14. HID presented more specific information regarding the 14 recipients identified, including age, medication prescribed, and diagnosis or suspected diagnosis for use. The Board requested to continue this query going forward focusing on the prescribers who are prescribing these medications. The Board requested that DXC focus on recipients who were diagnosed with "need assistance at home and no other household member able to render care." HID would send the recipient information to DXC after the meeting. The Board also requested denominators for all children who received an atypical antipsychotic regardless of indicated age, also requesting information on specific prescribers of recipients and how many total pediatric recipients they prescribed atypicals to. HID would follow-up in April.

For the letter addressing triple antipsychotics, 16 recipients were identified, 3 recipients were dismissed due to same drug, different strength, and same prescriber, and 13 recipient's prescribers received intervention letters. The Board requested that HID send the recipient information who received 6 different antipsychotics to DXC for further evaluation. 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 April.

HID presented information and a new criterion regarding concurrent use of stimulants and opiates. The Board questioned whether this was an issue for the FFS population but requested the new criterion be turned on to evaluate the population for possible interventions. HID would follow-up in April.

HID presented information regarding use of codeine and tramadol in the pediatric population. Continued benchmarking and tracking of utilization was requested for 4th quarter. For the letter addressing the use of these agents in the pediatric population, 7 recipients were identified and reviewed, and 7 cases were created. Letters were sent during the October RDUR cycle and responses to the intervention were reviewed. The Board requested to continue this intervention and look into if these prescriptions are coming from emergency rooms and if so, possible outreach may need to be directed toward them.

Outside of the 6 requested specialty mailing requests, HID presented information regarding 7 additional follow-up items ; criteria request for tramadol, fluoroquinolone utilization, lamotrigine utilization, cholesterol lowering medication utilization in Alzheimer's Disease recipients, Benign Prostatic Hyperplasia (BPH) medication utilization in metastatic prostate cancer recipients, adherence/utilization of buprenorphine, and gabapentin utilization with other controlled substance prescriptions.

During the September meeting, the Board request to know if HID had specific criteria for the interaction between tramadol and TCAs. HID followed-up with specific criteria for the tramadol and TCAs interaction mediated by fluoxetine's 2D6 inhibition. The Board requested an addition to the alert message for the criterion to include information about the TCAs decreasing the effectiveness of tramadol. HID would make the requested change to the criterion.

During 3rd quarter, 123 recipients received 113 prescriptions for fluoroquinolones. HID presented another state's data to benchmark against RI's data. HID followed up with specifics regarding how HID's fluoroquinolone criteria is built and mentioned that this criterion was being reviewed for the December RDUR cycle. The Board determined that general utilization of fluoroquinolones did not need to be tracked for next quarter.

During 2nd quarter, 463 recipient received 184 prescriptions for lamotrigine. Additional filters were placed on the query to identify recipients with diagnoses or occurrences of skin legions resulting in on recipients being identified. The Board determined lamotrigine induced skin legions was not an issue for the Medicaid population and that general utilization of lamotrigine did not need to be tracked for next quarter.

During 3rd quarter, 893 statin prescriptions were filled. Only 1 recipient was found to be receiving a statin with a concurrent diagnosis of Alzheimer's disease (AD). The Board determined that utilization of statins in recipients with AD did not need to be tracked for next quarter.

During 3rd quarter, 25 5-α reductase inhibitor prescriptions were filled. Only 1 recipient was found to be receiving a 5-α reductase inhibitor with a concurrent diagnosis of prostate cancer. The Board determined that utilization of 5-α reductase inhibitors in recipients with prostate cancer did not need to be tracked for next quarter.

Adherence to Buprenorphine was discussed and HID presented 6 new criteria to the Board for review. HID questioned whether Rhode Island had privacy laws in place around addiction treatment interventions that would not allow intervention letters to be sent for non-adherence to addiction treatment medications. The Board recommended to approve the criteria, lumping the addiction treatment formulation buprenorphine drugs together into one criterion and the pain medication buprenorphine formulations together into another criterion. The Board recommended to monitor the criteria going forward but not to send intervention letters. The Board questioned whether J codes from treatment centers would be captured on HID's review and added that patient level adherence may be poorly reliable. DXC stated that J codes from treatment centers would be captured on the medical side. The Board requested to know the number of recipients identified by these criteria during the April meeting. HID would follow-up.

During 3rd quarter, 428 recipients received opioid prescriptions, 582 recipients received benzodiazepine prescriptions, and 309 recipients received gabapentin prescriptions. 26 recipients were identified as receiving all 3 prescriptions during 3rd quarter. The Board requested to know if gabapentin is listed on the PMP. DXC stated that it is not. The Board determined that utilization of gabapentin concurrent with other controlled substances 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 3rd Quarter 2017. Kymriah, Luxturna, Ingrezza, Austedo, and suboxone as a pain medication topics were reviewed. HID stated that for all medications listed there was no utilization for the FFS Medicaid population. The Board requested Tetrabenazine utilization for 4th quarter to be presented during the April meeting as long as it can be queried due to specialty drug status. DXC stated that this drug is able to be queried. HID would follow-up in April.

EMPAA (Eastern Medicaid Pharmacy Administrators Association) Topics

The Board reviewed slides that presented noteworthy EMPAA topics from the annual conference held in October. CMS Medicaid pharmacy update, Massachusetts Department of Corrections transition to community, purchasing and planning for high cost drugs and specialty drug spend, and sickle cell disease treatments were reviewed and discussed.

Top 10 Medications
The Board reviewed a slide that presented the top 10 medications by utilization during 3rd 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 April. The Board requested to know if the reason there were so many OTCs on the list was due to TPL recipients whose primary insurance doesn't cover OTCs so they fall to the Medicaid benefit. DXC stated this was correct. The Board requested to benchmark OTC utilization with other HID states for the next meeting. HID would follow-up in April.

Highest Volume Prescribers of Controlled Substances
The Board reviewed a slide that presented the highest volume prescribers of controlled substances for 3rd QTR 2017, the top 50 prescribers were included as a handout to the Board members. HID stated the prescribers were now ranked by prescriber use rate, and columns were added to include total quantities prescribed, and total unique recipients of the prescriptions. HID would continue to report this information quarterly. The Board mentioned this information would be beneficial to the Rhode Island Department of Health.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 3rd 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 mentioned this information would be beneficial to the Rhode Island Department of Health.

Meeting Confirmation and Adjournment
The next DUR Board meeting was confirmed as April 10th, 2018. The 2018 meetings were confirmed as: April 10th, 2018, June 5th, 2018, September 11th, 2018, and December 11th, 2018. The meeting adjourned at 12:10 p.m.