Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, December 11, 2018
10:30 a.m.

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

The meeting began at 10:32 a.m. The minutes of the September meeting were approved with the following changes; change "September" to "December" on the 1st page, 1st paragraph under the section of DUR Topics for Follow Up, remove "and the vast majority did not have an FDA approved indication for use" on the 3rd page, 2nd paragraph under the ADURS section. The Board then approved the minutes from the September meeting with the change listed above.

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, 78 recipients were identified during 3rd quarter. Letters were sent, and no responses have been received so far as the timing of the mailing was performed in close in proximity to the December meeting. HID would follow-up with subsequent responses during the next meeting. Benchmarking against another state was also presented. The Board reviewed information presented from Neighborhood Health that they had 46 members receiving concurrent therapy but 23 had stopped the concurrent use prior to the mailing of intervention letters. The Board discussed the clinical logic behind this intervention and commented that stimulants can have a counter mechanism and induce psychosis in patients which would require the need for an antipsychotic. The Board requested to repeat this mailer for 4th quarter and to report the number of pediatric recipients versus adult recipients. HID would follow-up in April.

For the letter addressing the concurrent use of benzodiazepines and opiates, 7 recipients were identified and reviewed, and 7 cases were created. 1 response has been received so far. The Board requested to continue this targeted intervention going forward. The Board requested to review the concurrent utilization of benzodiazepines and buprenorphine products during the next meeting and report separately the number of patients receiving alprazolam. HID would follow up in April.

Utilization of atypical antipsychotics under the indicated age during 3rd quarter 2018 was presented to the Board, 6 recipients were identified. Neighborhood Health stated they also identified 6 recipients receiving atypical antipsychotics under the indicated age during 3rd quarter. HID presented more specific information regarding the 6 FFS recipients identified, including age, medication prescribed, and

diagnosis or suspected diagnosis for use. The Board requested to continue tracking this issue going forward. HID would follow-up in April.
For the letter addressing atypical antipsychotic use and the risk of metabolic syndrome, HID stated that Rhode Island has 3 specific criteria for identifying recipients, 1. Identifies recipients who have a diagnosis of diabetes (or a medication inferring diagnosis) and is receiving an atypical, 2. Identifies adult recipients receiving atypicals and sends a warning that metabolic syndrome is a risk associated with medication use, and 3. Identifies pediatric recipients receiving atypicals and sends a warning that metabolic syndrome is a risk associated with medication use. HID presented data on all 3 criteria, targeted mailings, and prescriber responses that occurred during the September, October, and November DUR cycles. The Board requested to repeat the intervention for the recipients who have a diagnosis of diabetes (or medication inferring diagnosis) going forward. HID would follow-up in April.

For the letter addressing triple antipsychotics, 6 recipient's prescribers received intervention letters. The Board requested to discontinue this monthly intervention going forward and revisit in December 2019.

For the letter addressing long acting oxycodone products not on the PDL (Preferred Drug List), 6 recipients were identified to be receiving prescriptions from 9 different prescribers. All 9 prescribers received an intervention letter. The Board commented that if any recipients are receiving long acting oxycodone products, prescribers should have a plan in place. If a prior authorization is issued for these recipients, it should only be for a specific period of time. The Board requested to repeat the intervention looking again at the most recent 60 days of data. HID would follow-up in April.

Outside of the 6 requested specialty mailing requests, HID presented information regarding 6 additional follow-up items; buprenorphine used concurrently with benzodiazepines, buprenorphine utilization, persistence, and disengagement, the number of women of child bearing potential enrolled in FFS Medicaid and the number of recipients receiving L-methylfolate prescriptions and prenatal vitamins, testosterone utilization, split filling of schedule II prescriptions, and Lucemyra utilization.

During the September meeting, the Board request to know how many recipients were receiving concurrent buprenorphine and benzodiazepines. HID followed-up and reported that 16 recipients were found to receiving concurrent medications during 3rd quarter 2018. Benchmarking for another state was also presented and reviewed. The Board requested to repeat the query for 4th quarter and review each recipient individually for specific benzodiazepine (including alprazolam) received, days' supply, and days overlap. Benchmarking against another state was also requested. HID would follow-up in April.

During the September meeting, the Board request to know the number of recipients who were found to utilize, persist on and disengage from buprenorphine treatment from January 1st – June 31st 2018. HID reported that 330 recipients were found to have received at least 1 buprenorphine prescription from 1/1/2018 through 6/31/2018 and 266 of those recipients disengaged from treatment (identified as having no more than 3 consistent/consecutive prescriptions during the period). DXC received a listing of those recipients from HID to verify eligibility of the disengaged recipients to see if they terminated FFS coverage and the date or they left FFS for an MCO and what the date was. DXC provided a report of recipients who "disengaged" from buprenorphine treatment and what healthcare plan they moved to. The Board requested to know, of those recipients who moved to another health plan, was it possible to determine if they received continuity of their buprenorphine therapy. DXC stated this would not be possible to determine as there is no sharing of information between health plans. The Board expressed concern that there could be disruption of treatment in an already hard to treat population due to changing healthcare plans. The Board discussed buprenorphine utilization and commented that the

level of monitoring is high, provider check in and toxicology screens can assist recipients with adherence.

During the previous meetings, the Board request to know the number of women of child bearing potential enrolled in FFS during 2nd quarter 2018. HID re-reported that 1,664 women of child bearing potential (aged 16-49) had a prescription filled during 2nd quarter. HID reported that they could not report on all women enrolled, just on the recipients who had a prescription filled during the time frame in question. The Board had also requested to know the number of recipients who received a prescription for L-methylfolate or for prenatal vitamins. HID reported that 4 unique women of child bearing potential filled prescriptions for L-methylfolate during 2nd quarter 2018 and that 38 unique women of child bearing potential received prescriptions for prenatal vitamins. DXC reported that 4 women gave birth during 2nd quarter 2018. The Board requested to know if the 4 women who conceived during 2nd quarter were the same women who received the L-methylfolate prescriptions. The Board requested to also know if there was any opioid utilization in the recipients who gave birth during 2nd quarter. HID and DXC would follow-up in April.

During the September meeting, the Board requested to review testosterone utilization during 3rd quarter 2018, including age breakdown of recipients, and to benchmark against another state. HID reported that 13 unique recipients filled 34 prescriptions for testosterone during 3rd quarter. The Board determined this was not an issue for the FFS (fee for service) population at this time.

During the September meeting, the Board requested to create a placeholder for split filling schedule II prescriptions. The Board discussed how specific pharmacy regulations have a day's supply cap on opioid prescriptions for opioid naïve recipients. Due to split filling, an opioid naïve recipient could potentially receive a partial fill of a single opioid prescription and upon filling the second portion of that prescription, would no longer be considered opioid naïve and receive a larger quantity, depending on how the split fill was divided. Neighborhood health stated they would report back on this issue during the June 2019 DUR meeting.

After the September meeting, DXC requested to know the utilization of Lucemyra during 3rd quarter. HID reported that 0 recipients received Lucemyra prescriptions during 3rd quarter. The Board requested to know the number of recipients receiving clonidine prescriptions with a concurrent diagnosis of opioid dependence during 4th quarter. HID would follow up during the April 2019 meeting.

Medication Assisted Treatment (MAT)

DXC presented buprenorphine/naloxone utilization for FFS and the MCOs combined, reporting annual figures for 2014-2017, and the first two quarters of 2018. Buprenorphine products billed by J code (from COEs) as well as point of sale billing were included in the counts. Based on the data presented, utilization has increased since 2014.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented the ADURS topics for 3rd Quarter 2018. Retacrit utilization, RetroDUR activities (other than intervention letters), and Aimovig utilization were the topics reviewed.

With regard to Retacrit utilization and Aimovig utilization, none was found for 3rd quarter.

With regard to RetroDUR activities (other than intervention letters), HID reported on other methods of disseminating DUR information that other states are using; prescriber report cards, continuing education seminars, comparative prescribers reports, and academic detailing.

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 3rd Quarter 2018.

Top Prescribers of Controlled Substances
The Board reviewed a slide that presented the top prescribers of controlled substances for 3rd QTR 2018. HID stated the new column reporting on new recipient count was included in the report for 3rd quarter. HID would continue to report this information quarterly.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 3rd 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.

New Business
The Board requested the following topics to be reported on during the April meeting; Epidiolex utilization, fluvoxamine utilization, and naloxone utilization. HID would follow-up in April.

Meeting Confirmation and Adjournment
The 2019 DUR meetings were confirmed as: April 9th, June 4th, September 10th, and December 17th. The meeting adjourned at 11:45 a.m.