Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, December 17, 2019
10:30 a.m.

DUR Board Members Attending	Richard Wagner, MD (Brown) Jerry Fingerut (EOHHS) Linda Rowe-Varone, PharmD, BCPP Steve Kogut, PhD, MBA, RPh (URI) Mark Lorson, PharmD, BCACP, BCGP (NHPRI)
Others Attending	Karen Mariano, RPh (DXC Technology) Ann Bennett, MHSA (DXC Technology) Heather Kissinger, PharmD (HID) Scott Donald, PharmD (HID) Taleshia Core, CPhT (HID)

The meeting began at 10:30 a.m. The minutes of the September meeting were approved as written.

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, 23 recipients were identified during 3rd quarter 2019. Letters were sent, and no responses have been received so far. Benchmarking against another state was presented. During the previous meeting the Board requested to know the % of recipients targeted based on the entire population for both RI and the benchmarked state. HID stated that 0.14% of the RI population and 0.54% of the benchmarked state's population were found to be receiving concurrent stimulants and antipsychotics during 3rd quarter 2019. NHPRI stated 53 recipients in their population were found to be receiving concurrent therapy with stimulants and antipsychotics out of about 150,000 enrolled recipients. The Board requested to include the concurrent use of stimulants and antipsychotic review information as part of the retrospective portion of the CMS annual report. The Board requested to hold the mailer until December 2020.

For the letter addressing the concurrent use of benzodiazepines and opiates, 12 recipients were identified and reviewed, and 12 cases were created. 4 responses have been received so far. The Board discussed that the Rhode Island Department of Health measures and tracks concurrent use of opioids and benzodiazepines and keeping in line with the public health department is the correct course of action for the FFS population. The Board discussed the recent medical examiner report for Rhode Island and commented that there has been a reduction in total opioid related deaths. The Board also discussed a recent MMWR article that reported approximately 68% of overdose deaths were associated with illegally manufactured fentanyl. The Board requested to continue the concurrent opioid and benzodiazepine targeted intervention going forward. HID would follow up in April.

Utilization of atypical antipsychotics under the indicated age during 3rd quarter 2019 was presented to the Board, 10 recipients were identified. 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 in recipients who have a diagnosis of diabetes (or medication inferring diagnosis), 38 recipients were identified and targeted, and their prescribers received intervention letters. 4 responses have been received so far. During the previous meeting the Board requested to hold the intervention and report on any trends with specific prescribers. HID stated there were no trends to report other than one prescriber involved in 5 of the 38 cases created was prescribing both the antipsychotic and diabetic medication and has a primary taxonomy of internal medicine. The Board requested that HID send DXC the prescriber information after the meeting. HID presented requested information regarding a change to the alert message sent to prescribers for this intervention and noted that procedure codes were not used as part of RetroDUR. The Board voted to leave the alert message as is and hold off on monthly interventions.

For the intervention addressing recipients receiving > 100 MME (Morphine Milligram Equivalent) daily which was modified to target recipients receiving > 90 MME after the September meeting, 10 recipients were identified, and 10 cases were created. 1 response has been received so far. NHPRI commented that while they perform prospective reviews for maximum MME, they are not performing retrospective reviews for their population yet, but they do have a safety monitoring program for patients at high risk as well as accumulation edits. The Board requested to repeat the mailer. HID would follow-up in April.

For the intervention addressing recipients receiving ≥ 365 days' supply of a proton pump inhibitor (PPI), 22 recipients were identified, and 22 cases were created. No responses have been received so far. The Board requested to hold this intervention but to report on responses received and denominators during the next meeting. HID would follow-up in April.

For the intervention addressing recipients receiving methadone maintenance with concurrent opioid prescriptions, 5 recipients were identified during 2nd quarter 2019 and letters were mailed to the methadone clinics after the September meeting. 4 recipients were identified during 3rd quarter 2019, 2 of which were also from 2nd quarter. The Board requested to repeat the mailer for the 4 recipients identified during 3rd quarter, report the number of recipients during the next meeting for 4th quarter (without mailing), and graph, over time, the number of recipients who are identified on a quarterly basis. The Board also requested to query recipients on opioid induced constipation (OIC) medications and report on the number of recipients with or without concurrent opioids. HID would follow-up in April.

Outside of the requested specialty mailing requests, HID presented information regarding 6 additional follow-up items; naloxone utilization, biologic agent utilization, tramadol utilization, androgenic utilization, stimulant utilization, and atypical antipsychotic utilization in recipients < 21 years of age.

For the follow-up item addressing naloxone utilization, HID reported that 50 prescriptions were filled during 3rd quarter 2019. The Board requested to continue utilization review. HID would follow up in April.

For the follow-up item addressing biologic agent utilization, HID presented 6 different classes of biologics, FDA approved indications, and utilization. The Board requested to continue utilization review. HID would follow up in April.

For the follow-up item addressing tramadol utilization, HID reported that 30 unique recipients received 60 total prescriptions for tramadol products during 3rd quarter 2019. The Board discussed strengthening

limitations around tramadol utilization and requested to know what other states have in place regarding tramadol prior authorizations. HID would follow-up in April.

For the follow-up item addressing androgenic medication utilization, HID reported that 30 unique recipients received 46 total prescriptions for testosterone products during 3rd quarter 2019. NHPRI commented that utilization for androgenic medications is not tracked by them. The Board determined that this was not an issue.

For the follow-up item addressing stimulant medication utilization, HID reported that 323 unique recipients received 417 total prescriptions for stimulants during 3rd quarter 2019. Quantities per fill were reviewed and the Board requested to implement max dosing criteria for all stimulants. HID would meet with DXC to review and implement requested criteria and follow-up in April.

For the follow-up item addressing atypical antipsychotic utilization in recipients < 21 years of age (yoa), HID reported that 190 unique recipients < 21 yoa received atypicals during 3rd quarter 2019. 45 unique recipients < 21 yoa received more than 1 atypical, 65 unique recipients < 21 yoa received concurrent therapy with a stimulant and 28 received concurrent therapy with a sedative hypnotic. The Board requested to report back on the same parameters but reviewing utilization in recipients < 18 years of age. HID would follow-up in April.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: Makena, high cost drugs, benzodiazepine refill edits, and opioid claims exceeding the state MME threshold.

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 2019. The Board requested to have the information presented in table format and include number of unique recipients. HID would follow-up in April.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 3rd quarter 2019. HID provided a handout containing specific details of the top 10 prescribers including: drug name/strength, quantity and days' supply, and dispensing pharmacy.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 3rd quarter 2019 and overall number of claims compared to the number of claims for short acting and long acting agents. HID presented long and short acting opioid utilization by quarter from 2015 - 2019. The Board requested to re-analyze using total number of prescriptions over time. HID would continue to report opioid utilization information quarterly and follow-up with the annual request in April.

New Business
The Board requested the following topics to be reported on during the April meeting; statin utilization by age and gender, and pregabalin utilization (not to report on until December 2020). HID would follow-up.

42 - CFR

The Board discussed The Department of Health and Human Services 42 CFR part 2 regulations as it pertains to the Medicaid program and coordination of care for substance use disorder while protecting patient confidentiality. 42 CFR addresses e-prescribing of controlled substances, expansion of suboxone prescribers, and access to the PDMP. Under 42 CFR, prescribers with a federal waiver to prescribe buprenorphine could be considered a federal opioid treatment program and be subject to specific federal regulations regarding patient confidentiality. The Board discussed how prescribers could be informed of the regulations in 42 CFR and their responsibility to obtain informed consent from all patients receiving buprenorphine treatment for opioid use disorder.

Meeting Confirmation and Adjournment

The 2020 DUR meetings were confirmed as: April 7th, June 9th, September 15th, December 15th. The meeting adjourned at 12:16 p.m.