Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, June 4, 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) Gayle Dichter, RPh, MBA (NHPRI)
Others Attending	Karen Mariano, RPh (DXC Technology) Ann Bennett, MHSA (DXC Technology) Heather Kissinger, PharmD (HID)

The meeting began at 10:40 a.m. The minutes of the April meeting were approved with the following changes; 2nd page, 1st paragraph – remove the end of the 6th sentence, 2nd page, 1st paragraph – change "Medicaid" to "Rhode Island FFS," 2nd page, 1st paragraph – change last sentence to read: "The Board expressed concern over whether ICD-10 equates to effective prescribing," 3rd page, 4th paragraph – change "request" to "requested." The Board then approved the minutes from the April meeting with the changes 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, 71 recipients were identified during 4th quarter 2018. Letters were sent, and 14 responses have been received so far. Benchmarking against another state was presented. HID previously presented information for 41 pediatric patients who were targeted by the intervention. 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 0.1% of the RI population and 0.53% of the benchmarked state's population were found to be receiving concurrent stimulants and antipsychotics during 4th quarter 2018. During the previous meeting, the Board requested to know the adherence to both the stimulant and the antipsychotic for each recipient. HID stated that all pediatric recipients were adherent to their stimulants, but 4 recipients were non-adherent to their antipsychotics. The Board requested to repeat the mailer for 2nd quarter 2019. HID would follow up in September.

For the letter addressing the concurrent use of benzodiazepines and opiates, 6 recipients were identified and reviewed, and 6 cases were created. 3 responses have been received so far. The Board requested to continue this targeted intervention going forward and report on whether the responses came from prescribers who prescribed the same medications or the cases where the two prescribers were different. HID would follow up in September.

Utilization of atypical antipsychotics under the indicated age during 1st quarter 2019 was presented to the Board, 8 recipients were identified. DXC mentioned that other state Medicaid programs restrict use of atypical antipsychotics in recipients less than 18 years of age and require PA. The Board commented

that PA's for every pediatric recipient receiving an atypical antipsychotic would overwhelm many programs and added the FDA has approved indications for use in the pediatric population. The Board requested to continue tracking this issue going forward. HID would follow-up in September.

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), 10 recipients were targeted, and their prescribers received intervention letters. 3 responses have been received so far. The Board requested to repeat this intervention, report on denominators, and track concurrent statin use in patients who are diagnosed with diabetes for the next meeting. The Board requested to know the wording of the alert message included in provider education letters. HID would follow-up in September.

For the letter addressing long acting oxycodone products not on the PDL (Preferred Drug List), the Board requested to report on any responses received. HID stated that of the 8 prescribers who received intervention letters for the mailing, none had responded. The Board determined this was not an issue for the FFS (fee for service) population at this time.

For the letter addressing glyburide products not on the PDL (Preferred Drug List), 2 recipients were identified, and 2 prescribers were targeted to receive intervention letters. No responses have been received so far. The Board requested to follow up with any responses receiving during the September meeting and this was not an issue for the FFS population at this time.

For the intervention addressing concurrent use of buprenorphine and benzodiazepines, criterion was created and turned on for the May RDUR cycle. HID did not send any intervention letters on the 9 recipients identified due to DXC request to only target prescribers of the buprenorphine products as to maintain privacy regarding medication assisted treatment. The Board discussed buprenorphine that was dispensed by a pharmacy versus by a center for excellence and stated the prescription information is readily available via the PDMP for prescriptions dispensed by a pharmacy whereas the information is not available for prescriptions through centers for excellence and may be subject to privacy laws. The Board opted to discontinue the criterion but requested HID to report on specifics of patients identified. HID would follow up in September.

Outside of the 7 requested specialty mailing requests, HID presented information regarding 10 additional follow-up items; number of women of child bearing potential enrolled in FFS Medicaid and the number of recipients receiving L-methylfolate prescriptions and prenatal vitamins, Epidiolex utilization, naloxone utilization, bone resorption agent utilization, SGLT2 inhibitor and GLP1 agonist utilization, PPI utilization, psoriasis topical and biologic agent utilization, access to suboxone, methadone maintenance, and stratification of patients based on MME.

The number of women of child bearing potential enrolled in FFS during 2nd quarter 2018 who gave birth was discussed and HID stated that the 3 recipients who gave birth during 2nd quarter did not receive L-methylfolate or opioid prescriptions through their Medicaid benefits. The Board determined this was not an issue for the FFS (fee for service) population at this time.

During the April meeting, the Board requested to review Epidiolex utilization during 1st quarter 2019. HID reported that 8 unique recipients filled 12 prescriptions for Epidiolex during 1st quarter. The Board determined this was not an issue for the FFS (fee for service) population at this time.

During the April meeting, the Board requested to continue reviewing naloxone utilization. HID reported that 2 prescriptions were filled during 1st quarter 2019. The Board discussed possible reasons why

utilization decreased and suggested possibilities of recipients obtaining naloxone through other pathways, such as other insurers or free access, and stated it was difficult to determine the reason why utilization decreased. The Board discussed NHPRI utilization of naloxone prescriptions and stated 693 prescriptions were filled for 652 unique recipients during 1st quarter 2019. The Board requested to continue utilization review for the September meeting. HID would follow up.

During the April meeting, the Board requested to review bone resorption agent utilization during 1st quarter 2019. HID reported that 100 prescriptions were filled for 45 unique recipients during 1st quarter 2019. The Board also requested to know the number of recipients at risk and HID requested the Board to define parameters of "at risk." HID stated that 2 recipients were identified to have a diagnosis of osteoporosis and receiving a sedative/hypnotic and a corticosteroid. HID also presented criteria to review bisphosphonate utilization and recommend a 3-5 year use only of this class of medications. The Board requested to know if this intervention reviewed recipients at point of sale or retrospectively. HID stated the review was retrospective and identified any recipient receiving a bisphosphonate. The Board determined this was not an issue for the FFS (fee for service) population at this time.

During the April meeting, the Board requested to review SGLT2 inhibitors and GLP1 agonist utilization and ensure appropriate use of these agents. HID stated that the American Diabetes Association recommends the use of these agents as 1st line in patients with ASCVD (Atherosclerotic Cardiovascular Disease). Upon review of the RI FFS Medicaid population, 17 recipients were found to be receiving either an SGLT2 inhibitors or a GLP1 agonist during 1st quarter 2019. 3 of those patients had an appropriate disease state for 1st line use, 9 recipients had no diagnoses at all, and 5 recipients had a diagnosis of type 2 diabetes but no other supporting diagnosis for use of these as 1st line agents (but were all receiving other oral diabetic medications, possibly indicating 2nd line use of the SGLT2 inhibitors or GLP1 agonists). The Board commented that if the utilization is not a problem and recipients who are prescribed these medications have a clinical need that it is not an issue for the FFS (fee for service) population.

During the April meeting, the Board requested to review utilization of the proton pump inhibitors (PPIs). HID stated that 1,081 prescriptions for 609 unique recipients were filled during 1st quarter 2019. HID shared 2 current criteria and 4 potential criteria with the Board that could be used to perform class reviews. The Board suggested to review the recently released study regarding chronic use of PPIs and mortality. The Board requested a general criterion be created to evaluate the RI FFS Medicaid population mainly reviewing chronic use. The Board showed interest in performing a collaborative review with FFS Medicaid and RI MCOs to send a united message regarding overutilization of PPIs. DXC stated they would discuss with HID and other parties involved and follow up would occur during the September meeting.

During the April meeting, the Board requested to review psoriasis agent utilization during 1st quarter 2019. HID stated they would follow up during the September meeting.

During the April meeting, the Board requested to review access to suboxone. HID stated that DXC/FFS does not have PA requirements for this and provides unrestricted access to suboxone film. The Board discussed recent state legislature discussion regarding possible open access to all MAT therapy, with no restriction, class wide.

During the April meeting, the Board requested to review recipients receiving methadone maintenance and concurrent prescription opioids during 1st quarter 2019. HID shared case specific information with the Board and stated that 3 recipients were found to meet that criteria. HID recently sent the recipient

IDs to DXC and the Board suggested a letter be sent to the methadone clinics of patients who were receiving methadone maintenance and chronic opioid prescriptions. DXC and HID would follow up in September.

During the April meeting, the Board requested to stratify patients based on daily morphine milligram equivalency. HID stated review and intervention of recipients receiving > 100 mg morphine equivalents per day would be performed for 3 months for RI FFS recipients and HID would report back during the September meeting.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented the recently discussed ADURS list serve topics. Covered outpatient drugs, Spravato, and Zolgensma were the topics reviewed.

FFY 2018 CMS Report
HID provided a high-level review of the FFY 2018 CMS report to the Board. And described that the report contains 3 main components; a survey, 2 tables, and 8 attachments. DXC and HID collaborated on the report and it would be submitted to CMS by the June 30th deadline. The Board had no comments or questions regarding the CMS report.

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 1st quarter 2019. The Board requested additional information regarding the use of benzonatate and discussed possibilities of why it would be the 10th medication by utilization for the quarter. The Board suggested a downward shift in codeine containing cough product prescribing due to the opioid epidemic and thus an increase in benzonatate prescriptions. The Board requested to know the number of recipients receiving > 14 days supply of benzonatate during 1st quarter. HID would follow up in September.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented the high volume prescribers of opioids for 1st quarter 2019.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 1st quarter 2019 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.

Meeting Confirmation and Adjournment
The remainder of the 2019 DUR meetings were confirmed as: September 10th, and December 17th. The meeting adjourned at 11:55 a.m.