Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, September 13, 2016
10:30 a.m.

DUR Board Members Attending	Richard Wagner, MD Michelle Booth, PharmD (NHPRI) Linda Rowe-Varone, PharmD, BCPP Steve Kogut, PhD, MBA, RPh (URI) Jerry Fingerut, MD (Xerox)
Others Attending	Ann Bennett (HP Enterprise Services) Katie DeRuiter, PharmD (HID) Matthew Waldrop, PharmD (HID) Karen Mariano, RPh (HP Enterprise Services) Ralph Racca (EOHHS)

The meeting began at 10:30 a.m., and the minutes of the June 7, 2016 meeting were approved.

The Board reviewed several slides addressing changes in prescribing patterns since the provider education letters were mailed out at the end of February 2016. These results have been continuously reviewed since the last Board meeting. For the letter addressing patients who are taking a short-acting analgesic in the absence of a long-acting analgesic, previously eight recipients had no change in therapy. Since last meeting, 10 recipients were continued on a short-acting analgesic without a long-acting formulation. Two recipients had been restarted on prior qualifying therapy. Of the 10 recipients, three physicians responded to the second mailing. One Board member referenced the Surgeon General's letter, which was mailed to all licensed physicians addressing best practices supporting previous letters sent by the State. Responses from prescribers included "tried to modify therapy but recipient not cooperative" and "symptoms reoccurred upon attempt to modify therapy." The CDC guidelines addressing opioid prescribing released in March 2016 were also discussed. The Board chose to include the Surgeon General's letter in another follow-up letter prior to December's meeting for recipients still receiving only a short-acting regimen. Lastly, one Board member would like a review of recipients receiving more than 3 grams of acetaminophen per day.

The change in prescribing patterns for the letter addressing the concurrent use of an antipsychotic and a stimulant was reviewed. At the last Board meeting, it was discovered that there was no change in therapy for 17 recipients. Over last quarter, 15 recipients continued on concurrent therapy. Only one physician responded to the new mailing. One Board member recommended that HID continue to check for a change in prescribing patterns in recipients for whom there was no previous change in therapy and report this information at the December meeting.

The final topic for evaluation of changes in prescribing patterns since the February mailings addressed patients receiving greater than 120 morphine milliequivalents. Four recipients continued on qualifying therapy since June 7, and one physician replied to the mailing.

Arising from CMS's interest in the State's ideas for infants born with neonatal abstinence syndrome (NAS), HID presented analysis of recipients with diagnosis of opioid dependency and concurrent pregnancy. Over past year, 57 recipients had both a diagnosis of opioid dependency and pregnancy. Only 42 had a current diagnosis of pregnancy. Of these recipients, only four had a current claim for opioid dependency therapy. For comparison, there were a total of 75 recipients in the second quarter on opioid dependency therapy.

Due to other states' analysis of hereditary angioedema therapy optimization, a review of recipients receiving either acute or chronic therapy with any agent showed no recipients receiving either treatment.

HID presented information regarding the concurrent use of benzodiazepines and other anxiolytics based on the claims from second quarter. There were 32 recipients who hit on that criteria, and their physicians received a letter regarding the concurrent use of these medications. For three recipients, the concurrent therapies were prescribed by different physicians. In addition, 7 of the 32 recipients were prescribed an opioid. In order to alert physicians to possible duplication of therapy, a Board member requested that letters be mailed to the 32 recipient physicians, with the exception for anyone receiving rozerem treatment, as it would be considered appropriate therapy.

HID reviewed EpiPen utilization over the second quarter. Seventy-nine recipients had claims. Only six recipients received two prescriptions during this timeframe and one received three prescriptions. The Board anticipated a higher number of claims during the third quarter due to the new school year and requested this report for the next meeting.

HID reviewed active criteria for diabetes medication adherence and suggested additional criteria be activated. Nonadherence is defined as a patient with a current claim who has 75 days or less therapy in the current 90-day review period. The Board elected to activate the additional criteria for analysis.

HID presented analysis of antipsychotic use and trauma diagnosis. Over the second quarter, 714 recipients were taking an antipsychotic. Fifty-four recipients had a qualifying trauma diagnosis, and 18 of those had an FDA-labeled indication. One Board member questioned the analysis for those recipients with a post-traumatic stress disorder (PTSD) diagnosis and comorbid substance abuse history as appropriate therapy. The Board requested another analysis be done for ICD-10 diagnosis code of PTSD and concurrent antipsychotic use. In this group, the Board also requested analysis of benzodiazepine use for comparison.

HID presented a slide showing the utilization of antipsychotics under the indicated age during the first quarter of 2016. The qualifying recipients has been consistent since first quarter 2014.

The Board reviewed a slide that presented the top 30 medications by utilization during the first quarter of 2016. One Board member requested analysis of recipients receiving trazodone at less than or equal to 100 mg total daily dose. Also, the Board member requested the top 30 medications by total expenditures be presented at next meeting. A member of the Pharmacy and Therapeutics Committee requested that ophthalmologists receive a letter notifying them of changes in preferred agents.

The next Board meeting is December 13, 2016.

The meeting adjourned at 11:35 a.m.