Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, September 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 10:35 a.m., and the minutes of the June 2017 meeting were requested to be sent to the members to be approved via email once they were received.

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, 21 recipients were identified. Letters were sent on August 20th and no responses were received so far. The Board requested to repeat this intervention during the next quarter. HID would follow-up in December.

For the letter addressing the concurrent use of benzodiazepines and opiates, 7 recipients were identified and reviewed, and 4 cases were created. Letters were sent during the June RDUR cycle and responses to the intervention were reviewed. The Board requested to know if malignancy was negating for the therapeutic duplication criteria and requested follow-up during the December meeting. The Board mentioned that the Department of Health created a best practices document for monitoring adverse events associated with concurrent benzodiazepine and opioid use and requested this document be included in the intervention packets to prescribers going forward. DXC stated they would send this document to HID to include in future mailings. The Board requested to repeat this intervention during the next quarter and to report on recipient diagnoses as well. HID would follow-up in December.

HID presented a slide showing the utilization of antipsychotics (non-mailer) under the indicated age during 2nd quarter 2017. The qualifying recipients decreased from previous quarter from 21 to 20. The Board requested to continue this query going forward focusing on the prescribers who are prescribing these medications. HID would follow-up in December.

For the letter addressing duplicate atypical antipsychotics in the pediatric and adult populations, 103 recipients were identified, 61 recipients were dismissed due to same drug, different strength, same prescriber, and 42 recipient's prescribers received intervention letters. The Board stated it would be interesting to benchmark the FFS data against the state's MCOs. The Board requested to continue this

intervention during next quarter but only targeting recipients receiving triple therapy. The Board requested that specific information regarding medications utilized and length of use (continuous or prn use) be reported as well. HID would follow-up in December.

Outside of the 4 requested specialty mailing requests, HID presented information regarding 8 additional follow-up items ; codeine and tramadol utilization in the pediatric population, criteria request for tramadol, compounded vancomycin utilization, fluoroquinolone utilization, atypical antipsychotic utilization, Marinol utilization, concurrent opiate and naloxone utilization, and concurrent opiate and methadone maintenance.

During 2nd quarter, 15 pediatric recipients received 17 prescriptions for either codeine or tramadol. HID listed actions that other states are taking to address pediatric use of codeine and tramadol and mentioned that while there is pediatric utilization in RI of these medications, there were no patients under the age of 12 who received a prescription during 2nd quarter. HID presented another state's data to benchmark against RI's data. The Board requested to know the total pediatric FFS population for the other state. HID presented that information. The Board requested to include total pediatric recipients enrolled in the table during the next quarter and to repeat the query during next quarter. HID would follow-up in December.

During the June meeting, the Board request to know if HID had specific criteria for the interaction between tramadol and fluoxetine. HID followed-up with specific criteria for the tramadol and fluoxetine interaction mediated by fluoxetine's 2D6 inhibition. The Board requested to know if HID had criteria for the interaction between tramadol and the TCA's. HID would follow-up in December.

During 2nd quarter, 1 recipient received 2 prescriptions for the injectable formulation of vancomycin. HID stated that feedback from other states using injectable vancomycin compounded into oral form for the more cost effective treatment of Clostridium difficile infections is lacking. HID presented another state's data to benchmark against RI's data with the caveat that it is difficult to tease out recipients who may be receiving the medication in compounded form versus true injectable form without manually reviewing pharmacy and diagnosis claims history. The Board determined that while oral formulations of vancomycin are expensive and use of injectable compounded form is more cost effective, this issue is a problem but not something the Board wants to review each quarter. It was suggested to present this topic as a CME in the future for RI pharmacists.

During 2nd quarter, 104 recipients received 122 prescriptions for fluoroquinolones. HID stated that feedback from other states is lacking but most have RDUR criteria addressing the use of these agents and associated warnings, specific to the FDA release in May 2017. HID presented another state's data to benchmark against RI's data. The Board requested to know specifics regarding how HID's fluoroquinolone criteria is built and to repeat the query during the next meeting. HID would follow-up in December.

During 2nd quarter, 537 recipient received 1,519 prescriptions for atypical antipsychotics. HID listed actions that other states are taking to address the use of these agents. HID presented another state's data to benchmark against RI's data. The Board determined that general utilization of atypical antipsychotics did not need to be tracked for next quarter but more specific query indicator or parameters were more useful when reviewing this class of medications, such as therapeutic duplication of agents, or use under the indicated age.

During 2nd quarter, 5 recipient received 7 prescriptions for Marinol. HID listed specific diagnoses that were found when reviewing the recipient's profiles and also noted prescriber specialty. The Board determined that utilization of Marinol is not an issue for the FFS population at this time and utilization information did not need to be tracked for next quarter.

During 2nd quarter, 469 recipients received opioid prescriptions and 11 recipients received naloxone prescriptions. 2 recipients were found to be receiving prescriptions for both an opioid and naloxone. The Board discussed naloxone access in detail commenting on issues such as; under prescribing of the medication, requirements to report naloxone prescriptions, collaborative practice agreements between prescribers and pharmacists within the state, and other avenue to obtaining naloxone. The Board determined that while underutilization of naloxone is an issue, utilization information did not need to be tracked for next quarter. DXC and the Board agreed this information would be referred out.

During 2nd quarter, 469 recipients received opioid prescriptions and 2 of those recipients received both an opioid and a procedure code indicating methadone administration. HID discussed the recipients' specifics including: opioids received, diagnosis history, and daily MME. The Board questioned if procedure code data is lagging compared to POS data. DXC stated that procedure code data is not received on a consistent cycle and therefore some recipients who have a CPT code for methadone administration could have be missed due to a lack of available data. The Board determined that concurrent use of opiates and methadone maintenance is not an issue for the FFS population at this time and utilization information did not need to be tracked for next quarter. DXC and the Board agreed this information would be referred out.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented the ADURS topics for 2nd Quarter 2017. Concurrent GLP-1 Agonists with Insulin, and concurrent use of stimulants and opioids was reviewed.

During 2nd quarter, 9 recipients received 18 prescriptions for GLP-1 Agonists and 152 recipients received 372 prescriptions for insulin. 5 recipients were found to be receiving prescriptions for both medications. The Board questioned whether short acting or long acting insulins were used in the 5 recipients receiving concurrent therapy. HID stated that in most cases it was long acting insulin. The Board requested to know if step therapy existed for GLP-1 Agonists. DXC stated that step therapy is in place for that class and requires the recipient to have tried metformin. The Board determined that concurrent use of GLP-1 Agonists and Insulin is not an issue for the FFS population at this time and utilization information did not need to be tracked for next quarter.

During 2nd quarter, 469 recipients received prescriptions for opiates and 344 recipients received prescriptions for stimulants. 5 recipients were found to be receiving prescriptions for both medications. HID stated that in all cases, the prescribers of each product were different prescribers. DXC requested that HID send a list of those 5 recipients to DXC for further review and determination of specific practice sites. The Board requested to know if HID had criteria addressing the concurrent use of stimulants and opioids. The Board also requested to send letters in the event the recipients are in fact found to be using different prescribers from different practices. In addition, the Board requested to repeat this query during the next DUR meeting. HID would follow-up in December.

Top 25 Medications – 2nd Quarter

The Board reviewed a slide that presented the top 10 medications by utilization during 2nd Quarter 2017, the top 25 medications were included as a handout to the Board members. The Board requested additional information regarding lamotrigine utilization: supporting diagnoses for use, occurrence of skin

legions associated with use, and was there discontinuation of therapy and re-initiation (and at what dose). HID would follow-up in December.

Top 50 Prescribers of Controlled Substances – 2nd Quarter

The Board reviewed a slide that presented the top 10 prescribers of controlled substances for 2nd QTR 2017, the top 50 prescribers were included as a handout to the Board members. The Board information that the Board requested to mask during the last meeting was removed and the provider specialty was included. It was noted that most prescribers on the list were pediatric and psychiatry specialty. The Board requested to note the specific AHFS class the report is using at the top of the table. The Board also requested to rank the list by prescriber use rate, and to include columns for total quantities prescribed, and total unique recipients of the prescriptions. HID would follow-up in December.

Opioid Utilization Report – 2nd Quarter

The Board reviewed slides that presented long and short acting opioid utilization during 2nd QTR 2017 and overall number of claims compared to the number of claims for short acting and long acting agents. The Board questioned whether DXC has received any push back from prescribers with the change in the long acting edit that went into effect in July. DXC stated that there has been very little push back. The Board commented that prescribers are happy to follow the new common practice for prescribing opioids. The shift in prescribing guidelines, common practice, and POS edits give prescribers the support they need to rationalize utilization with their patients.

New Business

The Board requested the following queries for the FFS population for the next DUR meeting: cholesterol lowering medication utilization in Alzheimer's patients, benign prostatic hyperplasia medication utilization in patients with metastatic prostate cancer, and adherence/utilization of buprenorphine. HID would follow-up in December.

Meeting Confirmation and Adjournment

The next DUR Board meeting was confirmed as December 12th, 2017. The 2018 meetings were confirmed as: April 10th, 2018, June 5th, 2018, September 11th, 2018, and December 11th, 2018. The meeting adjourned at 12:06 p.m.