Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, September 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) Jerry Fingerut, MD (Conduent) 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 10:32 a.m. The minutes of the June meeting were approved with the following change; change "high volume prescribers" to "top prescribers" on the 4th page, 2nd paragraph. The Board also requested to define the report as the top prescribers (defined by the total quantity of medication dispensed) going forward. The Board requested to know if the number of new recipients of the top prescribers could be reported during the next meeting. HID would follow up. The Board requested to follow the topic of split filling schedule II prescriptions and mentioned how different requirements from different plans can cause confusion to providers in the state since there is a lack of consistency. The Board then approved the minutes from the June 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, 68 recipients were identified during 1st quarter. Letters were sent on April 26th and a total of 14 responses received were reviewed with the Board. Benchmarking against another state was also presented. The Board reviewed the alert message sent in the letter for this mailing as well. The Board commented that while the alert message is general it is an appropriate message to send to providers in the state. The Board requested to repeat this mailer for 3rd quarter and report back during the December meeting. The Board also requested to review criteria for atypical antipsychotic utilization in the pediatric population and the risk for metabolic syndrome. HID would follow-up in December.

For the letter addressing the concurrent use of benzodiazepines and opiates, 13 recipients were identified and reviewed, and 13 cases were created. Letters were sent during the June, July, and August 2018 RDUR cycles and 2 responses have been received so far. The Board requested to continue this targeted intervention going forward. The Board requested to know the specific parameters of how the criteria was built and to report on the length of treatment with the benzodiazepines for each recipient targeted during the next meeting. HID would follow up in December.

For the letter addressing the utilization of antipsychotics under the indicated age during 2nd quarter 2018, 9 recipients were identified. HID presented more specific information regarding the 9 recipients identified, including age, medication prescribed, and diagnosis or suspected diagnosis for use. The

Board requested to continue tracking this issue going forward including benchmarking against another state. HID and would follow-up in December.

For the letter addressing triple antipsychotics, 33 recipients were identified, 25 recipients were dismissed due to same drug, different strength, and same prescriber, and 8 recipient's prescribers received intervention letters. The Board requested to continue this monthly intervention going forward. HID would follow-up in December.

Outside of the 4 requested specialty mailing requests, HID presented information regarding 6 additional follow-up items; buprenorphine used concurrently with benzodiazepines and atypical antipsychotics, 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, opioid utilization in the pediatric population, recipients receiving > 90 MME per day, and naloxone utilization.

During the June meeting, the Board request to know how many recipients were receiving concurrent buprenorphine, benzodiazepines, and atypical antipsychotics. HID followed-up and reported that 3 recipients were found to receiving all 3 classes of medications during 1st quarter2018 and 2 recipients were found to be receiving all 3 classes of medications during 2nd quarter 2018. Additionally, there were also 14 recipients found to be receiving buprenorphine concurrently with benzodiazepines during 2nd quarter. The Board requested to look at concurrent buprenorphine with a benzodiazepine for 3rd quarter, determine chronic versus shirt duration use of the benzodiazepine for each recipient identified, and also to benchmark against another state. HID would follow-up in December.

During the April and then the June meeting, the Board request to know the number of recipients who were found to utilize, persist on and disengage from buprenorphine treatment from June 1st – December 1st 2017. HID reported that 283 recipients were found to have received at least 1 buprenorphine prescription from 6/1/2017 through 12/31/2017 and 242 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 stated 100% of the recipients who "disengaged" from buprenorphine treatment moved to another healthcare plan. The Board requested to know, of those recipients, how many enrolled back into FFS and continued on buprenorphine. DXC stated this would be hard to measure. The Board suggested to check with the other plans, possibly provide them a list of recipient IDs to determine if those recipients who left FFS continued on buprenorphine through their new plan. The Board expressed concern that there could be disruption of treatment in an already hard to treat population due to changing healthcare plans. DXC requested that HID rerun the query for the first 6 months of 2018 and to add additional parameters to the search query to show the last date of service of the buprenorphine prescription, prescription number, and prescriber NPI. DXC requested HID provide that report to DXC and DXC would determine what occurred with each recipient. DXC would follow up in December.

During the June meeting, the Board request to know the number of women of child bearing potential enrolled in FFS during 2nd quarter 2018. HID 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. Based on these results, the Board requested to know the number of women who gave birth during 2nd quarter 2018. DXC would follow-up in December, looking at 2nd quarter data.

During the June meeting, the Board requested to look at opioid utilization in the pediatric population during 1st and 2nd quarter 2018, specifically looking at methadone, morphine, and oxycodone prescriptions. HID stated there were 15 pediatric recipients during 1st quarter who received 21 prescriptions for methadone, morphine, or oxycodone. The breakdown of the specific medications was reviewed with the Board. HID stated there were 14 pediatric recipients during 2nd quarter who received 19 prescriptions for methadone, morphine, or oxycodone. The breakdown of the specific medications was reviewed with the Board. Only 3 recipients overlapped from quarter to quarter. The Board determined this was not an issue for the FFS (fee for service) population at this time.

During the June meeting, the Board requested to review the number of recipients receiving > 90 MME per day during 2nd quarter 2018. HID reported that 19 recipients received > 90 MME per day during 2nd quarter and reviewed specific information with the Board, including prescription types received and prescriber specialties who prescribed medications to these recipients. The Board requested to have DXC review the single prescription recipients to find out why they only received 1 prescription due to the level of MME/day the Board thought tapering would be required and found it concerning some recipients only received 1 prescription during this time frame. HID would send DXC the list of recipients for further evaluation. DXC would report back during the December meeting. The Board requested to send a specialty mailer to any prescriber who prescribed OxyContin® educating them that OxyContin® is not on the PDL. The request was to perform the mailer with a month look back into pharmacy claims. HID would follow up during the December meeting.

During the June meeting, the Board requested to review the number of recipients receiving naloxone prescriptions during 2nd quarter. HID reported that 22 recipients received 22 prescriptions for naloxone during 2nd quarter. The Board commented that this number should be higher since legislation was passed stating that every opioid prescription be accompanied by a naloxone prescription. The Board requested this query to be repeated for the April 2019 meeting. HID would follow up during the April 2019 meeting.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented the ADURS topics for 2nd Quarter 2018. Testosterone product coverage rules, use of multiple antipsychotics in children and adults, cumulative MME edits, and physician administered drugs were the topics reviewed.

HID stated that a question was posed to determine what restrictions states have for testosterone products through the ADURS list serve. States responded that gender edits and specific diagnosis limitations were put in place to ensure the products were used appropriately. HID reported that during 2nd quarter 2018, 19 unique recipients filled 41 prescriptions for testosterone products under FFS. DXC stated there is not an existing prior authorization (PA) for testosterone products, however, diagnosis data can lag behind prescription claims data. The Board requested to rerun the testosterone utilization query for 3rd quarter 2018, include age breakdown of recipients, and to benchmark against another state. HID would follow up in December.

HID stated that a question was posed to determine if states are reviewing use of multiple antipsychotics in children and adults. HID stated that Rhode Island reviews this criteria monthly and is a standing item on the quarterly DUR meeting agenda for the Board to discuss and review.

With regard to cumulative MME edits, a question was posed through the ADURS list serve to determine how states are setting their limits. Those states who responded, MME edits ranged from 30 MME – 180 MME. Some states reported that a plan was in place to decrease the MME limit incrementally to eventually obtain their target lowest MME for their programs.

With regard to physician administered drugs (PAD), questions were posed around who handles the PA requests for PAD (pharmacy or medical program), who creates the PA criteria, and if the pharmacy and medical programs are unified or separate entities. HID reported on how states responded to these questions.

Top 10 Medications by Utilization & Cost
The Board reviewed slides that presented the top 10 medications by utilization and by cost during 2nd Quarter 2018.

Top Prescribers of Controlled Substances
The Board reviewed a slide that presented the top prescribers of controlled substances for 2nd QTR 2018. HID would continue to report this information quarterly.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 2nd 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. The Board requested to benchmark against another state for the December meeting. HID would follow up in December.

Meeting Confirmation and Adjournment
The next DUR Board meeting was confirmed as December 11th, 2018. The 2019 meetings were confirmed as: April 9th, June 4th, September 10th, and December 17th. The meeting adjourned at 12:15 p.m.