Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, September 10, 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)

The meeting began at 10:35 a.m. The minutes of the June meeting were approved with the following changes; 1st page, last paragraph – change "4th quarter 2018" to "1st quarter 2019." 2nd page, 5th paragraph – change "was dispensing by a pharmacy" to "dispensed by a pharmacy." 4th page, 3rd paragraph – remove "4th quarter 2018" and change to "recent ADURS topics." 4th page, 6th paragraph – change "top prescribers of controlled substances" to "high volume prescribers of opioids." The Board then approved the minutes from the June 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, 88 recipients were identified during 2nd 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 0.13% of the RI population and 0.6% of the benchmarked state's population were found to be receiving concurrent stimulants and antipsychotics during 2nd quarter 2019. NHPRI stated 68 recipients in their population were found to be receiving concurrent therapy with stimulants and antipsychotics. The Board requested to repeat the mailer for 3rd quarter 2019 and to add a column to the table showing the total number of recipients enrolled in FFS. HID would follow up in December.

For the letter addressing the concurrent use of benzodiazepines and opiates, 15 recipients were identified and reviewed, and 15 cases were created. 2 responses have been received so far. NHPRI reported they identified 280 members who received concurrent therapy with benzodiazepines and opioids and reported that there were 78 recipients received concurrent therapy with a benzodiazepine, opioid, and muscle relaxer during the 2nd quarter with 205 different patient/prescriber combinations. The Board commented that concurrent opioid and benzodiazepine utilization is not explicitly contraindicated but questioned whether the prescribers of patients who received medications from two different prescribers checked the Prescription Drug Monitoring Program (PDMP) prior to prescribing. DXC stated it was not possible to determine if those prescribers checked the PDMP. The Board requested to continue the concurrent opioid and benzodiazepine 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. The Board requested to add the following negating factors to the criteria for review: hospice, palliative care, cancer, sickle cell disease, and is possible the use of liquid morphine and liquid lorazepam. HID would follow up in December.

Utilization of atypical antipsychotics under the indicated age during 2nd quarter 2019 was presented to the Board, 13 recipients were identified. NHPRI reported that 25 total recipients were receiving atypical antipsychotics under the indicated age and 8 recipients did not have an FDA approved indication. The Board requested to continue tracking this issue going forward. HID would follow-up in December.

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), 42 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 know the number of recipients who were targeted by this intervention who were also prescribed a statin. HID stated 21 recipients were found to be receiving a statin. HID also reported that the denominators for overall atypical antipsychotic use during the 3 months reviewed was 637 unique recipients who filled a prescription for an atypical antipsychotic. The Board discussed whether different atypicals within the class have a higher incidence of causing metabolic syndrome and if the medications are used to treat affective disorder, they can cause a higher rate of tardive dyskinesia. The alert message for the atypical antipsychotic and metabolic syndrome criterion was shared with the Board. The Board requested to reword the criterion to focus on the risk of metabolic syndrome versus monitoring and treatment once it occurs. HID would review the modification with DXC in the following weeks. The Board requested to identify any prescribing patterns associated and to determine if there was an option to filter out recipients who were identified by procedure codes to be monitoring their A1c levels. The Board requested to hold the mailer until results were shared during the December meeting. HID would follow-up in December.

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 had been received by the June meeting. The Board requested to follow up with any responses receiving during the September meeting and none were received by the September meeting. The Board requested to know if the recipients identified were still receiving glyburide and to share the information with DXC. HID would follow up with DXC. The Board determined this was not an issue.

For the intervention addressing recipients receiving > 100 MME (Morphine Milligram Equivalent) daily examined during the June and July 2019 DUR cycles, 7 recipients were identified, and 7 cases were created. No responses have been received so far. The Board requested to repeat the mailer but change the MME value to > 90 in order to coincide with the CDC recommendation and point of sale edit for FFS. HID would follow-up in December.

Outside of the requested specialty mailing requests, HID presented information regarding 6 additional follow-up items; concurrent use of buprenorphine and benzodiazepines, naloxone utilization, PPI utilization, psoriasis biologic agent utilization, methadone maintenance, and benzonatate utilization.

For the follow-up item addressing concurrent use of buprenorphine and benzodiazepines, criterion was created and turned on for the May 2019 RDUR cycle. HID did not send any intervention letters due to the DXC request to only target prescribers of the buprenorphine products as to maintain privacy regarding medication assisted treatment. The Board opted to discontinue the criterion but requested HID to report on specifics of patients identified in a single month. HID followed-up with information regarding 4 unique recipients identified during the month of June 2019 stating that all 4 recipients

received both medications from the same prescribers. The Board determine this was not an issue and letters were not warranted at this time. The Board requested HID to report back to DXC regarding the recipient receiving alprazolam as this benzodiazepine carries a higher risk of overdose when used concurrently with opioids. HID would follow up with DXC.

During the June meeting, the Board requested to continue reviewing naloxone utilization. HID reported that 41 prescriptions were filled during 1st quarter 2019 and 63 prescriptions were filled during 2nd quarter. NHPRI reported 769 paid claims for naloxone during 2nd quarter. The Board requested to continue utilization review for the December meeting. HID would follow up.

During the June meeting, the Board requested to review utilization of the proton pump inhibitors (PPIs) and to create a general criterion to evaluate the RI FFS Medicaid population, reviewing chronic use. HID stated that during 2nd quarter 579 unique recipients received a PPI and 132 recipients received ≥ 90 days' supply. Additionally, 1,490 unique recipients filled a prescription for a PPI within the previous year and 50 of those recipients received ≥ 365 days' supply. NHPRI reported that 7,823 recipients received ≥ 90 days' supply of a PPI during 2nd quarter and 364 recipients received a PPI, non-steroidal anti-inflammatory drug (NSAID), and an angiotensin converting enzyme (ACE) inhibitor concurrently. The Board recommended that HID send a targeted mailer to prescribers of recipients who received ≥ 365 days' supply of a PPI without approving the criterion targeting ≥ 90 days' supply. HID would follow up during the December meeting.

During the June meeting, the Board requested to review psoriasis agent utilization during 2nd quarter 2019. HID stated overall utilization for biologics indicated for plaque psoriasis was 10 unique recipients with 1 recipient was found to have a diagnosis of plaque psoriasis. The Board requested to include a larger table to track utilization of all biologic agents for the following meeting, including FDA approved diagnoses and utilization of each product. HID would follow up during the December meeting.

During the June meeting, the Board requested to review recipients receiving methadone maintenance and concurrent prescription opioids during 2nd quarter 2019. HID stated that 4 recipients were found to meet that criteria. HID reviewed a letter template and the Board requested to send the letter to methadone clinics only, excluding a response form to the clinics. The Board also requested to report on 3rd quarter findings and include recipient and prescriber specifics. HID would follow up during the December meeting.

During the June meeting, the Board requested HID to report on the number of recipients receiving ≥ 14 days supply of benzonatate during 1st quarter 2019. HID stated that 70 unique recipients received ≥ 14 days' supply of benzonatate during 1st quarter. Additionally, there was no utilization of benzonatate in children < 10 years of age. DXC commented that the increase in benzonatate prescriptions during 1st quarter might be due to wrap benefits for Medicare Part D recipients as Part D excludes cough and cold products. The Board determine this was not an issue.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: the SUPPORT Act (HR-6), Exondys 51, and the ADURS MME survey.

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 2nd quarter 2019.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 2nd quarter 2019. The Board requested to know specific details of each prescriber for the December meeting which included: recipients, drug name/strength, quantity and days' supply, and dispensing pharmacy. HID would follow up during the December meeting.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 2nd quarter 2019 and overall number of claims compared to the number of claims for short acting and long acting agents. The Board requested to know opioid utilization by year going back 5 years. HID would continue to report opioid utilization information quarterly and include the annual information during the December meeting. HID would follow up.

New Business
The Board requested the following topics to be reported on during the December meeting; tramadol and tramadol/acetaminophen utilization, androgenic medication utilization, and stimulant medication utilization (including daily dose and quantities). HID would follow-up in December.

Meeting Confirmation and Adjournment
The remaining 2019 DUR meeting was confirmed as: December 17th. The meeting adjourned at 12:13 p.m.