RI Executive Office of Health and Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, April 13, 2021
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 (Gainwell Technologies) Ann Bennett, MHSA (Gainwell Technologies) Heather Kissinger, PharmD (HID)

The meeting began at 10:44 a.m. The minutes of the December meeting were approved as written.

DUR Topics for Follow-Up
The Board reviewed Prescribing Patterns after provider education mailings.

For the letter addressing the concurrent use of benzodiazepines and opiates, 11 recipients were identified and reviewed, and 11 cases were created during 4th quarter 2020. 1 response has been received so far. Denominators included 340 recipients receiving benzodiazepines and 166 recipients receiving opioid prescriptions. The Board requested to continue the concurrent opioid and benzodiazepine targeted intervention going forward and to include benchmarking against another state. HID would follow up in June.

Utilization of atypical antipsychotics under the indicated age during 4th quarter 2020 was presented to the Board, 4 recipients were identified during 4th quarter. The Board requested to continue tracking this issue going forward and to include benchmarking against another state. HID would follow-up in June.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 2 recipients were identified, and 2 cases were created during 4th quarter 2020. 1 response has been received so far and the denominator was 166 unique recipients received an opioid. Additionally, HID reported as follow-up that 19 recipients were identified, and 19 cases were created during the entire year lookback with 5 total responses received. The Board requested to continue tracking this issue going forward and include denominators for unique recipients receiving an opioid during 2020. HID would follow-up in June.

For the intervention addressing stimulant exceeds max dose, 15 unique recipients were identified, and 15 cases were created during 4th quarter 2020. 1 response has been received so far and the denominator was 418 unique recipients received a stimulant. Per follow-up, HID reported a breakdown of all recipients who were identified by the stimulant max dose criteria for 4th quarter data, including age, medication and dose received. The Board requested HID to repeat the mailer for 1st quarter 2021, continue reporting on recipient specifics and take a closer look at recipients ≥ 40 years of age receiving stimulants exceeding the max dose with a history or risk of cardiovascular disease. HID would follow-up in June. The Board requested that HID benchmark against another state. HID would report benchmarking if the same max dose criteria were active for another state's DUR program. The Board

requested to know if NHPRI was looking at stimulant utilization exceeding the recommended max dose. NHPRI responded that there were previous quantity limits on this class of medications but due to COVID any additional reviews has been put on hold.

For the request to review atypical antipsychotic use in recipients less than 18 years of age with concurrent sedative hypnotics/anxiolytics, HID reported that no recipients have been identified since the criteria was activated. The Board determined this was not an issue for the FFS population, however, requested this information be reported in the FFY 2021 report, specifically in the Innovative Practices narrative. HID would include the requested information.

For the request to review opioid induced constipation (OIC) agent utilization, HID reviewed 4 new criteria. 4 recipients were identified, and 4 cases were created for patients receiving amitiza without a concurrent opioid or any supporting diagnosis during 4th quarter. 2 responses have been received so far. The Board determined this was not an issue for the FFS population.

For the request to review patients receiving an opioid with no naloxone, HID reported that criteria was previously approved to identify 1) recipients receiving chronic opioid therapy, with a history of opioid or benzodiazepine poisoning, with no recent naloxone prescription on file and 2) recipients receiving chronic opioid therapy with no recent naloxone on file. 29 recipients and 29 cases were created for the second criteria with 4 responses received during 4th quarter 2020. The Board requested to continue the mailer for 1st quarter 2021, using the second criteria only. HID would follow-up in June.

Outside of the requested specialty mailing requests, HID presented information regarding 4 additional follow-up items; naloxone utilization, tramadol utilization, HIV medication utilization, and movement disorder/tardive dyskinesia medication utilization.

For the follow-up item addressing naloxone utilization, HID reported that 33 prescriptions were filled for 31 unique recipients during 4th quarter 2020. The Board requested HID to continue utilization review. HID would follow up in June.

For the follow-up item addressing tramadol utilization, HID reported that 24 unique recipients received 58 total prescriptions for tramadol products during 4th quarter 2020. Per follow-up from the previous meeting, HID reported on tramadol use in the pediatric population and in patients with seizure disorder. 2 unique recipients were reported to be receiving tramadol with a history of seizure disorder during the March 2021 DUR cycle. Several other tramadol specific criteria were reviewed, and the Board requested to begin review of these criteria for intervention on a monthly basis. HID would follow-up in June.

For the follow-up item addressing HIV medication utilization, the Board previously requested HID to follow-up regarding the single recipient receiving single agent antiretroviral treatment. HID reported that the recipient was covered under FFS from April – October 2020, filled 2 prescriptions only for tenofovir, and did not receive any other medications, diagnoses, or procedures. A DUR intervention letter was mailed to the tenofovir prescriber indicating that single agent NRTI drug regimens are not appropriate for the treatment of HIV. No responses has been received. The Board determined this was not an issue for our population.

For the follow-up item addressing the newer movement disorder/tardive dyskinesia medication utilization, HID reported that 4 unique recipients received Ingrezza during 4th quarter 2020. Recipient specifics were shared with the Board, including dose of Ingrezza, any concurrent antipsychotics received, and relevant diagnoses. The Board requested to continue tracking utilization for 1st quarter 2021. HID would follow-up in June.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: the new "holy trinity," Imcivree, and the 10/1/2021 Federal requirement for prescribers enrolled in Medicaid to check the state PDMP prior to prescribing a controlled substance prescription.

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 4th quarter 2020.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 4th quarter 2020. HID additionally presented an in depth review of the top 6 prescribers based on the highest prescriber use rate. The Board determined the 6 prescribers with the highest prescriber use rates were not an issue, however, requested to continue tracking the high volume prescribers on a quarterly basis.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 4th quarter 2020. Overall number of claims compared to the number of claims for short acting and long acting agents was reviewed.

New Business
The Board requested utilization review of SGLT-2 and GLP-1 agent utilization and the breakdown of recipients using these medications for diabetes versus cardiovascular disease without diabetes, and chronic PPI agent utilization. HID would follow-up in June.

Meeting Confirmation and Adjournment
The remainder of the 2021 DUR meetings were confirmed as: June 8th, September 21st, and December 14th. The meeting adjourned at 11:37 a.m.