Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, December 15, 2020
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 10:35 a.m. The minutes of the June and September meeting were approved with minor grammatical changes.

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, 7 recipients were identified and reviewed, and 7 cases were created during 3rd quarter 2020. 2 responses have been received so far. Denominators included 449 recipients receiving benzodiazepines and 190 recipients receiving opioid prescriptions. The Board discussed adding information regarding the importance of naloxone into the concurrent therapy letter but decided against it due to a separate intervention letter HID presented addressing naloxone use in recipients at risk of opioid overdose. Gainwell Technologies (GT) discussed SUPPORT Act point of sale (POS) criteria (concurrent use of opioids and benzodiazepines/concurrent use of opioids and antipsychotics), stating that the POS edits during September and October 2020 claims review resulted in approximately a 40% override. The Board discussed overdose deaths and the impact the DUR interventions might have on decreasing the volume, citing that approximately 30% of opioid overdose deaths within 2020 were combined with a benzodiazepine, and approximately 80% were associated with fentanyl or carfentanil. NHPRI added that they recently reviewed concurrent use of opioids, benzodiazepines, and muscle relaxants. From 1st quarter to 3rd quarter 2020, the number of unique recipients identified remained constant, but the number of patient-prescriber combinations decreased by 50%. The Board discussed the impact that COVID could have had on the patient-prescriber combinations. The Board requested to continue the concurrent opioid and benzodiazepine targeted intervention going forward. HID would follow up in April.

Utilization of atypical antipsychotics under the indicated age during 3rd quarter 2020 was presented to the Board, 4 recipients were identified during 3rd quarter. The Board requested to continue tracking this issue going forward. HID would follow-up in April.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 2 recipients were identified, and 2 cases were created during 3rd quarter 2020. No responses have been

received so far and the denominator was 190 unique recipients received an opioid. The Board requested to perform a year end summary report and to repeat the mailer. HID would follow-up in April.

For the intervention addressing recipients receiving methadone maintenance with concurrent opioid prescriptions, 4 recipients were identified during 3rd quarter 2020. The Board discussed whether methadone maintenance for Medication Assisted Treatment (MAT) would be reported to the PMP. The Board determined the 4 patients receiving MAT with concurrent prescription opioids had valid diagnoses for use and agreed this was not an issue for the FFS population.

For the intervention addressing stimulant exceeds max dose, 18 unique recipients were identified, and 18 cases were created during 3rd quarter 2020. 5 responses have been received so far and the denominator was 427 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 3rd quarter data, including age and medication and dose received, highlighting specific patients who were receiving > 30 mg/day of Adderall XR. The Board requested HID to repeat the mailer for 4th quarter 2020. HID would follow-up in April.

For the request to review atypical antipsychotic use in recipients less than 18 years of age with concurrent sedative hypnotics/anxiolytics, HID recently reviewed new criteria with GT which was approved for use. During the November and December DUR cycles, no recipients were flagged by the criteria. HID plans to review criteria going forward and would follow-up in April. The Board suggested a summary during the April meeting to determine if this was an issue for the FFS population. HID would follow-up in April.

For the request to review opioid induced constipation (OIC) agent utilization, HID reviewed 4 new criteria. During the September cycle, 2 recipients were identified, and 2 cases were created for patients receiving amitiza without a concurrent opioid or any supporting diagnosis. No responses have been received so far. The Board requested HID to repeat the mailer. HID would follow-up in April.

Outside of the requested specialty mailing requests, HID presented information regarding 7 additional follow-up items; naloxone utilization, biologic agent utilization, tramadol utilization, glucagon compound utilization, HIV medication utilization, Hepatitis C medication utilization, and identification of patients at high risk of overdose with no naloxone.

For the follow-up item addressing naloxone utilization, HID reported that 44 prescriptions were filled for 43 unique recipients during 3rd quarter 2020. Neighborhood reported a decline in naloxone prescribing from 1st to 2nd quarter, with claims rebounding during 3rd quarter. The Board requested HID to continue utilization review. HID would follow up in April.

For the follow-up item addressing biologic agent utilization, HID presented 6 different classes of biologics, FDA approved indications, and utilization. The Board determined that appropriate use of biologic agents was not an issue for the FFS population and requested to discontinue quarterly tracking.

For the follow-up item addressing tramadol utilization, HID reported that 30 unique recipients received 65 total prescriptions for tramadol products during 3rd quarter 2020. Per follow-up from the previous meeting, HID reported that tramadol accounted for 15% of all opioid prescriptions during 3rd quarter. Per follow-up, HID presented RI tramadol RDUR criteria to use for review within the FFS program to curb tramadol prescribing. HID reported that out of the 9 RI tramadol criteria, only 1 patient was flagged during the previous month for review. The Board requested to continue tracking utilization the

following quarter and report on additional tramadol criteria options such as use in the pediatric population and in patients with seizure disorder. HID would follow-up in April.

For the follow-up item addressing glucagon compound utilization, HID reported that 5 unique recipients received 6 prescriptions for glucagon compound kits during 3rd quarter 2020. All 5 recipients had a diagnosis of diabetes as well as a concurrent insulin prescription. Per follow-up, HID reported that no other HID DUR programs are currently reviewing glucagon compound utilization. The Board agreed there was continuity of care and was not an issue for the FFS population.

For the follow-up item addressing HIV medication utilization, HID reported that 45 unique recipients received 99 prescriptions for antiretroviral agents during 3rd quarter 2020. Per follow-up, HID stated that the vast majority of patients filled a single agent triple regimen with only one patient filling a single drug regimen for tenofovir. The Board agreed that appropriate utilization was not an issue for the FFS population but requested HID to follow-up with GT regarding the patient receiving single agent antiretroviral treatment. HID would follow-up in April.

For the follow-up item addressing Hepatitis C medication utilization, HID reported that 1 unique recipient received 3 prescriptions for Mavyret during 3rd quarter 2020 totaling 12 weeks of treatment. The Board suggested this topic should be shared on the CMS year end summary report and agreed there was continuity of care and was not an issue for the FFS population.

For the follow-up item addressing identification of patients at high risk of overdose with no naloxone, HID reported that criteria was reviewed with GT and turned on for review during the December cycle. One month of data will be reported on during the April meeting. The Board requested the parameters of the criteria be sent via email and to track unique recipients and report during the next meeting. HID would follow-up in April.

NHPRI discussed a recent intervention looking at chronic NSAID utilization (> 60 days supply of NSAID in the previous 90 day period) in patients with heart failure or chronic kidney disease (stage 4 and 5). HID discussed previous interventions reviewing lack of ACEI/ARBs in patients with diabetes in chronic kidney disease but stated they had not looked at chronic NSAID use in these populations as a targeted intervention.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: vivitrol, injectable antipsychotics, and Evrysdi.

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 3rd quarter 2020.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 3rd quarter 2020. HID would review any outliers with GT during monthly status meetings.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 3rd 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 newer movement disorder/tardive dyskinesia medications during the April meeting. HID would follow-up.

Meeting Confirmation and Adjournment
The 2021 DUR meetings were confirmed as: April 13th, June 8th, September 21st, and December 14th. The meeting adjourned at 11:48 a.m.