Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, December 13, 2022
10:30 a.m.

DUR Board Members Attending	Jerry Fingerut (EOHHS) Mark Lorson, PharmD, BCACP, BCGP (NHPRI)
Others Attending	Ann Bennett, MHSA (Gainwell Technologies) Heather Kissinger, PharmD (Kepro)

The meeting began at 10:30 a.m. The minutes of the September meeting were approved with the following changes: page 2, paragraph 4, change "posy" to "post," page 4, last paragraph change "remaindering" to "remaining."

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, 1 recipient was identified and reviewed, and 1 case was created during 3rd quarter 2022 which represented 0.001% of the FFS population. 1 response has been received so far. Denominators included 265 recipients receiving benzodiazepines and 98 recipients receiving opioid prescriptions. Benchmarking against another state showed 0.5% of the population receiving concurrent therapy. The Board requested to continue tracking this issue going forward. Kepro would follow-up in April.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 2 recipients were identified and reviewed, and 2 cases were created during 3rd quarter 2022, accounting for 0.004% of the RI FFS population. The denominator was 98 unique recipients received an opioid during 3rd quarter. Benchmarking against another state showed approximately 0.1% of the population received > 90 MME daily during 3rd quarter. The Board requested to continue tracking this issue going forward. Kepro would follow-up in April.

For the intervention addressing stimulant exceeds max dose, 11 unique recipients were identified, and 11 cases were created during 3rd quarter 2022, representing 0.2% of the RI FFS population. No responses have been received so far, and the denominator was 388 unique recipients received a stimulant. Per follow-up, Kepro reported a breakdown of all recipients who were identified by the stimulant max dose criteria during 3rd quarter, including age, medication, dose received, and specifically recipients ≥ 40 years of age receiving stimulants exceeding the max dose with a history or risk of cardiovascular disease (CVD). No prescriber trends were identified during the targeted review and there were no recipients ≥ 40 years of age identified with a diagnosis of CVD. The Board requested to know if medications inferring CVD were considered when reviewing risk. Kepro stated that one patient > 40 years of age was receiving furosemide. Kepro reported that benchmarking against another state was not an option due to the same criteria not being active in other states. The Board requested to continue tracking this intervention. Kepro would follow-up in April.

For the request to review patients receiving an opioid with no naloxone, 4 recipients and 4 cases were created with no responses received during 3rd quarter 2022. The denominator for opioid utilization was 98 unique recipients. The Board requested to continue the mailer for 4th quarter 2022. Kepro would follow-up in April.

For the request to review patients receiving the newer movement disorder/tardive dyskinesia (TD) medication without an appropriate diagnosis, Kepro reviewed RDUR criteria with Gainwell which was activated during November. There were no mailers performed during 3rd quarter, however, 1 patient was identified to be receiving Austedo without a supporting diagnosis. Kepro will report on 4th quarter cases and letters mailed during the April meeting.

Outside of the requested specialty mailing requests, Kepro presented information regarding 6 additional follow-up items: naloxone utilization, antipsychotic use under the indicated age, pharmacologic therapy for weight loss, post myocardial infarct (MI) medication recommendations, hepatitis C medication utilization, and condom coverage under the pharmacy benefit.

For the follow-up item addressing naloxone utilization, Kepro reported that 31 prescriptions were filled for 29 unique recipients during 3rd quarter 2022 accounting for 0.05% of the Medicaid population. Benchmarking against another state showed approximately 0.3% of the Medicaid population received a naloxone prescription during 3rd quarter. The Board requested to continue tracking. Kepro would follow-up in April.

Utilization of atypical antipsychotics under the indicated age during 3rd quarter 2022 was presented to the Board, 5 recipients were identified accounting for 0.04% of the RI FFS Medicaid pediatric population. Benchmarking against another state showed approximately 2% of the pediatric population received atypicals under the indicated age during 3rd quarter. The Board requested to know if any provider trends were identified. Kepro stated there were not. The Board requested to continue tracking this issue going forward. Kepro would follow-up in April.

For the follow-up item addressing the utilization of pharmacologic therapy for weight loss, the Board requested Kepro develop a RDUR mailer targeting prescribers of patients who are receiving weight loss medications without history of dietary counseling and surveillance. This class list included: Xenical (orlistat), Qsymia (phentermine/topiramate ER), Contrave (naltrexone/bupropion ER), Saxenda (liraglutide), Wegovy (semaglutide), and Imcivree (setmelanotide). Kepro presented the criteria to the Board for review and stated that 4 patients were identified during 3rd quarter, but no mailer was performed. The Board voted to table the criteria until the April meeting to determine if any changes to the prior authorization criteria have been made to require patients to have weight loss management/counseling during treatment with these medications. Additionally, the Board requested to continue tracking utilization. Kepro would follow-up in April.

For the follow-up item addressing the utilization of post myocardial infarction (MI)/heart failure (HF) medications, there were 1,505 unique recipients with a diagnosis of MI or HF within the previous 365 days. Of those 1,505 recipients, 202 recipients had a current drug claim within the past 30 days, indicating their primary insurance was FSS Medicaid. Of the 202 recipients with current drug claims and a diagnosis of MI/HF in the previous one year, 136 of those recipients were not receiving standard of care with a renin angiotensin aldosterone inhibitor (RAASi) therapy concurrent with beta blocker (β Blocker) therapy (bisoprolol, carvedilol, or metoprolol) during the previous 1 year of claims. The Board questioned whether the two diagnoses were separated into different queries. Kepro stated they were not. Neighborhood stated that their data showed 40% of MI patients were not receiving RAASi/β Blocker therapy in the previous year, and 30% of HF patients were not receiving RAASi/β Blocker therapy in the

previous year. Upon further investigation of the issue, neighborhood found that some cardiology offices prescribe standard of care therapies more so than other offices. The Board discussed options for intervention such as chart reviews or partnering with local health care centers. Neighborhood stated they had tried some of these interventions, however, prescribing patterns did not change. The Board requested to table this issue until the June meeting to review the data again. Kepro would follow-up in June.

For the follow-up item addressing the utilization of hepatitis C medications, there were 2 recipients identified who received Mavyret during 2nd quarter 2022. Recipient 1 received 2 cycles in June and July and recipient 2 received 1 cycle in May with coverage terminated in June. During the previous meeting, the Board requested to know if recipient 1 received a third dose of Mavyret and if patient 2 continued therapy with the MCO they were moved to. Kepro stated recipient 1 received only 2 doses of Mavyret which is standard of care, 8 weeks. Per follow-up with Gainwell regarding recipient 2, information regarding continuation of care through their MCO was not able to be obtained. The Board requested to table this issue until the June meeting to re-review utilization data. Kepro would follow-up in June.

For the follow-up item addressing condom coverage under the pharmacy benefit, Kepro stated that condoms are not covered under the Medicaid FFS pharmacy benefit and at this point there are no recommended changes to the OTC list. Additionally it was noted that MCOs can cover items that FFS does not. A query of other Kepro states showed 70% covered condoms under Medicaid, either through the pharmacy or medical benefit, and 30% of Kepro states did not provide coverage. The Board requested to stop tracking.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: anticonvulsant quantity limits.

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 2022.

High Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 3rd quarter 2022. The Board 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 3rd quarter 2022. Overall number of claims compared to the number of claims for short acting and long-acting agents was reviewed.

Meeting Confirmation and Adjournment
Pending in person meeting space availability and reservations, the 2023 DUR meetings were confirmed as: April 4th, June 6th, September 12th, and December 12th. The meeting adjourned at 11:03 a.m.