Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, September 12, 2023
10:30 a.m.

DUR Board Members Attending	Richard Wagner, MD (Brown) Steve Kogut, PhD, MBA, RPh (URI) Linda Rowe-Varone, PharmD, BCPP Matt Lefebvre, PharmD (NHPRI)
Others Attending	Ann Bennett, MHSA (Gainwell Technologies) Maryanne Guertin, RPh (Gainwell Technologies) Heather Kissinger, PharmD (Kepro)

The meeting began at 10:30 a.m. The minutes of the June meeting were approved with the following change: page 3, paragraph 1, change "standard of care" to "therapy."

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, 3 recipients were identified and reviewed, and 3 cases were created during 2nd quarter 2023 which represented 0.005% of the FFS population. 2 responses were received. Denominators included 289 recipients receiving benzodiazepines and 134 recipients receiving opioid prescriptions. Benchmarking against another state showed 0.5% of the population receiving concurrent therapy. During the June meeting, the Board requested to know the percentage of opioid overdose deaths associated with fentanyl and percentage of opioid overdoses associated with benzodiazepines. EOHHS would follow up in December. The Board requested to continue tracking this issue going forward. Kepro would follow-up in December.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, 1 recipient was identified during 2nd quarter 2023 and no responses received. The denominator was 134 unique recipients received an opioid during 2nd quarter. Benchmarking against another state showed approximately 0.1% of the population received > 90 MME daily during 2nd quarter. During the June meeting the Board requested to target patients receiving > 60 MME daily. Kepro stated the SUPPORT Act required DUR interventions match the limits set at point of sale (POS) for MME. Gainwell sets their MME limit to identify patients receiving > 90 MME, therefore, the retrospective limit matches the POS parameter. Kepro stated that this did not preclude the Board from approving a criterion targeting patients receiving > 60 MME daily. The Board requested to continue discussion of a more stringent MME criteria in December and continue tracking patients receiving > 90 MME going forward. Kepro would follow-up in December.

For the intervention addressing stimulant exceeds max dose, 8 unique recipients were identified, and 8 cases were created during 2nd quarter 2023, representing 0.014% of the RI FFS population. 5 responses have been received so far, and the denominator was 378 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 2nd 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 or medication inferring disease. 4 out of the 5 patients receiving amphetamine/dextroamphetamine were receiving brand name Adderall. The Board requested to continue tracking this intervention, report on prescriber specialties during the next meeting, and benchmark against another state. Kepro would follow-up in December.

For the request to review patients receiving an opioid with no naloxone, 11 recipients and 11 cases were created with no responses received during 2nd quarter 2023. The denominator for opioid utilization was 134 unique recipients. The Board discussed the opioid days' supply parameters for the current intervention and considered modifying the current criteria or creating a new criterion to identify patients who have opioid use disorder (OUD) and/or risk factors for overdose, who are not receiving naloxone. Additionally the Board discussed naloxone over the counter (OTC) and requested this medication to be added to the Medicaid approved OTC list. Additionally the Board commented that the RI Medicaid managed care organizations (MCOs) Neighborhood and Blue Cross Blue Sheild (BCBS) should cover OTC naloxone. Gainwell stated that there is a plan to meet with the state to update the OTC list. The Board requested to continue the current mailer for 3rd quarter 2023 and report on any patients identified by this mailer with a diagnosis of OUD. Kepro would follow-up in December.

For the request to review patients receiving the newer movement disorder/tardive dyskinesia (TD) medications without an appropriate diagnosis, 2 recipients were identified and 2 case created during 2nd quarter 2023, with a denominator of 2 patients total receiving these medications during the quarter. No responses were received. The Board stated that the intent of this intervention is to identify inappropriate use of these medications, especially in the primary care setting. The Board requested to continue the mailer for 3rd quarter 2023 and report on prescriber specialties. Kepro would follow-up in December.

Outside of the requested specialty mailing requests, Kepro presented information regarding 4 additional follow-up items: naloxone utilization, antipsychotic use under the indicated age, pharmacologic therapy for weight loss, and biosimilar medication list.

For the follow-up item addressing naloxone utilization, Kepro reported that 24 prescriptions were filled for 24 unique recipients during 2nd quarter 2023 accounting for 0.004% of the Medicaid population. Benchmarking against another state showed approximately 0.3% of the Medicaid population received a naloxone prescription during 2nd quarter. The Board requested to continue tracking. Kepro would follow-up in December.

Utilization of atypical antipsychotics under the indicated age during 2nd quarter 2023 was presented to the Board, 7 recipients were identified accounting for 0.05% 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 2nd quarter. The Board requested to continue tracking antipsychotic use under the indicated age going forward. Kepro would follow-up in December.

For the follow-up item addressing the utilization of pharmacologic therapy for weight loss, the Board requested Kepro develop RDUR criteria identifying 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). The Board requested to remove Qsymia from the drug list since this medication is not covered under the federal rebate program and no claims have been identified. The Board requested to remove the following from the last sentence in the alert message: "for overweight or obese adults." Kepro stated that Qsymia would be removed from the

drug list and the alert message would be modified as requested. Kepro stated that 7 patients were identified during 2nd quarter, but no mailer was performed, per Board request as current prior authorization criteria requires evidence of success with therapy. Neighborhood stated that they require chart notes indicating patients are on a weight loss plan prior to approving medication use. The Board requested benchmarking and denominators from neighborhood. The Board requested to table the criteria and continue tracking utilization. Neighborhood and Kepro would follow-up in December.

For the follow-up item addressing the biosimilar medications, Kepro presented the requested list of all cytokine and cell-adhesion molecule (CAM) biosimilars to the Board. Kepro stated there was no utilization for these medications during 2nd quarter. The Board requested to continue tracking. Kepro would follow-up in December.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: Vyjuvek, Rhofade, and Beyfortus.

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 2023.

Highest Volume Prescribers of Opioids
The Board reviewed a slide that presented high volume prescribers of opioids for 2nd quarter 2023. The Board requested to rename the report "Highest Volume Prescribers of Opioids" and continue tracking on a quarterly basis.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 2nd quarter 2023. The overall number of claims compared to the number of claims for short acting and long-acting agents was reviewed. Kepro reported rates of totals claims per beneficiary per quarter. The Board discussed impacts on coverage and Medicaid enrollment now that the COVID public health emergency has ended and requested to include a population overview slide at the beginning of the December meeting. Kepro would follow-up in December.

P&T Committee Requested Topics
Additional topics for review requested by the P&T committee for the December meeting included: botulinum toxin utilization. Kepro would follow-up in December.

Meeting Confirmation and Adjournment
Pending in-person meeting space availability and reservations, the remainder of the 2023 DUR meetings were confirmed as: December 12th. The meeting adjourned at 11:20 a.m.