Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, April 9, 2024
10:30 a.m.

DUR Board Members Attending	Jerry Fingerut (EOHHS) Richard Wagner, MD (Brown) Steve Kogut, PhD, MBA, RPh (URI) Linda Rowe-Varone, PharmD, BCPP Matt Lefebvre, PharmD (NHPRI)
Others Attending	Collette Onyejekwe, PharmD, RPh, MPH Karen Mariano, RPh (Gainwell Technologies) Ann Bennett, MHSA (Gainwell Technologies) Heather Kissinger, PharmD (Acentra Health)

The meeting began at 10:31 a.m. The minutes of the December meeting were approved as written.

The Board reviewed a new slide containing population overview information including number of enrolled patients, number of patients who filled a prescription, and average number of prescriptions per patient per quarter. Acentra Health reported the approximate Medicaid enrollment in Rhode Island. Gainwell commented that Medicaid is always the payor of last resort. FFS may not see the majority of claims that are paid by the primary payor and therefore not obtaining the entire clinical picture of each recipient. The Board requested to continue tracking FFS enrollment on a quarterly basis. Acentra Health would follow-up in June.

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 4th quarter 2023 which represented 0.005% of the FFS population. No responses were received. Denominators included 274 recipients receiving benzodiazepines and 124 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 shared an article shortly following the December meeting regarding overdose deaths. The Board requested to know if Acentra Health was following the CMS guidance for Core Set Measures, which included guidance on concurrent use of opioids and benzodiazepines as well as guidance on mental health medications. Acentra Health stated that all federal regulations pertaining to DUR (OBRA 90, SSA 1927, SUPPORT Act) are adhered to and reported to CMS via the annual DUR report. Acentra Health was not aware of the Core Set Measures being required by the state DUR programs and requested the Board to share them via email after the meeting. The Board requested to review utilization of long-term injectable antipsychotics during the next meeting, commenting that they are thought to lead to better adherence compared to their oral daily counterparts, however, this is not always the case. The Board requested to continue tracking this issue going forward. Acentra Health would follow-up in June.

For the intervention addressing recipients receiving > 90 MME (Morphine Milligram Equivalent) daily, no recipients were identified during 4th quarter 2023. The denominator was 124 unique recipients received an opioid during 4th quarter. Benchmarking against another state showed approximately 0.1% of the population received > 90 MME daily during 4th quarter. The Board requested to continue tracking patients receiving > 90 MME going forward. Acentra Health would follow-up in June.

For the intervention addressing stimulant exceeds max dose, 17 unique recipients were identified, and 17 cases were created during 4th quarter 2023, representing 0.03% of the RI FFS population. 6 responses have been received so far, and the denominator was 358 unique recipients received a stimulant. Per follow-up, Acentra Health reported a breakdown of all recipients who were identified by the stimulant max dose criteria during 4th quarter, including 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. During the previous meeting the Board requested to know the specialties of the prescribers of patients who were exceeding the max doses of stimulants during 4th quarter. Acentra Health presented that information to the Board. The Board requested Acentra Health to investigate the prescriber of patient 5 since the prescriber's primary taxonomy was listed as a student in an organized healthcare education/training program. Acentra Health reported that while the primary taxonomy listed for the prescriber in question was "student," a second taxonomy listed was pediatrician. The Board requested to begin tracking stimulant utilization by quarter and to continue tracking this intervention, report on prescriber specialties during the next meeting, and benchmark against another state. Acentra Health would follow-up in June.

For the request to review patients receiving an opioid with no naloxone, 9 recipients and 9 cases were created with no responses received during 4th quarter 2023. The denominator for opioid utilization was 124 unique recipients. During the previous meeting the Board requested to know if any of the patients identified by the mailer had a history of opioid use disorder. Acentra Health reported that no patients identified had a history of OUD, however, 1 patient had a diagnosis of poisoning. The Board requested to know if any of the 9 recipients intervened on were located in a long term care facility, since these locations have naloxone on site. Acentra Health stated that location was not reviewed for the recipients who were intervened on. Gainwell stated they would investigate the recipient locations with Acentra Health and report back in June. The Board requested to continue the current mailer for 1st quarter 2024. Acentra Health would follow-up in June.

For the request to review patients receiving the newer movement disorder/tardive dyskinesia (TD) medications without an appropriate diagnosis, no recipients were identified during 4th quarter 2023, with a denominator of 2 patients total receiving these medications during the quarter. The Board stated inappropriate utilization of these medications did not appear to be an issue for the RI FFS population and requested to stop tracking utilization.

Outside of the requested specialty mailing requests, Acentra Health presented information regarding 6 additional follow-up items: naloxone utilization, antipsychotic use under the indicated age, pharmacologic therapy for weight loss, biosimilar medication utilization, hepatitis C medication utilization, and heart failure medication recommendations.

For the follow-up item addressing naloxone utilization, Acentra Health reported that 41 prescriptions were filled for 39 unique recipients during 4th quarter 2023 accounting for 0.07% of the Medicaid population. Benchmarking against another state showed approximately 0.3% of the Medicaid population received a naloxone prescription during 4th quarter. The Board requested to continue tracking. Acentra Health would follow-up in June.

Utilization of atypical antipsychotics under the indicated age during 4th quarter 2023 was presented to the Board, 6 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 atypical antipsychotics under the indicated age during 4th quarter. The Board requested to change the column title reporting antipsychotic use under the indicated age from "Under labeled age" to "unique recipients." Acentra Health stated the change would be made for future meetings. The Board requested to continue tracking antipsychotic use under the indicated age going forward. Acentra Health would follow-up in June.

For the follow-up item addressing the utilization of pharmacologic therapy for weight loss, the Board requested Acentra Health develop RDUR criteria identifying prescribers of patients who are receiving weight loss medications without history of dietary counseling and surveillance. Acentra Health stated that 4 patients were identified during 4th quarter, but no mailing was performed, per Board request as current prior authorization criteria requires evidence of success with therapy. Gainwell and EOHHS commented that counseling has to be performed at the provider level. Neighborhood commented that provider chart notes are accepted as proof of counseling for their recipients to receive weight loss medications. The Board discussed the efficacy of the weight loss medications and risk of weight gain once the medications are discontinued. The Board commented that even 1-2 years on these medications does have a positive effect on health outcomes. The Board requested to table the criteria and continue tracking utilization. Acentra Health would follow-up in June.

For the follow-up item addressing the biosimilar medications, Acentra Health presented the requested list of all cytokine and cell-adhesion molecule (CAM) biosimilars to the Board. Acentra Health stated there was no utilization for these medications during 4th quarter. Acentra Health followed up with the request for additional information on the recent collaboration between CVS and Sandoz to create a biosimilar to Humira. The biosimilar is called Hyrimoz and was released during 1st quarter 2024. The Board requested to continue tracking biosimilar medication utilization. Acentra Health would follow-up in June.

For the follow-up item addressing the utilization of hepatitis C medications from 3rd quarter, the Board requested that Acentra Health and Gainwell determine if patients 1-3 went on to an MCO and received a 2nd round of therapy with Mavyret. Acentra Health reported that patients 1-3 did move to an MCO and received a 2nd round of Mavyret. Gainwell stated that retreatment for hepatitis C was a recent topic of interest on the ADURS listserv. EOHHS commented that identification of infection is an issue. The Board stated that adherence did not appear to be an issue for the RI FFS population and requested to stop tracking utilization.

For the follow-up item addressing heart failure (HF) medication recommendations mailer, Acentra Health reported that the query was built to identify patients with a diagnosis of systolic heart failure, then further identifying patients with a recent FFS Medicaid pharmacy claim within the past 90 days, then further identifying patients 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 90 day period. Acentra Health reported that 51 unique recipients met this criteria, 11 who were receiving either a RASSi or β Blocker therapy but not both, and 40 who were receiving neither class of medication. It would be a manual process to send the intervention letter to the provider who diagnosed the patients with systolic heart failure, however, a mailer can be performed for the 11 patients receiving one class or the other targeting the prescriber of the medication for heart failure that the patient is currently receiving. The Board requested to table this topic until the June meeting to review the current treatment guidelines and letter for intervention. Acentra Health would follow-up in June.

ADURS (American Drug Utilization Review Society) Topics
The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: Opill, single preferred drug list or pharmacy benefits manager for state Medicaid programs with managed care organizations, Brixadi, and buprenorphine age 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 4th quarter 2023.

Highest Volume Prescribers of Opioids
The Board reviewed a slide that presented highest volume prescribers of opioids for 4th quarter 2023. The Board requested to continue tracking on a quarterly basis.

Opioid Utilization Report
The Board reviewed slides that presented long and short acting opioid utilization during 4th quarter 2023. The overall number of claims compared to the number of claims for short acting and long-acting agents was reviewed. The Board requested to continue tracking. Acentra Health would follow-up in June.

Meeting Confirmation and Adjournment
Pending in-person meeting space availability and reservations, the of the 2024 DUR meetings were confirmed as: June 4th, September 10th, and December 10th. The meeting adjourned at 11:58 a.m.