



**Executive Office of Health and Human Services  
RI Department of Human Services  
Drug Utilization Review (DUR) Board Meeting Minutes  
Tuesday, April 12, 2016  
10:30 a.m.**

**DUR Board Members Attending**

Richard Wagner, MD  
Michelle Booth, RPh (NHPRI)  
Linda Rowe-Varone, PharmD, BCPP  
Steve Kogut, PhD, MBA, RPh (URI)  
Jerry Fingerut, MD (Xerox)

**Others Attending**

Ann Bennett (HP Enterprise Services)  
Katie DeRuiter, PharmD (HID)  
Karen Mariano (HP Enterprise Services)  
Ralph Racca (Rhode Island EOHHS)

The meeting began at 10:30 a.m., and the minutes of the December 1, 2015 meeting were approved.

The Board reviewed slides regarding provider responses to education letters mailed at the end of February 2015. HID presented information that 163 letters were sent out regarding the 6 provider education topics, and 61 responses were received (37% response rate). The Board was interested in knowing how Rhode Island's response rate compares to other states' provider education mailings. The Board also wanted to know if any prescriber received more than one intervention letter. If so, one Board member feels the Medical Director should also be included in the intervention mailing. The Board would like HID to present information regarding a change in prescribing behavior due to the interventions at the June Board meeting.

HID presented the number of recipients taking an opiate, muscle relaxer, and sedative hypnotic during the fourth quarter of 2015. The Board wanted to know if HID has RDUR criteria that address opiates and muscle relaxer combinations with respect to respiratory depression and relaxation of the diaphragm. The Board feels HID should continue to monitor this topic.

The Board reviewed the top 10 diagnoses for patients on opiates during the fourth quarter of 2015. The Board discussed coding of diagnoses for physician encounters and recommended sending a letter to the physicians of the 102 recipients to determine if there is an underlying diagnosis that justifies the chronic opiate use.

The Board reviewed a slide demonstrating the utilization of naloxone during the fourth quarter of 2015. A total of 123 recipients were identified. The Board wanted to know if increasing the number of buprenorphine prescribers would help with continuity of care. For the next meeting, the Board would like know what the reimbursement is for a practitioner prescribing Suboxone under Medicaid FFS. The Board is interested to know how many prescribers of Suboxone are in the state of Rhode Island and which ones accept Medicaid and if they are in private or public practice.

HID presented a slide showing the utilization of methadone during the fourth quarter of 2015. The Board recommended a letter be sent to the nurse practitioners and family medicine physicians prescribing methadone.

The Board reviewed a slide showing the number of recipients on a benzodiazepine and buprenorphine during the fourth quarter of 2015. The Board recommended sending a letter to the physicians of the 13 recipients receiving chronic benzodiazepines and buprenorphine. The Board would like to benchmark this data with other states.

HID presented the number of recipients under the indicated age on an antipsychotic during the fourth quarter. A total of 15 recipients were identified and none of the recipients were in foster care.

HID presented information that there were no recipients on a PCSK9 inhibitor during the fourth quarter. The Board was curious to know how often a Valeant product is used in Medicaid FFS.

The Board reviewed the utilization of greater than or equal to ( $\geq$ ) three grams of acetaminophen during the fourth quarter. One recipient was identified as being on three grams of acetaminophen per day. The Board recommended that a letter be sent to the physician prescribing acetaminophen.

HID presented a slide showing the utilization of PPIs during the fourth quarter of 2015. A total of 221 recipients were on a PPI during the specified timeframe, and 160 recipients were on a high dose PPI (i.e., omeprazole/pantoprazole/esomeprazole 40 mg daily or twice daily, lansoprazole 30 mg daily or twice daily, etc.). The Board was curious to know if we had a letter template for RDUR review that addresses chronic use of PPIs. The Board would like HID to send a letter to the prescribers of the 160 recipients on high dose PPIs informing them of the risks associated with high dose chronic use of PPIs. One Board member wanted to know if Medicaid covers the First-Omeprazole and other PPI suspension products.

The Board reviewed a slide showing the number of recipients who met the ICER criteria for therapeutic duplication of long-acting stimulants during October, November, and December 2015. The Board wanted to know how many people in Medicaid FFS are taking a long-acting stimulant. The Board does not feel a letter needs to be sent out on this topic at the moment.

HID presented the utilization and cost of Lyrica from 01/01/15–12/31/15. The Board would like a letter sent out to the prescribers of the 23 recipients asking if there is an alternative to Lyrica the patient could be taking.

HID presented the top 30 medications by utilization for the fourth quarter. The top 30 medications by both cost and utilization will continue to be monitored.

HID presented an overview of the updated requirements for the annual CMS report.

The Board began a discussion regarding continuity of care between Medicaid FFS and MCO plans.

The next board meeting is June 7, 2016.

The meeting adjourned at 12:15 p.m.