Executive Office of Health and Human Services
RI Department of Human Services
Drug Utilization Review (DUR) Board Meeting Minutes
Tuesday, August 25, 2015
10:30 AM

DUR Board Members Attending	Richard Wagner, MD Michelle Booth, PharmD Linda Rowe-Varone, Pharm D Jerry Fingerut, MD (Xerox)
Absent	Steve Kogut, PhD, MBA, RPh Ralph Racca (Rhode Island EOHHS)
Others Attending	Ann Bennett (HP Enterprise Services) Katie Eanes, PharmD (HID) Karen Mariano (HP Enterprise Services) Clemice Hurst, RPh (HID)

The meeting began at 10:50 a.m., and the minutes of the June 9, 2015 meeting were approved.

The committee reviewed a table (shown below) representing the number of recipients on a short acting analgesic without a long acting analgesic between 1/1/15 to 6/30/15. The pharmacist from Neighborhood Health Plan of Rhode Island (NHPRI) commented that they do not have a policy addressing use of short acting analgesics without a long acting; however, quantity limits are utilized. If recipients are receiving more than 180 mg a day of oxycodone IR, a prior authorization is required. The committee was interested to know how recipients of NHPRI and other states compare to Rhode Island recipients and what's being done about this issue. There was a discussion about the nurse practitioners who wrote prescriptions for these opiates, and the committee was interested in looking into whose DEA number these prescriptions were filled under.

Number of unique patients on SA analgesics	1736
Number of unique patients on LA analgesics	144
Number of unique patients on both SA & LA analgesics	88
Number of unique patients on SA but not a LA	1648
Number of unique patients with >2 rxs for a SA analgesic	365
Of those 365, # of unique patients on both a SA and LA	52
Of those 365, # of unique patients on a SA but not a LA	313

The committee reviewed slides discussing the policies other states have implemented regarding use of a short acting analgesic without a long acting analgesic. The states/plans that were discussed included the New England states (Massachusetts, Maine, Vermont, New Hampshire, and Connecticut), NHPRI, and

other states HID contracts with (Maryland, Arkansas, Delaware, and North Dakota). The committee was interested to know how long these state's policies have been in effect and if Connecticut feels their policy had any effect on the issue of short acting-analgesics without acting analgesic. The committee was interested to know when North Dakota's policy to require a long acting opioid for a chronic pain diagnosis goes live and have they found it drives prescribing practice. The committee discussed the necessity of recommending use of the PMP for the top 25 prescribers of controlled substances and whose hat would that fall under to train physicians on how to use the PMP efficiently. One committee member feels that discussions with DOH would be a place to start and the medical society needs to be involved.

The committee reviewed a table representing the number of recipients using a long-acting injectable antipsychotic and an oral antipsychotic from 1/1/15 to 6/30/15. A total of 11 recipients were identified as meeting this criterion. The committee asked HID to report on how many FFS Medicaid recipients are on a long-acting injectable antipsychotic.

The committee reviewed a table representing the number of recipients 18 years of age and older using a antipsychotic with a psycho stimulant from 1/1/15 to 6/30/15. A total of 38 recipients were identified. The committee asked HID to report on how many patients were on stimulants during that time frame. Discussion followed regarding sending a letter to those physicians that are prescribing an antipsychotic and stimulant concurrently without an FDA labeled indication for either medication. Also, a letter should be sent to the prescribers of the recipients who are receiving these classes of medications from different physicians. The committee asked HID to draft a letter to be sent in these cases.

The committee reviewed a chart discussing the utilization of SGLT2 diabetic agents from 6/30/15 to 7/1/15. Four patients were identified to be taking Invokana during that time period. Two of those 4 patients were on metformin before starting Invokana. One recipient was identified to be on Farxiga during that time period, and that patient was not on metformin before use of Farxiga. There were no patients identified to be on Jardiance during the searched time frame.

A chart was reviewed that showed no FFS Medicaid patients with HCV were also being treated for HIV. Patient age, gender, genotype, treatment history, and treatment weeks was included in the reviewed information. The committee asked NHPRI to report on this same information at the next board meeting.

The committee reviewed summary of antipsychotic use under the FDA indicated age from the 1st and 2nd quarter. Twelve patients in the 1st quarter and 18 patients in the 2nd quarter were identified as taking antipsychotics under the indicated age. Two of those patients are in foster care. The committee agreed this is a non-issue but should continue to be monitored.

HID presented a summary of DUR letters and responses during the first 2 quarters of 2015. A total of 4,696 letters were sent with a response rate of 33%. The percentage of response rates was compared to that of other states, and the data showed RI had a higher response rate than the comparator states.

The committee reviewed the draft of a letter to be sent to the top 25 prescribers of controlled substances suggesting the prescriber review the recipient's profile in the Rhode Island Prescription Drug Monitoring Program. The committee recommended removing the second paragraph of the drafted letter and adding a statement as to why the prescriber was identified to receive this letter at the top of the letter. The committee would like the option for the prescriber to provide a response. The letter

should be sent out before the next meeting. The top 25 prescribers will be reviewed again, and if the behavior hasn't changed, another letter will be drafted to include the 2nd paragraph.
The committee discussed the PCSK9 inhibitors. No claims were found for PCSK9 inhibitors, but the committee would like to revisit the utilization of these medications at the next board meeting. The committee discussed potential criteria to be used for prior authorizations of these medications. A discussion followed regarding high risk and high cost medications requiring a prior authorization. The committee asked what a reasonable dollar amount would be that would require a prior authorization. Currently, Karen Marino from HP is looking at medications that cost $500 per unit on a weekly basis.

The Pharmacy and Therapeutics committee asked the DUR board to report on the utilization of Natesto, specifically looking at age and gender restrictions. The Pharmacy and Therapeutics committee also asked the DUR board to report on the utilization of the flu agents (remantidine, zanamivir, and oseltamivir) over the last few years.

The Pharmacy and Therapeutics committee asked the DUR board to report on the use of clonidine IR, methyldopa, Catapress TTS, and guanfacine IR, specifically looking at age restrictions.

The next meeting will be December 1, 2015.

The meeting adjourned at 12:00 pm.