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

DUR Board Members Attending	Jerry Fingerut (EOHHS) Richard Wagner, MD (Brown) 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 10:35 a.m. The minutes of the September 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. The Board discussed unwinding patterns of Medicaid post COVID and stated that there should be a decline in enrollment numbers, rather than an increase. The Board requested to know the total Medicaid enrollment in Rhode Island and to continue tracking FFS enrollment on a quarterly basis. Kepro would follow-up in April.

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, 7 recipients were identified and reviewed, and 7 cases were created during 3rd quarter 2023 which represented 0.012% of the FFS population. 3 responses were received. Denominators included 293 recipients receiving benzodiazepines and 118 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 April. 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, 1 recipient was identified during 3rd quarter 2023 and no responses received. The denominator was 118 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. 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 tracking patients receiving > 90 MME going forward. Kepro would follow-up in April.

For the intervention addressing stimulant exceeds max dose, 8 unique recipients were identified, and 8 cases were created during 3rd quarter 2023, representing 0.014% of the RI FFS population. 4 responses have been received so far, and the denominator was 360 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 or medication inferring disease. 1 out of the 6 patients receiving amphetamine/dextroamphetamine XR was receiving brand name Adderall XR. Kepro noted that Adderall XR brand is preferred, and Adderall IR generic is preferred, however, due to the shortage of ADHD medications, substitutions are often made. The Board requested to discontinue tracking brand over generic utilization. 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 3rd quarter. Kepro presented that information to the Board. The Board requested Kepro 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. Kepro would discuss with Gainwell and follow-up in April. The Board commented that the maximum doses for medications are established by the Food and Drug Administration (FDA) and not all situations that exceed these limits should be considered misuse. The Board commented that best practice prior to starting a stimulant in a patient is to perform a psychiatric evaluation. 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 April.

For the request to review patients receiving an opioid with no naloxone, 13 recipients and 13 cases were created with 1 response received during 3rd quarter 2023. The denominator for opioid utilization was 118 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. Kepro reported that 2 patients identified by the mailer during 3rd quarter had a history of OUD. The Board discussed reasons why patients would not receive a naloxone prescription with an opioid prescription and the potential for a policy change that would post an edit on opioid claims at point of sale (POS) indicating to the pharmacist that co-prescribing of naloxone is recommended. While the POS edit would be beneficial, the Board cited resources, timing, and technical modifications as barriers to this change. The Board requested to continue the current mailer for 4th quarter 2023, report on prescriber specialty, and report on any patients identified by this mailer with a diagnosis of OUD. Kepro would follow-up in April.

For the request to review patients receiving the newer movement disorder/tardive dyskinesia (TD) medications without an appropriate diagnosis, no recipients were identified during 3rd quarter 2023, with a denominator of 3 patients total receiving these medications during the quarter. The Board requested to continue the mailer for 4th quarter 2023 and report on prescriber specialties. Kepro would follow-up in April.

Outside of the requested specialty mailing requests, Kepro presented information regarding 7 additional follow-up items: naloxone utilization, antipsychotic use under the indicated age, pharmacologic therapy for weight loss, biosimilar medication utilization, post myocardial infarction medication utilization, hepatitis C medication utilization, and botulinum toxin medication utilization.

For the follow-up item addressing naloxone utilization, Kepro reported that 24 prescriptions were filled for 24 unique recipients during 3rd quarter 2023 accounting for 0.04% 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 2023 was presented to the Board, 4 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 atypical antipsychotics under the indicated age during 3rd quarter. The Board requested to include this information in the annual CMS report and continue tracking antipsychotic use under the indicated age 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 RDUR criteria identifying prescribers of patients who are receiving weight loss medications without history of dietary counseling and surveillance. Kepro stated that 4 patients were identified during 3rd quarter, but no mailing was performed, per Board request as current prior authorization criteria requires evidence of success with therapy. The Board discussed how to define dietary counseling and surveillance. Kepro stated there is an ICD-10 code that defines dietary counseling and surveillance. The Board stated the ICD-10 code may not be what providers use in order to meet the requirement as weight loss therapy can be carried out by other providers such as social workers or nutritionists. The Board also commented that an article was recently published in the New England Journal of Medicine that showed rebound weight gain once GLP-1 analogs are discontinued. The Board requested to remove Contrave from the targeted medications and add Zepbound (tirzepatide) to the list of medications reviewed. The Board requested to table the criteria and continue tracking utilization. Kepro would follow-up in April.

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 3rd quarter. The Board commented that there was a recent collaboration between CVS and Sandoz to create a biosimilar to Humira. The Board request additional information regarding this product and requested to continue tracking. 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 1,557 unique recipients with a diagnosis of MI or HF within the previous 365 days. Of those 1,557 recipients, 258 recipients had a current drug claim within the past 30 days, indicating their primary insurance was FSS Medicaid. Of the 258 recipients with current drug claims and a diagnosis of MI/HF in the previous one year, 181 of those recipients were not receiving therapy 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. Neighborhood reported their findings from 2022 but stated no intervention had been performed. The Board discussed potential interventions and if it was possible to educate prescribers regarding their patients not receiving standard of care. Kepro would meet with Gainwell to discuss potential mailers for this intervention. 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 4 recipients identified who received Mavyret during 3rd quarter 2023. All but 1 recipient received 1 cycle only. The Board requested that Kepro and Gainwell determine if patients 1-3 went on to an MCO and received a 2nd round of therapy with Mavyret. Kepro would follow-up in April.

For the follow-up item addressing the utilization of botulinum toxin medications, there was 1 recipient identified who received Botox during 3rd quarter 2023. The recipient had a history of spastic hemiplegic cerebral palsy. The Board requested to discontinue tracking.

ADURS (American Drug Utilization Review Society) Topics

The Board reviewed slides that presented recent ADURS topics. Topics reviewed included: Auvelity, drug shortage overrides, and Vitiligo.

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 2023.

Highest Volume Prescribers of Opioids
The Board reviewed a slide that presented highest volume prescribers of opioids for 3rd 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 3rd 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. Kepro would follow-up in April.

Meeting Confirmation and Adjournment
Pending in-person meeting space availability and reservations, the of the 2024 DUR meetings were confirmed as: April 9th, June 4th, September 10th, and December 10th. The meeting adjourned at 11:36 a.m.