MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, June 3, 2015
1:00 p.m. to 4:00 p.m.
1 W. Wilson Street, Room 751
Madison, WI 53701

**DUR Board Members**
**Present:**
Robert Factor, MD
Robert Breslow, RPh
Paul Cesarz, RPh
Daniel Erickson, MD
Hannah Delong, MSN, PMHNP-BC
Michael Ochowski, RPh
Lora Wiggins, MD
**Absent:**
Jake Olson, PharmD
Michael Brown, PharmD
Ward Brown, MD

**HP Staff**
**Present:**
Chally Clegg
Jenny Nelson, CPhT
Tom Olson, PharmD
Jacque Nash, PharmD
Scott Donald, PharmD

**DHS Staff**
**Present:**
Kimberly Smithers
Kelsey Gmeinder
Rachel Currans-Henry
Kevin Moore
Lynn Radmer, RPh
Lisa Reese
Tiffany Reilly

**Welcome and Introductions**:
Rachel Currans-Henry called the meeting to order at 1:00 p.m., and began with the announcement of Monica Yeazel's retirement and thanks for her years of service and dedication. Jacque Nash and Scott Donald from HID briefly introduced themselves to the board. Jacque Nash is the newly-appointed clinical account manager representing HID's collaborative effort with the RDUR and Lock-In program. A quorum of members attended the meeting.

**Review of the Agenda and Board Materials and Approval of March 4, 2015 Meeting Minutes**:
Rachel Currans-Henry walked through the agenda as printed. Prior to this meeting, Board members received the minutes and RDUR Quarterly Report via e-mail and had the opportunity to review each document. Rachel briefly reviewed highlights of the minutes from the last meeting.

Paul Cesarz **motioned** to approve the minutes as printed. Lora Wiggins seconded the motion. The motion passed unanimously.

**ICD-10 Update:**
Kimberly Smithers reviewed the state's current schedule for the CMS-mandated ICD-10 implementation effective October 1, 2015. ICD-10 codes have been loaded into the system, and coding for billing rule changes has been implemented. Pilot testing with select providers began June 2, 2015 and is currently in progress. Once pilot testing has been completed, open testing will begin and will be broadened to include managed care partners, software vendors, and other third party entities. In addition to the existing ICD-10 project page on the ForwardHealth portal, a specific testing page has been added to the Provider Portal to facilitate the testing process, which will run through August 2015. Testing with HID for RDUR implementation and impact is also going well. The active date for ICD-10 codes is based on date of service. ICD-10 codes will not be accepted for dates of service prior to October 1, 2015, therefore ICD-9 codes should continue to be used for claims with dates of service through September 30, 2015. Provider communications will be sent in July 2015 and October 2015 to provide information regarding the ICD-10 changes.

**PDL Update:**
Kimberly Smithers provided an update on the Preferred Drug List as a result of the PA Advisory Committee's May 2015 meeting.

- 52 drug classes were reviewed in total, staff recommendations were accepted for all but one class (Antiemetics/Antivertigo).
- HIV/AIDS drug class was not reviewed, as this class was removed from the PDL effective April 1, 2015.
- Hepatitis C agents were a major point of discussion:
    - Effective July 1, 2015, Viekira Pak will be the preferred HCV agent.
    - Nursing staff has been brought on board to help with PA adjudication and compliance tracking.
    - Current criteria include fibrosis scores of F3 and F4.
    - Other state Medicaid programs have very similar criteria.
    - The class will be revisited at the November meeting to report utilization and response to treatment data.
    - Motion passed to collaborate with HCV specialists to evaluate criteria and/or PDL modifications.
- Antiemetics/Antivertigo agents:
    - With much support from the ob/gyn population, it was decided to make Diclegis a preferred agent.
- Short- and long-acting narcotics were reviewed; no PDL changes at this time.

**Update on Stimulants Targeted Intervention Results:**
Lynn Radmer updated the Board on the targeted intervention for maximum stimulant daily dosage limits in children 14 years of age and younger.

- The project started in 2013 and analyzed data from May 1 through October 31, 2013.
- Initial letters went to 155 prescribers, and follow-up letters went to 77 prescribers who did not respond to the initial letters. The child psychiatrist consultants reached many prescribers by telephone.
- Post-intervention analysis utilized histograms and scatter plots to display the average pre- and post-intervention doses:
    - Threshold dosages for each drug were set (25% greater than the maximum daily dosages determined by the work group) as the intervention point.
    - Post-intervention dosages were significantly reduced compared to pre-intervention dosages:
        - Range of reduction: 14.7% to 42.6%.
        - Post-intervention dosages were closer to the threshold dosages.
        - These changes are represented by a dotted line showing lower peaks and shifts to the left on the histograms and by using dots that appear under the axis line on the scatter plots.
        - The same pattern of dosage reduction was seen with all three drugs studied (Focalin, Adderall, and Concerta).
- Overall, the intervention data demonstrates that the recommended threshold dosages have been well-received by the provider population.
- Currently, the State is collaborating with the child psychiatrist consultants to draft and publish a DUR newsletter to present the data from the targeted intervention. In an effort to jumpstart a provider-education initiative, the newsletter will also include clinical considerations regarding stimulant prescribing in children.
- Additional analysis will be conducted to identify the top ten prescribers who continue to prescribe higher doses, and the consultants will conduct direct provider outreach.

**Long Term Care Place of Service Discussion:**
Lynn Radmer reminded the Board of the decision made at the March meeting to review whether or not Prospective DUR exemptions for nursing homes is appropriate. Data analyses of first quarter 2015 claims that indicated a nursing home place of service (POS) 32 were reviewed. It was determined that 60% of the reviewed claims were for members without a nursing home level of care on the member's enrollment file. Currently, there is no systematic verification in place to determine whether or not pharmacies are submitting accurate POS codes for each member. The POS code submitted determines which exemptions are allowed. POS 32 is exempt from adhering to the three month supply dispensing requirements, opioid script limit and early refill alerts, but POS 13 and 14 are only exempt from responding to the three month supply and the opioid script limit alerts. Currently, no POS exemptions are allowed for the quantity limit alert. Some of the inaccurate submissions may be due to the pharmacy being unaware of where the member resides; however, it is possible that pharmacies use POS 32 because they are aware of the exemptions. The current POS exemptions will remain in place, but a reminder emphasizing the importance of appropriate use of POS codes will be published in the July 2015 Preferred Drug List ForwardHealth provider update. After the reminder is published, data will

be refreshed and evaluated. In addition, a long term care (LTC) pharmacist will be consulted as needed to help understand the long term care pharmacy business model and help to determine next steps.

**NAMD Rx Abuse Recommendations:**
Kimberly Smithers discussed the highlights of a report prepared by Mercer Government Human Services Consulting for the National Association of Medicaid Directors (NAMD) related to interventions for preventing prescription drug abuse and overdose. The report summarized current practices and emerging opportunities.
The approaches fell into the following six areas. In addition, previous or current efforts in these areas were highlighted:

- Medicaid Infrastructure:
  - Made enhancements to the functionality of the Early Refill hard alert to monitor stimulants, sedative hypnotics and some opioids.
- Proactive Prevention Measures:
  - Conducted a DUR Targeted Intervention on the use of stimulants in adolescents, which included a mailed intervention letters to prescribers.
  - Placed a script limit on the number of opioid prescriptions allowed in a calendar month.
  - Placed a quantity limit on the number of units allowed for opioid prescriptions.
  - Provided an educational provider newsletter on monitoring opioid utilization.
  - Provide educational opportunities.
- Active Monitoring and Surveillance:
  - Data mine claims and review the information.
  - Perform provider outreach.
  - RDUR criteria are used to perform 1,000 individual member profile reviews each month for appropriate utilization of medications, including narcotics.
  - 400 member profiles are reviewed each month as a part of the RDUR process to identify members who are candidates for the Pharmacy Services Lock-In program due to misuse of restricted medications.
- Efficient and Effective Treatment of Addiction:
  - Provide readily available access to naloxone for overdose treatment.
- Cross Agency Collaborative Efforts:
  - Focus on treatment, care and education.
  - Take a collaborative approach with the Office of the Inspector General (OIG), pharmacies and the Mental Health Substance Abuse (MHSA) program.
- Collaboration with Medicaid Agencies from Other States:
  - Advocate for enhanced PDMP functionality.

Future ideas include integrating the PDMP with the Lock-In Program and developing more educational prescriber letters for use of stimulants in children and for best practices in treating chronic non-cancer pain.

**Hydrocodone and Opioid Script Limit Discussions:**
Lynn Radmer briefly discussed the overall trend in hydrocodone claims since the change to CII status. There was a slight decrease in claims, but no significant increase in the quantities dispensed. Acetaminophen/Codeine was added to the query, but as of yet, there has been no notable changes to the number of claims or the quantities dispensed.
The data will continue to be monitored through calendar year 2015.

The opioid script limit policy was implemented in 2011, and restricts members to receiving a maximum of five opioid prescriptions in a calendar month. The sixth opioid prescription and beyond require the prescriber to call the Drug Authorization and Policy Override (DAPO) center to authorize an override. Opioid dependency agents, methadone solution and opioid anti-tussives, are excluded from this policy, and POS 13, 14 and 32 are exempt from the policy. In the first quarter of 2015, roughly 50% of total de-duplicated opioid claims that hit against the alert were overridden by the DAPO center. The total number of claims is noted to be significantly low at 1,318; however, the 50% override rate is of some concern. Paul Cesarz contributed that from his experience in practice, most of these scripts are small quantities from the same prescriber. Dan Erickson would like to discard the script limit and focus on total daily morphine equivalents as a unit of measure instead. The topic was left open for debate.

**RDUR Focused Intervention—Benzodiazepines with Opioids**

Lynn Radmer proposed a focused RDUR review examining concomitant use of benzodiazepines and opioids. A brief highlight of the ADURS presentation on the dynamic effects of opioids and benzodiazepines and state-wide overdose statistics were utilized to introduce the rationale behind the intervention. Overall, overdose deaths are on the rise and significantly higher in the combined benzodiazepine/opioid group than the opioid-alone group. First quarter 2015 data shows 5,825 recipients currently receiving combined benzodiazepine and opioid therapy who would be eligible for intervention. A lengthy discussion ensued on the logistics of completing such a large intervention in a short time span. The main negating factor seemed to be the inability to stratify the patients by risk or number of prescribers prior to deciding whether or not to proceed with the intervention. The decision was made to hold off on the focused RDUR review since the criteria is a severity level 2 and possibly consider using morphine equivalents to analyze the data instead.

**Adjournment:** Paul Cesarz **motioned** to adjourn. Dan Erickson seconded the motion. The meeting adjourned at 4:10 p.m. Upcoming meetings are on the following Wednesdays: September 2 and December 2, 2015.

**Guests:** Scott Mills (Allergan), Monica Yeazel (HID), Ted Sheedy (GlaxoSmithKline), Patricia Moty, Tom Erickson (Bristol-Meyers Squibb), Jocelyn Good (Pfizer), Keith Stanek (Baxter), Dean Groth (Pfizer), Elizabeth Plouff (UCB, Inc.)