MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, September 1, 2021
1:00 p.m. to 3:50 p.m.
Virtual meeting via Zoom

DUR Board Members	Gainwell Staff	DHS Staff
Present:	**Present:**	**Present:**
Robert Factor, MD	Tom Olson, PharmD	Kelsey Brundage
Jake Olson, PharmD	Katie Counts, PharmD	Lynn Radmer, RPh
Michael Ochowski, RPh	Michael Olsen	Tiffany Reilly
Jordan Wulz, PharmD	Danielle Hudson	Russ Dunkel, DDS
Paul Cesarz, RPh	Willie Wilberg, PharmD	Susan Seibert
Ward Brown, MD	Chally Clegg	Pamela Appleby
Absent:	Burton Copeland, MD	Darla Stachowiak
Steve Tyska, MD		

Welcome and Introductions
Kelsey Brundage called the meeting to order at 1:00 p.m. and began with a welcome and thanks to the Board members for their attendance at the meeting. As the meeting was held virtually, Kelsey provided technical instruction on how the meeting would proceed. A quorum of members attended the meeting.

Review of the Agenda and Board Materials and Approval of March 2021 Meeting Minutes
The members were reminded of the meeting materials sent via email for reference and review. Prior to this meeting, Board members received the agenda, minutes, and RDUR Quarterly Report via email and had the opportunity to review each document. The June minutes were briefly reviewed and approved with an initial motion from **Michael Ochowski** and a second from **Paul Cesarz**. The motion passed unanimously.

Updates
Quarterly DUR Reports
Lynn reviewed the quarterly reports with the Board beginning with discussion of the multiple drug classes report. Lynn reminded the Board that this report identifies members who have claims for all five drug classes (opioids, stimulants, benzodiazepines, sedative hypnotics, and opioid dependence medications) that are tracked for use. Members that are receiving drugs from all five classes are reviewed by a pharmacist for possible inclusion in the Lock-In program or sending physician alert letters. Overall, the downward trends for these medications continue. Lynn noted that enrollment has continued to increase over the last several quarters. This increase is still attributed to the COVID-19 pandemic. In addition, trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2018 - 2021 were included. As seen with last quarter, as the average MME has decreased the use of buprenorphine has increased. A trend graph for Vivitrol® was presented to the Board. The number of members has increased and has returned to pre-pandemic levels. Of note, the diagnoses on the claims have shifted slightly to increasing use for alcohol dependence vs. opioid dependence. The last trend graph presented was for naloxone. Lynn attributed a significant increase in the number of claims in the last two quarters to new interventions required by CMS as part of the SUPPORT Act. Further analysis of the trend graph was done based on opioid use and MME levels. That analysis revealed that most members with a claim for naloxone either had no opioid claims or claims for low MME values (less than or equal to 50 MME per day). Lastly, Lynn reviewed the case numbers for the multiple CNS depressants intervention. The intervention identifies members who are concurrently receiving at least one medication from each of the following drug classes: benzodiazepines, opioids (non-MAT), sedative hypnotics, and skeletal muscle relaxants. The intervention focuses on those members considered high risk due to chronic concurrent use. The selected members are reviewed, and a letter is sent to providers regarding the risks of the noted polypharmacy.

DUR alert trends and quarterly deduplicated claims information were also included for Board review and were

discussed in more depth. Changes to alerts in response to the COVID-19 pandemic were noted to have impacted the volume of both the alerts and claims. Total claims volume has been noted to be increasing, possibly due to increasing enrollment numbers. Notable changes to DUR alerts include an increase in the Early Refill alert and a decrease in the Late Refill alert. These changes are attributed to system modifications to some alerts and expanding the number of medications that are eligible to be dispensed for a three-month supply. The Board was notified that on October 1, 2021, the High Cumulative Dose alert will transition from an informational alert to a soft alert requiring a response from the pharmacy. This change was voted on by the Board at the June 2021 meeting. Lynn also reviewed the quarterly deduplicated claims data noting that less than one percent are claims with multiple alerts.

Late Refill & Therapeutic Duplication Alert Discussion

Lynn started the discussion by reminding the Board that these alerts were reviewed at the June 2021 meeting and during the review process it was noted that neither of these two alerts had an adequate maintenance process. The DUR work group has been working with these two alerts to update the alerts and the medications included in the alerts, and to develop an appropriate maintenance process. The initial work included identifying additional drugs and drug categories that should be included in each of the alerts to ensure consistency within the alerts. Lynn shared the current therapeutic classes included in each alert and went on to reveal how the alerts would be updated going forward. Use of multiple different drug groupings from multiple sources, including First Data Bank (FDB) and PDL class groupings, will be utilized to include a broader and more appropriate set of medications within the alerts. Examples of how the new groupings will be used were shared with the Board members. Additionally, the functionality of each alert was reviewed with the Board, including system limitations that have been identified. Board discussion around system limitations for the Therapeutic Duplication alert indicated concern that there are scenarios not being triggered when it may be appropriate to do so. It was noted that the Late Refill alert will continue to be utilized as it is currently set up in the system, with the addition of better drug categorization and maintenance processes. In addition to drug category updates, the Therapeutic Duplication alert will be undergoing further review to determine if additional system changes can be made to accommodate a wider array of possibly inappropriate duplications of therapy.

Ivacaftor Adherence Discussion

Lynn began the discussion by reminding the Board of the medication adherence interventions that were presented at the June 2021 meeting. She noted that the DUR committee was interested in looking at adherence for other medications and considered ivacaftor products due to their high cost and a small utilization population for review. She reminded the Board of the algorithm used to identify members as non-adherent and added that there are some limitations to this algorithm. One of the limitations includes the requirement to have a claim in the most recent 30 days. This requirement does likely allow some non-adherence to go unidentified within the system. The results of the ivacaftor review indicated that, overall, there is very good adherence within this population. Of the 139 members identified as taking an ivacaftor product, 13 hit the non-adherence triggers and after further clinical review it was determined that only six of those members were considered non-adherent. It was noted that while adherence was not problematic for these medications, there are other classes of medications that can be reviewed. The DUR committee will continue to address this issue and present findings to the Board as these interventions are completed.

Multiple Sedatives Discussion

Katie began the discussion by sharing with the Board that this intervention was initiated due to several other State RDUR programs identifying the trend to utilize overlapping sedative/hypnotics as problematic. A focused intervention was conducted in June 2021 to determine if the same trend was problematic in Wisconsin. The parameters for identifying a member for intervention, the alert message in the prescriber letters, and the sedative/hypnotics included in the criteria were shared with the Board. The statistics shared with the Board included that 162 members were identified by the system as having duplicate sedative/hypnotic use. Of those 162 members, 92 were targeted for a letter. The review process for sending a letter was reviewed with the Board. There were 115 letters sent to 107 unique providers. Several other statistics within the letter population were shared, including members with multiple providers, providers with multiple members, and the stratification of letters across different age groups. Katie indicated that a response rate of 17% was achieved, with 65% of those responses indicating that positive action was being taken by the provider. Additionally, 35% of the positive responses indicated that medication changes had been made. Provider comments were also shared with the Board. Discussion by Board members included the desire to incorporate additional medications that are not categorized as sedative/hypnotics, but are utilized as such, into the criteria. It was noted that Board suggestions were taken under advisement and the topic may be presented to the Board again at a later date.

Dental Opioid Discussion

Lynn started the discussion by reminding the Board of several interventions involving opioid use in children. She reviewed the initial focused RDUR interventions in 2017 directed at opioid prescribing in children by all providers, and the resulting targeted intervention to address opioid prescribing in children by dentists. Lynn noted that while letters have not been sent since 2018 this data is being tracked internally. A decrease in the prescribing of opioids to children by dental providers has been noted, but a broader need to address the use of opioids by dental providers in all populations has been identified. She shared that additional targeted interventions letters to dental providers for both adults and children are being developed. Additionally, she shared the parameters for identifying providers for inclusion in the intervention. Dr. Russ Dunkel, DDS, was introduced and joined Lynn in continuing the discussion of the next steps for dental providers. He shared data regarding prescriber volumes and noted that providers with multiple members receiving opioids would be included in the interventions. He did solicit feedback from the Board members on the inclusion parameters for the receipt of the letter and on the language used in the provided draft letters. It was noted that work on the two letters will continue and updates on this intervention will be presented to the Board again when additional information is available for review.

Children's Mental Health Program Stimulants Initiatives

Lynn initiated the discussion by noting that there are several Children's Mental Health initiatives regarding stimulant use and introduced Dr. Burt Copeland to continue the presentation. After a brief introduction of himself, Dr. Copeland shared that the current stimulant initiatives consist of three parts: quantity limits for stimulant prescriptions, prior authorization requirements for selected stimulants, and member case reviews. He noted that the quantity limit requirements were implemented in 2018 with the goal of limiting the number of pills available to help limit diversion potential and high doses, as well as encouraging the transition to long-acting stimulants as the primary treatment. Dr. Copeland stated that this initiative has been successful as currently the majority of members are using long-acting stimulants. The prior authorization initiative has the goal of encouraging safe and rational prescribing practices. The prior authorization requirements are aimed at minimizing diversion of high-risk medications and encouraging providers to use the most cost-effective options when multiple high-cost formulations are available. Dr. Copeland shared one example of successful prior authorization requirements for amphetamine products which were implemented in 2016. Data indicated a decrease in the number of members on these products, as well as a decrease in the number of high dose prescriptions over the same period.

The last initiative in addressing proper stimulant utilization is the use of member case reviews. Dr. Copeland noted that there are three scenarios that are identified for a member case review: any child under the age of four being started on a stimulant, any member of any age utilizing methamphetamine as their stimulant medication, and children receiving high dose prescriptions. High dose thresholds are determined based on safety data, FDA initial approval dosages, and common doses utilized in clinical practice. Dr. Copeland stated that members under the age of four are identified and reviewed quarterly. Calls are made to providers to discuss rationale for use. Calls are also made to all providers utilizing methamphetamine to discuss the need for this medication and to suggest alternative treatments when appropriate. High dose prescriptions for each stimulant are identified quarterly and reviewed for outlier doses and providers. Outreach calls to providers for high volume prescribing of high doses may be made as part of this initiative. Additional outreach at the member case level is also done. Dr. Copeland went on to share examples for each of these scenarios with the Board. He stated that, overall, this program is successful and that most providers appreciate the input on what usually are identified as difficult cases to manage.

Adjournment

Mike Ochowski motioned to adjourn. The meeting adjourned at 3:50 p.m. Upcoming meetings are on the following Wednesdays: December 1, 2021, March 2, 2022, June 8, 2022, and September 14, 2022.

Guests: Gary Behrens, Sanofi Genzyme; Doug Johnson, Sobi; Robert Robey, Indivior, Inc.; Kelly Ruhland, Lilly USA; Jason Vandervest, Vertex Pharmaceuticals; Carmel Schwalm, Takeda; Rudell Christian, Alkermes, Inc.; Jeff Knappen, Spark Therapeutics; Matthew Wright, Artia Solutions; Erica Wolf, AbbVie; Bradley Jones, AbbVie; John Bullard, Alexion Pharmaceuticals; Jomy Joseph, Sanofi Genzyme; John Schillosch, Lundbeck; Jon Yochum, Provention Bio; Bradley Kalkwarf, Regeneron; Lisa Tracz, Global Blood Therapeutics; Karen Floeder, Biohaven Pharmaceuticals; Akesha Coleman, Janssen; Joseph Roth, Mirum Pharmaceuticals; James Sharp, Intra-Cellular Therapies; Pat Schmitt, Novo Nordisk, Inc.; Shauna Williams, Bayer; Elizabeth Brunsvold; Vertex Pharmaceuticals