

MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING

Wednesday, December 5, 2018

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
Paul Cesarz, RPh
Jake Olson, PharmD
Hannah DeLong, MSN, PMHNP-B
Michael Ochowski, RPh
Robert Breslow, RPh
Ward Brown, MD
Daniel Erickson, MD
Michelle Bensen, MD
Lora Wiggins, MD

Absent:

Michael Brown, PharmD

DXC Staff

Present:

Chally Clegg
Tom Olson, PharmD
Katie Counts, PharmD
Kristie Chapman
Eric Matyas
Randy Cullen, MD
Scott Donald, PharmD

DHS Staff

Present:

Kimberly Smithers
Lynn Radmer, RPh
Tiffany Reilly
Julie Sager, MD
Dan Kiernan
Russ Dunkel, DDS

Welcome and Introductions

Dr. Julie Sager called the meeting to order at 1:05 p.m. and began with a welcome and thanks to the Board members for their attendance at the meeting. A personnel change was announced. Rachel Currans-Henry has resigned her post with the State and will be pursuing an opportunity in Portland, Oregon. All members, staff, and guests present introduced themselves. A quorum of members attended the meeting.

Review of the Agenda and Board Materials and Approval of September 2018 Meeting Minutes

The members were reminded of the meeting materials in their respective binders for reference and review. Dr. Sager walked through the agenda as printed. Prior to this meeting, Board members received the agenda, minutes and RDUR Quarterly Report via e-mail and had the opportunity to review each document. The September minutes were then reviewed and approved with an initial motion from **Paul Cesarz** and a second from **Lora Wiggins**. The motion passed unanimously.

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 that are tracked for use (opioids, stimulants, benzodiazepines, sedative hypnotics, and opioid dependence medications). 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. The Board discussed ways to address the prescribers who are prescribing for the members identified in the report. It was suggested to complete additional clinical review of identified members and issue a prescriber letter similar to the letter used in the opioid/benzodiazepine intervention. This topic will be discussed further and brought back to the Board. In addition, trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2015 - 2018 were included. It was noted that as the average MME has decreased, the use of buprenorphine has increased. There is a presumed correlation between the two trends. The board members noted that it would be useful to see the number of members in the MME trend. DUR alert trends and quarterly deduplicated claims information were also included for Board review.

Multiple Alerts Discussion

Lynn reviewed the prospective DUR alert discussion from September 2018 with the Board. At the September 2018 meeting, the Board expressed concern about how responding to all prospective DUR alerts will affect current workflow processes and whether the volume of alerts would cause undue burden on pharmacies. In light of these concerns, further research was done to provide information on DUR alert volume trends and also current alert volume. Lynn reviewed the

historical changes that have been made to system functionality to reduce the overall alert burden to pharmacies. The result of the past changes has helped stabilize the number of claims denied with an alert. Also, initial review of claims data indicated that approximately 8% of claims had two or more alerts. Further review of current claims revealed that when denials for multiple alerts for the same alert type were consolidated, only 6% of claims had two or more alerts present. Additionally, it was found that 53% of pharmacies that receive multiple alerts are already responding to each alert type individually. As a result, requiring a response to each alert type will have minimal impact on pharmacies. The implementation of this project will be considered after an evaluation of resources and system requirements.

Lynn also let the Board know that the reactivation of the patient-age alert was implemented on December 1, 2018. This prospective DUR alert was reactivated for children less than 18 years of age for all products containing codeine or tramadol, as well as prescription cough and cold products containing codeine or hydrocodone. As a result, no additional retrospective letters will be sent to providers in regard to this issue. The State will monitor utilization and evaluate the need for any further action.

Opioid/Benzodiazepine Intervention

Lynn provided a recap of the opioid/benzodiazepine intervention. The intervention targets members receiving at least 90 days of a benzodiazepine in combination with at least 90 days of 50 MME or more of any non-medication-assisted therapy (MAT) opioid. The initial cycle letters were mailed in February 2018 to 902 providers, which accounted for 781 members. A second cycle of letters was mailed in September 2018 to 745 providers, which accounts for 639 members. There were 351 members identified in both cycles, as well as 288 new members in the second cycle. Provider feedback data thru October 2018 was presented and included a 28% total response rate (212 responses) with 111 comments. Positive actions being taken by providers include doses being tapered and members being referred to pain management. The next cycle of letters will be generated using fourth quarter 2018 data and will be sent to new members only.

Board discussion on this intervention focused on how to address repeat members and members with provider changes. It was noted that data restrictions prevent making assumptions as to why members have changed providers.

Diabetes Medication and Renal Dosing

In the essence of time, this topic was tabled for presentation at the March 2019 meeting.

Behavioral Health Discussion

Dr. Sager introduced Dan Kiernan, Behavioral Health Section Chief, who provided an update on Wisconsin's effort to expand treatment of substance use disorders. Statewide data indicates that the use of opioids (by prescription volume) is decreasing. However, the statistics for abuse and overdose deaths are still concerning. Opioid deaths have slowed, while heroin and fentanyl overdose deaths continue to increase. For this reason, and to better align with broader federal guidance, the State has multiple ongoing projects to increase member access to substance use treatment. In 2016, Medicaid started requiring HMOs to provide access to MAT services. Reimbursement rates were increased in 2018 for substance use disorder counseling services. Additionally, there is a goal to increase the number of opioid treatment programs available to members. A significant impact in the treatment of substance use disorders will occur with the development and addition of a residential treatment benefit. Historically, this has not been a benefit provided by Medicaid, however with federal clearance and funding from a federal 1115 waiver, development of this benefit has begun. Dan asked the Board members for comments on items they felt were important to consider in the development of this benefit. Discussion topics included: capacity in treatment facilities, determination of medical necessity criteria, quality requirements for reimbursement, including pharmacies in and reimbursing pharmacies for outpatient services, inclusion of inpatient induction and care management services as part of the benefit, and efforts to target all areas of the state.

Benzodiazepine Discussion

Triazolam

Lynn presented a follow up on a previous intervention and subsequent PDL change for triazolam in 2013/2014. The prior authorization (PA) requirement for triazolam was removed in 2014 at the request of some dental providers who felt that obtaining PA was unnecessary for small quantities used during dental procedures. At that time, there was concern that removal of the PA requirement may increase inappropriate use (long-term use) of triazolam. A current review of member use by quarter indicated that overall use of triazolam has declined. Also confirming the decline, a targeted intervention

from 2014 identifying long term triazolam use was repeated in September 2018. In 2014, 65 members were identified as long-term users, while in 2018 only 49 members were identified. Of note, 8 members identified in 2014 were also identified in 2018. Short-term dental use continues to be noted. Based on current utilization, removal of the PA requirements in 2014 has not significantly increased the number of members taking triazolam. There is a plan to work with Dr. Cullen to make follow-up prescriber phone calls on select member situations (e.g. high dose, chronic use, advanced age).

Diazepam and Alprazolam

An initiative to start addressing chronic benzodiazepine use was introduced at the September 2018 meeting. Dr. Cullen joined the September 2018 meeting to provide some real-world insight into obstacles that providers are facing with respect to de-prescribing benzodiazepines. There are multiple ways in which prescribers, especially family practice/primary care prescribers, are vulnerable and are perpetuating the chronic use of benzodiazepines, including threats from patients and the rationale that a specialist was the initial prescriber. These prescribers often find it difficult to instigate deprescribing. Dr. Cullen indicated that these prescribers need help with starting the conversation to de-prescribe. Education on adjunct treatment options has been noted to be beneficial to providing the prescribers with a first step to initiate the de-prescribing process. Initially the intervention included only diazepam. However, after considering the potential for greater abuse, alprazolam was also included. Prescribers of members receiving greater than 20mg/day of diazepam or 10mg/day of alprazolam for more than six months were included in the intervention.

The intervention consisted of peer to peer outreach calls made by Dr. Cullen. Calls were made to diazepam prescribers with members in the following categories: members receiving a high dose, prescriber with multiple members receiving greater than 20mg/day for greater than 6 months, and prescribers who have members receiving greater than 20mg/day for greater than 6 months from multiple prescribers. Calls were made to alprazolam prescribers who had members receiving greater than 10mg/day for greater than 6 months. Of note, psychiatrists were the most common prescribers in the high dose alprazolam group. The responses to Dr. Cullen's consultation calls include: prescriber "inherited" member from another prescriber on this dose, prescriber sees no problem with dose and won't change, prescriber feels tapering may lead to ER visits, prescriber feels "stuck", prescriber feels they may need to rethink ideas on benzodiazepine use. The chronic use of benzodiazepines can be a complicated topic but the education of prescribers is warranted. There was discussion regarding advanced practice nurse prescribers and their scope of practice in psychiatry treatment, collaboration with a physician and tele-psychiatry. The state plans to look into this further.

Opioids Prescribed by Dentists

Lynn provided a recap of the opioid intervention involving dentists. Dentists who had two or more members under 18 years of age receiving more than 10 units were identified. A letter was mailed to these providers with recommendations to avoid using opioids unless necessary; and when it is necessary, to prescribe small amounts. The initial intervention cycle identified 128 dentists, which accounted for 1,001 members, between April – September 2017. Letters were mailed to these providers in December 2017. A second intervention cycle identified 98 dentists, which accounted for 544 members, between January – June 2018. Letters were mailed to the 30 new dentists in September 2018.

Dr. Russ Dunkel, DDS, FACD, FICD, Wisconsin State Dental Director for the Division of Medicaid Services and the Division of Public Health, was introduced to speak on the topic of opioid use by dentists. Dr. Dunkel started by sharing some opioid prescribing statistics for dentists. Of all opioids prescribed in the US, dentists currently account for 6% of the volume. In the late 1990s, that number was as high as 15%. Dentists prescribe 12% of all the immediate-release opioid prescriptions, second behind primary care providers. Additionally, 31% of the opioids prescribed to patients 10-19 years of age are from dentists. The dental associations and dental community are very aware of these statistics and are working to improve them. Efforts to reduce the use of opioids include recommendations and guidelines available to dentists for help in treating dental pain. There are also continuing education programs on treating acute dental pain. It was noted that not many dentists (only 17%) check the PDMP prior to prescribing opioids. Encouraging dentists to check the PDMP may help prevent over prescribing. Dr. Dunkel shared some examples of prescribing practices. The State will evaluate each situation and report any outcomes to the Board.

Preferred Drug List (PDL) Update

Kimberly provided an update from the November 2018 PDL meeting. There was testimony from 22 individuals for 43 classes of drugs. Very little discussion about the classes occurred during the meeting. Open access to all epinephrine pens will continue until the shortage of the generic products has resolved. Additionally, the status of Adderall XR will be

changed from “brand before generic” to “brand medically necessary”. This change will occur in the second quarter of 2019. Further communication efforts are planned ahead of this change to ensure that all providers are aware of this change. There will be a transition period to allow providers to exhaust supplies of brand name medication.

Adjournment

Michael Ochowski motioned to adjourn. The meeting adjourned at 4:07 p.m. Upcoming meetings are on the following Wednesdays: March 6, 2019, June 5, 2019, September 11, 2019, and December 4, 2019.

Guests: Nick Boyer, Otsuka; Agnes Waninger, Otsuka; Sara Bunnch, UHS; Jennifer Stoffel, Janssen; Kelly Ruhland, Lilly; Dean Petree, Pharmacyclics; Kim Witte, Avexis; Shelly Somrock, Alexion; Jeff Knappen, Spark; Shannon Hussey, Immunomedics