MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, December 6, 2017
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
Michael Brown, PharmD
Michael Ochowski, RPh
Robert Breslow, RPh
Lora Wiggins, MD

Absent:
Hannah Delong, MSN, PMHNP-B
Daniel Erickson, MD
Ward Brown, MD

DXC Staff

Present:
Chally Clegg
Tom Olson, PharmD
Jacque Nash, PharmD
Corinne Eckert
Elaina Razo

DHS Staff

Present:
Kimberly Smithers
Lynn Radmer, RPh
Tiffany Reilly
Lisa Reese
Rachel Currans-Henry
Susan Seibert
Julie Sager, MD
Paul Krupski
Jenny Malcore

Welcome and Introductions

Rachel Currans-Henry called the meeting to order at 1:07 p.m. and began with a welcome and thanks to the Board members for their attendance at the meeting. All members, staff, and guests present introduced themselves. Rachel gave a brief summary of 2017 and current news, most notably that the current Medicaid Director has announced his resignation and will be replaced by Casey Himebauch in the interim until a new political appointee is announced. Financially, Medicaid maintained a steady pharmacy cost per member rate in 2017 and is focusing future efforts on linking quality of care to reimbursement. Rates to mental health providers will increase in 2018 in an attempt to increase member access and DHS will continue to collaborate with the Governor's Opioid Task Force to implement effective policy change regarding the opioid epidemic. Rachel then introduced Paul Krupski, the Director of Opioid Initiatives at DHS. Paul brings 15 years of experience in substance abuse treatment from his previous position within the Bureau of Prevention, Treatment & Recovery Division of Care and Treatment Services. Paul summarized his objectives as three focus points: improving overall coordination within DHS, becoming a reliable liaison among all internal and external partners for any opioid initiatives, and maintaining Wisconsin's leading status in combating the crisis. Paul concluded by stating any ideas from the Board are welcomed and would be beneficial to the development of his long term plans for the focus of this new position. A quorum of members attended the meeting.

Review of the Agenda and Board Materials and Approval of September 2017 Meeting Minutes

The members were reminded of the meeting materials in their respective binders for reference and review. Rachel 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. The September minutes were then briefly reviewed and approved with an initial motion from **Paul Cesarz** and a second from **Robert Factor**. The motion passed unanimously.

Quarterly DUR Reports Update

Lynn reviewed the quarterly reports with the Board. Lynn reminded the Board that the Quarterly Overview report identifies members who have claims for all five drug classes used for selected lock-in review and discussion of that data would occur later in the meeting; she also acknowledged a continued overall decreasing trend in opioid use among the Medicaid population. The second quarterly report reviewed prospective DUR alerts both individually and collectively.

The detailed individual DUR report presentations continued from the September discussion. Late refill and therapeutic duplication were initially presented in September; however, there were some requests to have additional data added to clarify the relative frequency of claims for a specific drug involved in a prospective alert so these two alerts were brought back to the December meeting with additional information.

The reports summarize the criteria required for an alert and the top 10 drugs currently alerting. Previously, the reports did not provide individual drug detail within therapeutic classes, which limited the ability to determine any clinical significance of the data. The reports have been recreated this quarter with the top five drug data within each therapeutic drug class to further clarify any potential significance. For example, previously, anticonvulsants were reported as the top alerting late refill therapeutic class; however, when this data is further classified to show that the overwhelming majority of claims are for gabapentin, the data becomes less concerning. Jake Olson noted that gabapentin is quickly becoming a popular drug of abuse so late refills may not necessarily be negative. The same data was also reviewed for drug/drug, therapeutic duplication, and drug/pregnancy alerts. Lynn concluded that there really is no clinical takeaway at this time, but the reports do establish a monitoring baseline for any significant changes. The Board agreed they would like to see this detailed level of data only when requested or if actionable; otherwise, the usual trending reports will suffice.

Benzodiazepine Intervention Discussion

Lynn moved to the next agenda item and briefly reviewed the buprenorphine/benzodiazepine intervention data from the first cycle in November 2016 until the present. The intervention was an overall success with a reduction in members receiving the combination with each successive cycle. Due to the FDA's safety announcement in September 2017 regarding the adverse risks associated with stopping benzodiazepines in MAT patients, DHS has decided to conclude the intervention and switch efforts to members using benzodiazepines in combination with non-MAT opioids. This population volume is much higher and potentially at greater risk due to the medications and doses involved
The intervention will target members receiving at least 90 days of a benzodiazepine in combination with at least 90 days of 50 morphine equivalents (MME) or more of any non-MAT opioid. The 50 MME benchmark is based on the Wisconsin Medical Examining Board Opioid Prescribing Guidelines released in November 2016 citing this threshold as a higher respiratory depression risk. Members were directed to a copy of the intervention letter in their respective binders. The letter is planned for a first quarter 2018 mailing and will affect approximately 1,000 members. Of note, a third of these 1,000 members are represented by only the top 20 prescribers, which is somewhat concerning from a provider standpoint.

Some Board members indicated there would be value in continuing the buprenorphine intervention. At this time DHS will be switching efforts to members using benzodiazepines in combination with non-MAT opioids.

Opioid Use in Children

Lynn opened the agenda item with a review of the codeine intervention criteria and the data from all three cycles, May, August, and October 2017. Each cycle saw an overall decreasing trend in the percentage of members under the age of 12; however, new members continue to hit the criteria with each successive cycle as well. New member profiles indicate a need to continue the intervention, but there is evidence of effectiveness. Multiple providers commented on their intent to stop codeine prescribing going forward, as well as an unawareness of the contraindication in some pediatric groups. Also, when each provider group is followed, the total volume of codeine prescriptions drops dramatically. The prescribers who received letters from the first cycle in May 2017 decreased their prescribing from 508 codeine prescriptions in May to 90 in October 2017. The same trend holds true for the August 2017 group as well, dropping from 636 to 137 prescriptions. The November cycle allowed enough suppression time to pass for the analysis to assess whether or not members would repeat the intervention. This data was also promising. In November, only 3 members from the initial May cycle re-hit the criteria. Lynn also presented the tramadol data, showing an intervention of 88 members in October 2017 with only one member being under 12 years of age.

Following the data presentation, the board revisited the age restriction proposal passed at the September Board meeting. Lynn and Dr. Sager advised the Board that the proposal of a hard edit had its limitations, so they wanted to present three options for a new vote. The first option of a hard edit would apply to all members less than 12 years of age and would not allow for any exceptions, which may present issues since the contraindication is due to rapid metabolizers. The hard edit would also require legal opinion due to Early Periodic Screening and Diagnostic Treatment (EPSDT) challenges of non-coverage in pediatric cases where no exception and review for medical necessity is allowed to take place. Lastly, a hard edit does not produce claims history if members paid cash for the non-covered prescription.

The second option would be a soft prospective DUR alert, which would allow exceptions at point of sale and provide claims history. The soft edit could also be combined with the third option to continue prescriber intervention letters, which are already in place, easy to run, and objectively showing positive results with a low monthly volume to manage.

Paul Cesarz recommended a soft alert in combination with continuation of intervention letters. Jake Olson agreed adding that research shows the average number of dosage units taken after a fracture injury is six (which supports continuing the letters, as fracture pain was a top three indication). A proposal was put forth to implement the soft alert with letters. Paul Cesarz approved the motion and Mike Ochowski seconded. There was discussion as to whether this motion would require a legal opinion to implement a soft prospective DUR alert. Rachel indicated that a legal opinion would not be needed.

The Board previously accepted Dr. Sager's proposal to implement a provider letter specifically for dental opioid prescribing at the September meeting. The letter is based on data indicating that 84% of opioid prescriptions written by dentists are for greater than 10 units. The proposed letter recommended avoiding opioids where possible, leveraging the Prescription Drug Monitoring Program (PDMP) before prescribing, limiting opioids to 10 units/3-days' supply for severe pain, and using caution with tramadol and codeine in adolescents. This letter was sent to 128 dentists in November 2017 to any dentist having 2 or more members under the age of 18 on more than 10 pills of an opioid. The criteria will be rerun in three months and sent to any new prescribers.

Stimulants Discussion

Lynn advised the Board that DHS is moving forward with a four unit per day quantity limit effective March 1, 2018. The implementation will allow a one-time override in March 2018 while members work with their prescriber to consolidate and/or adjust their stimulant medication(s) and dosages(s); however, any further overrides will only be granted by a DAPO call for lost/stolen medication, vacation overrides, or dose changes.

Focused Interventions

The focused intervention discussion had been postponed for a couple of meetings, so previously-requested follow up data and two quarters of new data were presented.

Trinity

The trinity intervention was run in January 2017 and 80 letters were sent in February. Only 1% of the providers involved had 3 or more cases, which indicates a lack of any significant provider-intense trinity prescribing. To the contrary, most members were receiving at least two of the three drugs from one prescriber, so there is an educational value to the intervention as prescribers may not be aware of the severity of the drug interactions. This value was demonstrated by a 65% response rate indicating a positive change in therapy.

Overutilization of Albuterol

The albuterol intervention data has previously been presented in detail; however, a request for follow-up data was made to see the pediatric to adult ratio. Only 16.3% of the 429 cases involved pediatric members, which is clinically reassuring since this population is not fully independent. The total member population meeting this intervention criteria is remaining relatively stable with 477 profiles in October 2017.

Multiple Drug Classes

Two quarters of five-class drug data were presented at this meeting. The September and December cycles both resulted in the succession of one member from the initial alert phase into final lock-in. Roughly two profiles each quarter remain suppressed due to action taken during the automated lock-in cycles and this leaves an average of 5 profiles that result in various action based on any prior letters (i.e. alert or warning). The overall trend from this intervention continues to be escalation of previously-unidentified high risk members. An ongoing monitoring report will be developed for successive board meetings in lieu of detailed profile data.

PDL Update
Kimberly briefly summarized the PDL recommendations. Forty-three classes were reviewed, including the new ophthalmic anti-inflammatory immunomodulators. All recommendations brought forth were approved, including the stimulant quantity limit. The highlight of the meeting was not the hepatitis C drug class. Cost was a non-factor this year, which allowed for recommendations solely based on clinical outcomes. Kimberly announced that there will be PDL changes to the hepatitis C PA in 2018, but did not detail any specifics.

Covered Outpatient Drug Final Rule Update
Kimberly also revisited the Covered Outpatient Drug Rule that was initially discussed at a 2016 Board meeting. The rule went into effect on April 1, 2017 and moved ingredient cost reimbursement from estimated acquisition cost to actual acquisition cost, while also implementing a professional dispensing fee based on provider's annual prescription volume. The first six months of available data have indicated the anticipated fiscal results, including a decrease in ingredient cost reimbursement and an increase in dispensing fee reimbursement. The net result has been an increase in ForwardHealth reimbursement to providers who dispense covered outpatient drugs.

Adjournment
Jake Olson motioned to adjourn. The meeting adjourned at 4:00 p.m. Upcoming meetings are on the following Wednesdays: March 7, 2018; June 6, 2018; September 12, 2018, and December 5, 2018.

Guests: Nick Boyer, Otsuka; Lisa Gronneberg, Biogen; Connie Peppel, AMAG; Elizabeth Ariano, Indivior; Sandra Arnold, CSL Behring; Danielle Womack, PSW; J Good, Pfizer; Dean Grath, Pfizer.