MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, March 3, 2020
1:00 p.m. to 4:00 p.m.
Virtual meeting via Zoom

DUR Board Members
Present:
Steve Tyska, MD
Robert Factor, MD
Jake Olson, PharmD
Michael Ochowski, RPh
Jordan Wulz, PharmD
Paul Cesarz, RPh

Absent:
Ward Brown, MD

Gainwell Staff
Present:
Tom Olson, PharmD
Katie Counts, PharmD
Michael Olsen
Eric Matyas
Willie Wilberg, PharmD
Chally Clegg
Danielle Hudson, PharmD
Darla Stachowiak

DHS Staff
Present:
Kelsey Brundage
Lynn Radmer, RPh
Tiffany Reilly
Russ Dunkel, DDS
Susan Seibert
Pamela Appleby

Welcome and Introductions
Kelsey Brundage called the meeting to order at 1:03 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 instructions on how the meeting would proceed. A quorum of members attended the meeting.

Review of the Agenda and Board Materials and Approval of September 2020 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 December minutes were briefly reviewed and approved with an initial motion from **Michael Ochowski** and a second from **Paul Cesarz**. The motion passed unanimously.

Quarterly DUR Reports
Lynn Radmer reviewed the quarterly reports with the Board beginning with a 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 fourth quarter. 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 2017 - 2020 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 notable decrease in the number of claims in the second quarter of 2020 continues into the fourth quarter. The decrease is being attributed to more limited access to care during the COVID-19 pandemic. The last trend graph presented was for naloxone. Lynn noted that new FDA warnings and prescribing recommendations are likely influencing an increase in the number of naloxone claims. Further analysis of the trend graph was done based on opioid use and MME levels. That analysis revealed that the majority of 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) in the same calendar quarter. Another graph tracked the members with an opioid-related diagnosis in fourth quarter 2018 over two years to determine the overall percentage of members that received a naloxone claim, approximately 16% during the two year period had a naloxone claim. Lynn noted that naloxone use is difficult to track as there are multiple ways to obtain the medication that may not be reflected through pharmacy claims. Additionally, members may have naloxone on hand that was dispensed at some time in the past. Naloxone utilization will continue to be monitored due to annual reporting requirements. Further naloxone data may be presented to the Board at a future meeting.

DUR alert trends and quarterly deduplicated claims information were also included for Board review and were discussed more in 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 continues the previous third quarter trend and remains lower than in recent quarters. 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.

Opioid/Benzodiazepine Intervention
Lynn provided a recap of the opioid/benzodiazepine intervention. The intervention identifies members receiving 50 morphine milligram equivalents (MME) or more of any non-medication-assisted therapy (MAT) opioid and a daily benzodiazepine for at least 90 days or more. A table that tracks each cycle of letters was provided to the Board members for review. The Board was reminded that an updated version of the Phase I letter, which includes naloxone information, is currently being used. A mailing for newly identified members was completed in February 2021 (111 providers accounting for 56 members). Letters will continue to be sent on a quarterly basis, as this intervention is part of the State plan to meet federal SUPPORT Act requirements.

Lynn also reminded the Board of Phase II of this intervention. Phase II letters are sent to high volume prescribers who are identified by the number of members that qualify for the intervention. The most recent set of Phase II letters were mailed to newly identified prescribers in February 2021 (4 providers accounting for 20 members). Review of the impacts of the Phase II letters is ongoing and will be presented to the Board again at a future meeting. Additionally, outreach calls are being utilized to continue to address specific providers.

Multiple CNS Depressants Intervention
Lynn reminded the Board of the new quarterly intervention approved at the September 2020 meeting that targets members who are on multiple CNS depressants. 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 member's profiles are reviewed by a pharmacist, and a letter is sent to prescribers regarding the risks of the noted polypharmacy. Lynn shared the alert message contained in the letter and reminded the Board that the first run of this intervention was performed during the November 2020 cycle. A total of 42 members were identified for review, with 40 cases being created. There were 93 letters sent to a total of 87 providers. For the first cycle, 18 provider responses were received, including seven comments. The responses were split close to equally between providers making positive changes and those who felt the benefits of the drug combination outweighed the risk.

The most recent set of letters for this intervention will be sent during March 2021. There were 48 members identified for intervention, with 29 members identified being new to the intervention. Lynn noted that due to a letter typo, the letter will be resent on all possible members. Due to systemic constraints, some letters are not able to be issued again. It was noted that future letters will only be mailed on newly identified members.

Patient Age Alert
Lynn noted that this topic is being presented to conclude the extensive review of this DUR alert. Lynn presented a historical review of how this alert came into existence. Several FDA warnings were issued associated with use of certain opioids in children. As a result of these warnings, multiple interventions were developed to address prescribers utilizing opioids in children. The initial interventions were implemented in 2017 with new RDUR criteria that allowed letters to be sent to prescribers. Multiple cycles of these letters were mailed and analyzed. Lynn presented the RDUR criteria and associated dates of mailings, including case and letter volumes. She reminded the Board that during the analysis of these interventions it was noted that a significant number of identified prescribers were dentists. To specifically address opioid use in dental providers, targeted intervention letters were mailed on two separate occasions. While letters did seem to be effective, there was still significant use of opioids in the pediatric population. In order to further address this problem, the decision was made to implement a prospective DUR alert in the claims system to address this ongoing issue. This prospective DUR alert is triggered when a member less than 18 years of age receives a medication containing codeine or tramadol as well as prescription cough and cold products that contain codeine or hydrocodone. The DUR alert was originally implemented on May 10, 2019, with further systematic changes made to ensure inclusion of members up to 18 years of age.

Lynn shared with the Board that the implementation of the DUR alert has been successful and has helped minimize the use of opioids in children. She shared multiple trend graphs that included data from 2017-2020 to illustrate the impact

this alert has had on both the volume of children receiving opioids and the volume of providers writing prescriptions for opioids in children. Trend graphs indicate significant decreases in the use of opioids, especially in children under the age of 12. Additionally, the number of providers prescribing opioids in children has significantly decreased and continues to remain low. At this time, the DUR alert is felt to be effectively addressing this concern and there will be no new focused RDUR interventions.

Opioids Prescribed by Dentists

Lynn continued the discussion of opioid use in children by again reminding the Board that during the initial RDUR interventions in 2017, the analysis of providers indicated a large volume of opioid claims in children were from dental providers. This resulted in a targeted intervention to address opioid prescribing in children by dentists. The intervention identified dental providers that had at least two members under the age of 18 that received more than 10 opioid pills. Lynn reviewed the letter volumes and noted that while letters have not been sent since 2018 this data is being tracked internally. The volume of prescribers in 2020 has decreased significantly but continues to be a source of concern. Lynn noted that the next steps will be to follow up on previously identified dental prescriber outliers and consider targeted dental letters for opioid prescribing in both children and adults.

Dr. Russ Dunkel, DDS was introduced and joined Lynn in continuing the discussion of the next steps for dental providers. He noted that the existing letter needed to be updated and suggested that both he and Dr. Tyska sign a newly updated letter. Additionally, he solicited feedback from the Board members on the inclusion parameters for the receipt of the new letters. Board members suggested that if the tone of the letter is educational that all identified dental providers should receive the letter. Updates on this intervention will be presented to the Board again when additional information is available for review.

Multiple Prospective DUR Alerts

Lynn started the discussion by reminding the Board that prospective DUR alerts are real-time alerts triggered when a potential drug therapy problem is identified; and that currently a pharmacy is only required to respond to one alert to override all DUR alerts on a claim. The alert hierarchy was presented, and Lynn went on to review each DUR alert, including parameters used to activate each alert. Also presented were the informational alerts which do not require a response from the pharmacy. Lynn went on to state that the current presentation is a follow up to the September 2018 meeting in which Board members voted to implement a system enhancement to require pharmacies to respond to all unique prospective DUR alerts. It was noted that in 2019 a multi-year system enhancement was started and the adjustments to the DUR alerts were included. Lynn was excited to announce that providers were notified of the response change on February 15, 2021, and that as of March 1, 2021, pharmacy providers are required to respond to each alert type.

Lock-In Annual Report

Katie Counts, PharmD**,** began the annual Lock-In Report with an overview of the program's functionality and objectives, which are to identify and reduce drug-seeking behavior and to identify inappropriate prescribing patterns. The program currently reviews three criteria that look for excessive use of controlled medications (#3147), combinations of buprenorphine with opioid agonists (#5304), and the excessive use of controlled substances with a history of drug poisoning (#9995). The Board was reminded of member rights, negating criteria used during reviews, and the types of letters sent to providers. A list of drugs that are included and excluded from the program was provided. There were no new criteria in 2020, however Board members approved a change to criteria #5304 in an effort to allow the most effective use of the criteria. The changed was implemented in April 2020. Katie notified the Board members that the approved change did indeed more accurately identify members in need of intervention.

A review of case counts for 2020 revealed a consistent trend in the number of cases identified for alerts, warnings, and lock-in. This is attributed to the use of a consistent reviewer and consistent requirements for a letter to be sent. It was noted that letters are sent on average every 6 months to allow the reviewer to better see changes to utilization patterns. Other trends noted for 2020 include a decrease in prescriber responses. The small decrease may be a result of COVID-19 impacts. Despite the decrease in overall responses, the percentage of responses with comments remained stable. The overall response rate was 17% with a comment rate of 56%. The majority of comments were positive and indicated positive actions are being taken, however as expected, there were comments that indicate the program can be a source of frustration for providers. Katie noted that prescriber frustrations may be related to a lack of prescriber understanding of the review process.

Prescriber Outreach Calls
Lynn introduced Tom Olson, Pharm D, who has been making provider outreach calls on both the opioid/benzodiazepine intervention and the high MME intervention. She reminded the Board members that both interventions are a result of SUPPORT Act requirements. Tom noted that the opioid/benzodiazepine outreach calls were made to prescribers identified in phase II who had received multiple letters and had no notable changes in prescribing despite the letters. Five prescribers were identified. One prescriber was contacted by Dr. Randall Cullen and was discussed at the December 2020 meeting. Tom contacted four prescribers but was only able to speak with two of them. One prescriber would not return his phone call and the other prescriber had moved to another unknown clinic. He noted that the two prescribers he spoke with were willing to adjust prescribing practices where they felt it was appropriate. Tom noted that these calls are challenging due to trying to discuss a group of members vs. an individual member in a limited amount of time.

The second set of outreach calls was to prescribers identified in the high MME intervention. The high MME intervention identifies members taking 250 or greater MME per day; letters are sent to the opioid prescriber. Prescribers were selected for an outreach call based on no change to the MME or an increase in the MME after receipt of an intervention letter. These outreach calls were started in August 2020. The first set of outreach calls were presented at the September 2020 DUR Board meeting. Post-call analysis of the first set does not indicate an immediate impact on MME trends despite prescribers indicating a tapering plan, but prescribers did not indicate a timeline for tapering. A second set of calls have been made. These calls asked specifically for the diagnosis to support opioid use, prescribing of naloxone, and plans to reduce opioid prescribing. Further analysis will be done for changes to utilization patterns for these members. Tom indicated that a new data analysis tool has been created to help identify prescribers for outreach calls and to track the members identified in the high MME intervention. Data from these outreach calls will continue to be presented at future Board meetings.

Vaccine Update
Kelsey presented the ongoing efforts of the Department of Health Services in the COVID-19 vaccination process, specifically focusing on the coverage and reimbursement within the Medicaid program. She noted that both the Pfizer and Moderna vaccine are currently covered and that coverage will be added for other vaccines when they receive FDA approval. Providers must indicate the administration code on claims due to federal funding of the vaccine and to track first and second doses of the vaccines. Reimbursement rates are aligned with geographically-adjusted Medicare rates. Additional information was presented including resources for vaccinators, COVID-19 summary data for Wisconsin and vaccine summary data for Wisconsin.

Tiffany Reilly was introduced to present information on vaccine coverage for the SeniorCare program. She noted that legislative updates were made to cover recommended vaccinations, including the COVID-19 vaccine, under the SeniorCare program. Vaccinations will be provider with no out-of-pocket expenses to the member and will not count toward a member's deductible or spenddown. A part of SeniorCare operates under an 1115 demonstration waiver; an amendment to the waiver must be approved before the program can cover the vaccinations. The required amendment has been submitted and is currently going through the CMS review process. Tiffany noted that claims for COVID-19 vaccines will be approved retroactively.

Adjournment
Michael Ochowski motioned to adjourn. The meeting adjourned at 3:43 p.m. Upcoming meetings are on the following Wednesdays: June 2, 2021, September 1, 2021, December 1, 2021, and March 2, 2022.

Guests: Gary Behrens, Sanofi Genzyme; Doug Johnson, Sobi; Robert Robey, Indivior, Inc.; Kelly Ruhland, Lilly USA; Jason Vandervest, Vertex Pharmaceuticals; Carmel Schwalm, Takeda; Nick Boyer, Braeburn Pharmaceuticals; Todd Kailas, Alkermes, Inc.; Jeff Knappen, Spark Therapeutics; Matthew Wright, Artia Solutions; Chris Van Wynen, Sarepta Therapeutics; Karen Floeder, Biohaven Pharmaceuticals; Rob Bigham, BioCryst; Thomas Erickson, Bristol Myers Squibb Co.; Holly Budlong, AbbVie; Rudell Christian, Alkermes, Inc.; Pauline Whelan, US WorldMeds; Porscha Showers, Gilead; Sean Staff, Chemocentryx; Rachel Yerges, Greenwich Biosciences; David Large, Biohaven Pharmaceuticals; Lee Marks, Orexo