MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, September 11, 2019
1:00 p.m. to 4:00 p.m.
1 W. Wilson Street, Room B370
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
Daniel Erickson, MD
Michelle Bensen, MD
Steve Tyska, MD
Absent:
Ward Brown, MD
Hannah Delong, MSN, PMHNP-B

DXC Staff
Present:
Tom Olson, PharmD
Katie Counts, PharmD
Michael Olsen
Eric Matyas
Willie Wilberg, PharmD
Randall Cullen, MD

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

Welcome and Introductions
Susan Seibert called the meeting to order at 1:02 p.m. and began with a welcome and thanks to the Board members for their attendance at the meeting. Susan and Lynn were announced as co-chairs for this meeting. Kelsey Brundage was announced as the new Pharmacy Section Chief. 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 March 2019 Meeting Minutes
The members were reminded of the meeting materials in their respective binders for reference and review. Susan 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. Additionally, a copy of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act and the CMS guidance for implementing the SUPPORT Act were sent via e-mail prior to the meeting. The June minutes were then briefly reviewed and approved with an initial motion from **Michael Ochowski** and a second from **Robert Breslow**. 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. A decrease in the use of both opioids and benzodiazepines has been noted for the last several quarters. In addition, trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2016 - 2019 were included. The trend continues, the average MME is decreasing, and the use of buprenorphine is increasing. Lynn noted an approximate 30% increase in use of buprenorphine since removing prior authorization requirements. DUR alert trends and quarterly deduplicated claims information were also included for Board review.

Patient Age Alert
Lynn provided the Board members of the history of the Patient Age alert, including the initial implementation in December 2018 and subsequent modification in May 2019. The alert is fully functional and is generated 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. Data presented at this meeting encompassed denials and override paid claims through June 2019. Board members expressed a desire to include reversed claims in future discussions in an effort

identify the volume of paid claims that were actually dispensed to a member. Further information on this topic will be presented at a future board meeting.

Therapeutic Duplication
Lynn provided the Board members with a history of this discussion. Modifications to First Data Bank (FDB) therapeutic classes, including benzodiazepines and some opioid analgesics, resulted in unexpected alert trends. Following the investigation of the trend changes, system updates were implemented in May 2019 to include the FDB updates to the drugs assigned in the therapeutic drug group. As expected, the number of Therapeutic Duplication alerts did increase. It was noted by Board members that the FDB classifications seem insufficient to address the duplication appropriately. In response, Lynn noted that long-term system changes are being discussed to address this issue.

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 morphine milligram equivalents (MME) or more of any non-medication-assisted therapy (MAT) opioid. A table that tracks each cycle of letters was provided for the Board members for review. The cycle dates are as follows: February 2018 (all identified members), September 2018 (all identified members), February 2019 (newly identified members only), and May 2019 (newly identified members only). A fifth cycle was mailed in August for all identified members (526 providers accounting for 403 members), as a new version of the phase I letter that includes naloxone information was utilized in this mailing. The new version of the phase I letter will continue to be used in future cycles but will be sent on newly identified members only. Board members commented that it is encouraging to see the number of identified providers and members continues to decrease with each successive cycle.

Lynn remined the Board of the Phase II letters were mailed to providers in June 2019. Letters were sent to 33 providers. The phase II letter was directed at prescribers identified in the three previous cycles who are considered outliers. This group of outliers was approximately 2% of the prescribers identified in phase I of the intervention. Further analysis on this group of prescribers is planned. Follow up information will be provided to the board at a later date.

Diazepam and Alprazolam Benzodiazepine Intervention
An initiative to start addressing chronic benzodiazepine use was introduced at the September 2018 meeting. Lynn reminded the board that letters were created to address the chronic use of alprazolam and to address the chronic use of diazepam. Lynn confirmed that the previous delays on the use of these letters have been resolved. Examples of the final letters were provided for Board review. The letters focus on the addictive properties of the medications and the risk of adverse reactions in the aging population. The letters also include extensive references, including guidelines for the treatment of anxiety disorders and strategies for deprescribing benzodiazepines. In the coming month, letters will be sent to prescribers who have multiple patients with 6 months of continuous use that meet the designated dose threshold. A special mailbox that will allow providers to correspond with Dr. Cullen will be utilized for this intervention. It was noted that a long-term goal for this intervention is the possible creation of a benzodiazepine-related newsletter. Board members gave several suggestions for follow up data, including distribution of member volume across prescribers and changes in distribution of dose across members involved in this intervention.

Naloxone Intervention
Lynn reminded the Board members of the June 2019 discussion of a naloxone intervention. While a letter intervention was not favored by the Board members, the requirement of dispensing naloxone before an opioid claim would pay was supported as a possible method of intervention. This method of intervention was discussed with management and it was decided that it is not within the scope of authority of DHS to enforce this type of requirement. Use of a “soft edit” pharmacy message is being investigated and will be brought back to the Board in the future, if needed.

DUR Annual Report
Lynn shared that the annual DUR report was submitted to CMS on time. For this year, CMS did not make any changes to the information required in the report. It was noted that changes are expected for next year with the implementation of the SUPPORT Act requirements. Further details on any changes that occur will be presented at a future meeting.

Benzodiazepines, Buspirone, and SSRIs/SNRIs

In light of the continued quarterly decrease in the use of benzodiazepines, it was decided to review claims data to validate whether prescribers are trying to follow treatment guidelines and switch members to other anxiety treatment modalities such as selective serotonin reuptake inhibitors (SSRI), serotonin-norepinephrine reuptake inhibitors (SNRI), and buspirone. Claims data was reviewed for the number of members receiving benzodiazepines by quarter and for members taking an SSRI, SNRI, or buspirone for at least 6 months following their last benzodiazepine prescription. Lynn shared that claims data does support the transition of members from benzodiazepines to preferred treatments, as the number of claims for all aforementioned classes has steadily increased. Board members commented that this is a good trend to see. A request was made to consider presenting future data as a rate, instead of an absolute number, to account for any fluctuations in the number of members enrolled in the plan.

Antipsychotic Use in Children

As a result of the SUPPORT Act, states must monitor and manage the appropriate use of antipsychotic medications in the pediatric population. The Board members were provided with a review of how the State manages the use of antipsychotics in the pediatric population. Lynn shared that current process requires a prior authorization (PA) for the use of an antipsychotic in children less than nine years of age. Additionally, psychiatrist consultants are performing outreach calls to prescribers with members 12 years of age and younger on multiple antipsychotics. Lynn also provided the history of the PA program for children stating that it was implemented in 2012, and further changes to the age requirement have been made in 2014 and 2018. PA volume was shared with the Board and reflects increases in volume as a result of those age changes. Prescriber specialty and member diagnosis data was also presented. The highest volume of prescribers continues to be psychiatrists and child psychiatrists.

Dr. Randall Cullen joined the discussion to review the diagnosis information. Dr. Cullen stated that over time the diagnostic criteria and codes available to providers have improved. Trends in the data gathered from PA submissions reflect the shift of diagnoses toward more appropriate categorization of behavioral symptoms. Dr. Cullen also noted that the changes in diagnostic criteria seems to have led to more cautious prescribing of antipsychotics in children. A review of the outreach call process was described by Lynn. Quarterly data is used to identify pediatric members 12 years of age and younger on two or more antipsychotics. Psychiatrist consultants then perform outreach calls to those prescribers to discuss the member case. A database is being created to track this process. Dr. Cullen shared four recent cases that he encountered through the consultation process. Overall, the prescribers have responded positively to this process. Positive changes to medication regimens are being made.

SUPPORT Act

Lynn reminded the Board that the SUPPORT Act creates new requirements for Medicare and Medicaid aimed at reducing opioid use. She then confirmed that awaited guidance to clarify the requirements has been provided by CMS and will be utilized to determine final implementation strategies for the Act. Lynn reminded the Board members of the previously completed program assessment, and then went on to discuss how the State will satisfy the requirements of the legislation. Items in direct relation to the DUR Board, including opioid safety edits, identifying the concurrent use of opioids and benzodiazepines or antipsychotics, monitoring opioid refills, monitoring maximum daily morphine equivalents, managing the use of antipsychotics in children, and fraud and abuse identification, were reviewed. The SUPPORT Act requires all states to implement these requirements by October 1, 2019.

Dental Discussion

Lynn was joined by Dr. Russ Dunkel, DDS to review an analysis of data on dentists who are prescribing opioids. Lynn reminded the Board members that an initiative was started in December 2017 to address the use of opioids by dentists in the pediatric population. Further analysis of claims data identified two dental prescribers who appeared to be outliers among their peers. After Lynn presented the data demonstrating the concerning prescribing pattern of the two oral surgeons compared to their peers, , she stated that Dr. Dunkel had been asked to make outreach calls these prescribers. Dr. Dunkel then discussed those calls with the board, noting that the calls were not well received. He also shared that he will be coming back to another meeting to share with the Board members what the State Dental Board is doing to address and educate dental practitioners on the prescribing of opioids.

Retrospective DUR Process Review

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

Adjournment

Jake Olson motioned to adjourn. The meeting adjourned at 4:02 p.m. Upcoming meetings are on the following Wednesdays: December 4, 2019, March 4, 2020, June 3, 2020, and September 9, 2020.

Guests: Doug Johnson, Sobi; Joe Cirrincione, Otsuka; Craig Haubach, Merck; Elizabeth Smalley, Merck; Susie Moroney, Novartis