MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, September 14, 2022
1:00 p.m. to 4:00 p.m.
Virtual meeting via Zoom

DUR Board Members	Gainwell Staff	DHS Staff
Present:	**Present:**	**Present:**
Jake Olson, PharmD	Tom Olson, PharmD	Kim Wohler
Michael Ochowski, RPh	Justin Soniat	Lynn Radmer, RPh
Ward Brown, MD	Willie Wilberg, PharmD	Tiffany Reilly
Paul Cesarz, RPh	Chally Clegg	Russ Dunkel, DDS
Robert Factor, MD	Emily Gentry, PharmD	Susan Seibert
Absent:	E	Pamela Appleby
Brook Passolt, MD		Kristie Chapman
Jordan Wulz, MD		Gwen Millett
		Travis Copeland, MD
		Darla Stachowiak

Welcome and Introductions
Kim Wohler 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. As the meeting was held virtually, Kim 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 June 2022 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 **Paul Cesarz** and a second from **Michael Ochowski**. The motion passed unanimously.

Quarterly DUR Reports
Lynn began by reviewing member enrollment. The enrolled member count does continue to increase since 2020 but is beginning to level off. Members will remain eligible for Medicaid since the current Public Health Emergency continuing through at least the end of 2022, however members may have their eligibility redetermined in the future when the Public Health Emergency expires. A question was raised regarding which members would be losing Medicaid when this occurs. Pam Appleby responded that there are a variety of reasons a member may lose eligibility upon redetermination, such as change of income, change in disability status, etc. During the Public Health Emergency these redeterminations have been temporarily put on hold but will resume after it expires. Lynn pointed out that claim volume and member count are trending upward but only marginally. Lynn then reviewed the quarterly reports with the Board beginning with 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, however Lynn did point out a slight upward trend for stimulant medications specifically. Trend graphs for the DUR alerts were also included. Lynn presented graphs for the percentage of adults and children on stimulant medications. She noted that this graph will be considered as an addition to the quarterly reports moving forward. The percentage of children on stimulant medications appears to be trending up slightly but is very cyclical due to the school year in this age group. Percentage of adults receiving stimulant medications is trending down slightly. A comparison graph of children and adults within the total Medicaid population shows that the greatest increase of members receiving stimulants has been within the adult population. The overall increase in adult membership appears to be the greatest factor driving up stimulant use. Additional DUR alert trend graphs were presented, and Lynn reminded the Board that the DAPO early refill alert does remain off since the March 2020 Public Health Emergency which contributes to the noted increase in early refills. Lynn pointed out that due to recent alert

changes that took place in November 2021, there has been a sharp rise in late refills as well as a sharp decline for therapeutic duplication. The patient age alert trend remains down. A trend graph for high cumulative dose was also presented. Lynn discussed the high cumulative dose alert and the changes associated to the October 2021 implementation of a soft alert in place of the informational alert. Pharmacists are required to respond to the new soft alert and alert trends have shifted as a result of this change. Lynn reminded the board that pharmacies are also able to pre-override these alerts when appropriate. The increase in overrides and pre-overrides was not unexpected and will continue to be monitored by the Department. In a comparison graph of all the alerts, Lynn noted that the steady rise in late refill over early refill is most likely related to the recent alert changes previously discussed. An overview of claim volume was presented to the board and the percentage of claims per quarter has continued to remain stable overall and 50% of paid claims are paid with no DUR alerts. Trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2019 - 2022 were also included. As seen in previous quarters, as the average MME has decreased, the use of buprenorphine has increased. The number of members receiving opioid dependency treatment with buprenorphine continues to slightly increase each quarter.

Naloxone

Two graphs representing naloxone use were presented. Lynn noted that because of new interventions required by CMS as part of the SUPPORT Act, the number of naloxone claims in the last year have increased significantly. Monthly naloxone letters began in March 2021 using data from February 2021. Letters are sent for new members or if a member had a new prescriber. Naloxone usage has increased dramatically with an 85% increase since fourth quarter 2020 to second quarter of 2022. Further analysis of the trend graph was done based on opioid use and MME levels. This analysis continues to reveal 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). Jake Olson recommended that it may be beneficial to review members receiving greater than 90 MME to determine how many of these members are actually filling naloxone. Several Board members added to this conversation as well. Lynn added that we do have an alert in place that goes to the pharmacy to consider naloxone for members receiving 90 MME, but evaluation for how many of these members are filling naloxone has not yet been conducted. Dr. Copeland suggested that it may be beneficial to track data with naloxone pickup in addition to other controlled substance claims as well, rather than focusing on opioids alone. This may be something we are able to review for future presentations to the Board surrounding naloxone use. Paul Cesarz also suggested potentially monitoring trends for naloxone use when there is no match to prescription opioid use. This may help determine what type of expense is involved for these emergency or other special cases in which opioids have not been prescribed. Also, Medicaid might consider trying to obtain opioid settlement funds to help support naloxone outreach endeavors.

Continuing Interventions

Multiple CNS Depressants

Lynn began by reminding the Board that for this quarterly intervention, the methodology has recently changed as of first quarter 2022. The new methodology 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, and are receiving 45 or more actual days' supply of each of the four medications during the quarter. The selected members are reviewed, and a letter is sent to prescribers regarding the risks of the noted polypharmacy. Letters are now being sent to the prescribers annually or if there is a prescriber change. For comparison, Lynn reminded the Board that with the old methodology only members on 90 or more days' supply were identified, and the prescriber letters were only sent one time per member rather than annually. Lynn noted that this change was made to increase the outreach and letters involved with this intervention. For second quarter 2022, there were 229 total members identified and 107 of those members were receiving greater than or equal to 45 days' supply. The number of new members identified was 35 and letters were sent to the prescribers associated with these members.

Opioid/Benzodiazepine

For the Opioid/Benzodiazepine intervention, Lynn noted that for second quarter, letters were sent out in August 2022. For this intervention members must be receiving 90 days of an opioid at 50 MME or greater along with a benzodiazepine agent for 90 days. There were 260 members identified in quarter two with 419 associated prescribers. Letters were only sent on new members. For quarter two there were 33 new members identified with 73 prescribers. These numbers continue to

decline over time. Additionally, Lynn discussed another aspect of this intervention dealing with the top prescribers, with five or more members meeting the criteria also has continued to decline.24 members involving four prescribers were identified in the recent quarter, three of these were considered new prescribers. Typically, letters are only sent to the new prescribers but this quarter the decision was made to send a letter to all four top prescribers as well. Lynn noted that moving forward we will plan on sending these letters to all top prescribers on at least an annual basis.

High MME

Lynn began the review of the high MME intervention by reminding the Board that the SUPPORT Act requires states to monitor the use of high dose opioids by members and prescribers. This intervention was started in December 2019. Lynn reminded the board of the MME threshold changes voted upon at the March 2022 meeting. The threshold was lowered from 250 to 180 MME. HID/Kepro began reviewing members using the new criteria in March 2022 and letters were sent to the opioid prescribers who were identified. In addition to the MME threshold changes, letters are now being sent to prescribers at least annually or after six months if there has been a noted prescriber change. Lynn shared the current letter volumes and noted that as expected, member reviews and prescriber letters did show an increase following the recent changes this year. Additionally, prescribers will still be selected for an outreach call based on no change to the MME or an increase in the MME after receipt of an intervention letter. Lynn shared the continuing intervention spreadsheet with the board, which provided an overview of these interventions and associated letter volumes. Information regarding the outreach phone calls will also be included on the continuing intervention report moving forward. Lynn stated that the overall intent is to continue reducing the MME threshold in the future.

CMS Annual Report

Lynn walked through the individual sections included in the CMS Annual Report which is completed before the end of June each year. Lynn discussed that the Fraud Waste and Abuse portion is the biggest section included with this report and went over the individual components including Lock-n Program, PDMP, Opioids, MME Daily Dose, Opioid Use Disorder Treatment, Outpatient Treatment Programs, and Antipsychotics and Stimulants. Lynn also provided the Board with the link to the recent CMS annual report.

Targeted Intervention for Dental Prescribers and Opioid Prescribing Update

Lynn reminded the Board of this intervention and the previous letters that were sent. Intervention letters were sent in 2017 and 2018, to prescribers who have two or more members under the age of 18, who received more than 10 pills. The initial letter sent in 2017 involved 128 prescribers. There were 30 new prescribers identified the following year who also received a letter. Lynn presented the revised criteria which was updated in 2021 to include adult members. Prescribers who have five or more members receiving more than 10 pills and letters were developed to be specific to both adults and children. Letters were sent in October 2021. Approximately six months after the letters were sent the data was re-run and showed a decline in total prescribers, total members, and number of children. The criteria was updated again in August of this year. After input from the Board at the June DUR meeting, the new criteria looked at prescribers who have three or more members under the age of 16, who received more than 10 pills or who have members 16 years of age and older who received more than 12 pills. Dr. Dunkel felt that dental providers tend to identify members that are 16 or older more as an adult patient versus a child, so the decision was made to change the age of children from under 18 to under 16 years of age. Lynn noted that from January through June 2022 the number of members and notably children identified for the intervention was significantly lower because of these criteria changes. Lynn mentioned that one potential impact to the large decrease in children could be due to an increase in wisdom tooth extractions done on older teens in the 16-to-17-year range. The most recent letters were sent in August of this year and a potential impact analysis will be performed with Dr. Dunkel using this data.

Lock-In Criteria Discussion

Emily began the discussion with a brief overview of the lock-in program and the processes involved with these reviews conducted by HID/Kepro on a monthly basis. Emily discussed the criteria that is currently in place to review members and the updates that were voted on at the March DUR meeting earlier this year. Prior to the March meeting, the trigger for a hit within the system was 240 days' supply in the most recent 90-day period. Beginning in April 2022 this was reduced to 210 days' supply per 90 days. Emily presented the data from November 2021 through August 2022 outlining total profiles reviewed and total cases identified during this time period comparing pre and post criteria change data. Based on the data available from this time period there was a significant decrease in the percentage of actionable cases and total

physician responses since the criteria updates beginning in April of this year. Emily pointed out that the lower percentage seen is most likely due to the higher volume of low-intensity reviews and increased frequency of case rejection due to a lack of significant evidence of misuse and/or abuse. A proposal was brought before the Board to increase the days' supply to 220 days' supply in 90 days to determine if a higher day supply may decrease the number of low-intensity reviews and therefore improve overall program efficiency. The plan would be to monitor this change for at least three months and re-evaluate. We will consider an increase to 230 and potentially back to the original 240 days' supply. Lynn also added that the reason the day supply was initially lowered in April was due to a contract change that allowed for an increased number of reviews. Based on this, changes were made to determine if lowering the day' supply could have a positive impact, however based on the data now available we believe that the days' supply may have been decreased too low. A motion to accept the proposed change for Lock-In criteria 3147 was made by **Paul Cesarz** with a second by **Jake Olson**. The Board voted unanimously to move forward with the proposed criteria changes.

Opioid Script Limit Discussion

Lynn began by reminding the Board that the Opioid Script Limit was initially implemented in January of 2011. Lynn noted that this is not a policy that is frequently reviewed with the Board, but it is included with the opioid initiatives within the annual CMS report. Lynn provided a brief overview of this policy and the processes currently in place. Several graphs were also presented reviewing claims denials, override trends, average dispense quantity and MME. Lynn noted that the denials and overrides were showing an overall downward trend from 2011 to 2021. However, the denials and overrides are showing a slight upward trend from 2019 to 2021. Lynn summarized, that overall, we have seen positive success for the program. Average dispensed quantity and average MME by override have shown a slight downward trend. Continued monitoring of the program will be done to identify any significant changes in a timely manner. Lynn mentioned that moving forward this will be included with the quarterly data, specifically the average MME by override and annual override percentages for claim denials.

Polypharmacy of Sedating Medications in Children

Dr. Copeland began by providing an overview of the sedating medication initiatives, including the ongoing intervention for multiple CNS Depressants in Adults beginning in 2020. In 2021 six children met the adult criteria and prescribers for two of these children were contacted and cases discussed. The initial criteria in place looked at members aged 0-18 on agents from three or more drug groups for 90 days or more in the last quarter. An exploratory data set from fourth quarter of 2021 identified 56 children from July-December 2021 and these cases were then reviewed. In late 2021 to February of 2022 a more expanded medication list was developed to reflect the more commonly prescribed sedating medications in children. Some of the updates to this list included all antipsychotics, all opioids except MAT drugs, and cyproheptadine was also added. In second quarter 2022 data from January-June of 2022 was reviewed and a total of 110 members, including the 24 members from the exploratory data set, met criteria. There were a total of 267 prescriber letters sent, and Dr. Copeland provided the Board with an overview of those intervention letters. Letters were sent regarding members 18 and under who had been prescribed agents from three or more drug groups for 90 days or more with at least one claim in the last month. All prescribers during the data period were sent a letter, including prescribers that were prescribing nonsedating medications for the children. In addition to the letters, Dr. Copeland discussed that criteria are being developed to identify the highest risk members who may benefit from or require additional clinical outreach from Dr. Copeland. The criteria may involve dose consideration, specific combinations of medications, or both. Dr. Copeland then reviewed six individual patient cases with the Board. He summarized that of the six patient cases reviewed, four of the six showed a reduction in sedating medications with none showing an increase in sedating medications post intervention. Dr. Copeland noted that the drug list may continue to be expanded in the future to include additional sedating medications such as skeletal muscle relaxants. Additionally, there may be modifications to the intervention currently in place regarding the frequency of identifying these members and the frequency with which these prescribers are notified or re-notified. There will be an impact analysis done in the future to analyze the data since the most recent letters were sent out in August of this year.

Kratom Discussion

This topic was an add-on item to the board meeting agenda. Dr. Dunkel spoke to the Board about the current Kratom issue. Dr. Dunkel informed the Board that Wisconsin is one of six states that has Kratom listed as a schedule one controlled substance medication. The current request by legislation is to remove the scheduling associated with this medication. Dr. Dunkel addressed concerns about this and expressed that he would like to receive additional feedback or

input from the Board on this issue. Several Board members weighed in on the topic and felt similarly that there is not sufficient peer-reviewed evidence or documentation to support that this medication is truly safe and effective. After discussion it was agreed upon by several Board members that removing the regulations or scheduling for this medication would not be appropriate at this time.

Diazepam Impact Analysis

Lynn began this discussion with a summary of the intervention and a correction to the information previously presented at the June DUR meeting. Lynn pointed out that the dosing of 20mg or more for diazepam and 10mg or more of alprazolam was incorrect. She provided clarification that after looking further into what was done in the previous intervention the dosing was actually at 10mg or more of diazepam and 3mg or more of alprazolam respectively. The alprazolam intervention will be discussed in more detail at the December meeting, however due to the incorrect information, Lynn provided clarification for both agents and doses. Lynn reviewed the criteria for the diazepam intervention specifically. The criteria looked for members with at least one claim in the last month of the intervention identification period, June 2019. The member must also have at least 160 days' supply over the six-month period of January to June 2019 and must be receiving greater than 10 milligrams daily for six months. Members were excluded that had been diagnosed with a seizure since October 1, 2016. Prescribers who had three or more members meeting criteria were sent an intervention letter. The letters were sent in October of 2019 to 17 prescribers. After the initial intervention was discussed in detail, Lynn presented the impact analysis. A graph looking at the success rate trend was presented and showed that there was a success rate of 39% six months after the letters were sent, and 48% one year after the letters were sent. When reviewing the 17 prescribers who received letters, only two prescribers still had three or more members above criteria one year after the letters were sent out. These prescribers were contacted by Dr. Cullen personally. Member counts for multiple prescribers were also reviewed. In second quarter of 2019, 44 members received prescriptions from one prescriber and seven members received prescriptions from more than one prescriber. In third quarter 2020, 19 members received prescriptions from one prescriber and three members receive prescriptions from more than one prescriber within the group of prescribers who received a letter. Member counts for additional benzodiazepine use was also analyzed and three members had received prescriptions for additional benzodiazepines from second quarter 2019 to third quarter of 2020. Lynn noted that there appeared to be a downward titration for members who were receiving additional benzodiazepine agents. Additional interventions are not planned at this time but will be discussed further once the analysis has been completed for the other benzodiazepine agents.

Adjournment

Mike Ochowski motioned to adjourn the meeting with a second by **Robert Factor**. The meeting adjourned at 3:52 p.m. Upcoming meetings are on the following Wednesdays: December 7, 2022, March 1, 2023, June 7, 2023, and September 13th, 2023.

Guests: Kellie Murry, Neurelis; Matthew Wright, Artia Solutions; Bradley Kalkwarf, Regeneron; Doug Johnson, Sobi; Kelly Ruhland, Lilly USA; Julie Lair, PTC Therapeutics; Jessica Grussing, Neurelis; Kimbra Brooks, Abbot; Rami Rihani, Genentech; Kelly Hamilton, Takeda; John Bullard, Alexion-AstraZeneca