MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, December 2, 2020
1:00 p.m. to 3:45 p.m.
Virtual meeting via Zoom

DUR Board Members	GWT Staff	DHS Staff
Present:	**Present:**	**Present:**
Steve Tyska, MD	Tom Olson, PharmD	Kelsey Brundage
Ward Brown, MD	Katie Counts, PharmD	Lynn Radmer, RPh
Jake Olson, PharmD	Michael Olsen	Tiffany Reilly
Michael Ochowski, RPh	Eric Matyas	Russ Dunkel, DDS
Jordan Wulz, PharmD	Willie Wilberg, PharmD	Susan Seibert
Paul Cesarz, RPh	Chally Clegg	Robert Eldredge
Robert Factor, MD	Randall Cullen, MD	Vaughn Brandt
Absent:	Darla Stachowiak	Dean Krahn, MD
Julie Sager, MD		

Welcome and Introductions
Kelsey Brundage called the meeting to order at 1:06 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 instruction on how the meeting would proceed.

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 September 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 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 (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, for the first time in many months, an increase in the number of members receiving opioids was noted. This trend will be monitored and evaluated for any issues to present to the Board. Lynn noted that enrollment has continued to increase over the third 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 third quarter. The decrease is being attributed to more limited access to in-person care during the COVID-19 pandemic. The last trend graph presented was for naloxone. Lynn noted that as a result of new FDA warnings and prescribing recommendations, a trend graph has been added to the quarterly DUR reports. The number of naloxone claims has increased. The DUR work group plans to analyze the claims further and consider additional graphs that correlate to the percentage of members receiving an opioid claim for presentation at a future Board meeting.

DUR alert trends and quarterly deduplicated claims information were also included for Board review and were discussed in more 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 second quarter trend and remain lower than in recent quarters. Additionally, the number of claims for a day supply greater than 34 days has increased. Notable changes to DUR alerts include an increase in the Early Refill alert and a steep increase in High Cumulative Dose 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. The increase in the High Cumulative Dose alert was expected as this alert was recently implemented on June 1, 2020.

Opioid/Benzodiazepine Intervention
Lynn provided a recap of the opioid/benzodiazepine intervention. The intervention targets 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 is to be completed in December 2020 (134 providers accounting for 59 members). Letters will continue to be sent on a quarterly basis, as this intervention is part of the State plan to meet SUPPORT Act requirements.

Lynn 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 will be mailed to providers in December 2020 (14 providers accounting for 121 members). Initial impact analysis of the letters sent in February 2020 has been completed. Positive changes were noted for both members and providers. Members were reviewed for changes in prescribers and ongoing inclusion in the intervention. A noteworthy change for members was that 62 members had a decrease in their opioid dosage that fell below the threshold to result in their exclusion from the intervention. A positive change on the prescriber side was that 10 of 19 prescribers had significant decreases in the number of members that met the threshold for inclusion in the intervention. The number of prescribers identified for the December letter did decrease from 19 to 14. Four of the December prescribers were new to the Phase II letter process. Review of the impacts of the Phase II are ongoing and will be presented to the Board again at a future meeting. Additionally, outreach calls may be utilized to continue to address specific prescribers.

Patient Age Alert
Lynn noted that this topic is being presented as a result of a request by the Board at a previous meeting for further information on paid claims. The original implementation date of this alert was May 10, 2019. 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 trend graph presented confirms a decrease in claims activity in 2020. This sharp decrease is being attributed to limited access to in-person care, likely reduced dental procedures during the COVID-19 pandemic, rather than changes in prescribing habits. A further look at claims indicates that most claims (70-80%) are being paid as a result of an override and the medications are being dispensed. Despite the payment of most claims, the claim volume is low. The State feels that this is due to the prescriber intervention letters sent prior to the implementation of the DUR alert rather than the alert itself. The use of this alert will continue to be monitored. Any significant changes will be brought back to the Board at a later date. During discussion with the Board, Lynn noted that most of the prescribers in the pre-intervention letters and those identified by claims information are dental providers. Board members suggested that appropriate use of opioids continue to be addressed with dental providers. Dr. Russ Dunkel, the State dental consultant, did remind Board members that outreach has been done with outlying prescribers and ongoing education of dental providers continues. He also noted that the Wisconsin Dental Pain Protocol Project (presented at the September 2020 meeting) is now available as a webinar and has had great response from dental 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 letter focuses on those members considered high risk due to chronic concurrent use. The selected members are reviewed, and a letter will be sent to providers regarding the risks of the noted polypharmacy. Lynn shared the alert message contained in the letter and stated 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. Provider responses and comments will be reviewed at a future meeting.

Board discussion at the September meeting included how the members selected for this intervention correlated to those that may be identified in the Trinity Intervention. As a result, the Trinity Intervention, which was originally run in January

2017 cycle, was rerun in the September 2020 cycle. Lynn provided a brief review of the Trinity Intervention, including the alert message and how members are identified to be included in the review. Data analysis was presented for both 2017 and 2020. In 2017, 59 cases were created for 65 members resulting in 80 letters to 72 providers. In 2020, 26 cases were created for 28 members resulting in 39 letters to 38 providers. It was noted that there was a 50% decrease in the number of members and providers identified in 2020 when compared to 2017. Further comparative findings include five providers and four members identified in both the 2017 and 2020 interventions. All repeat members were with the same provider that was identified in 2017. Provider responses and comments were shared with the Board. Further follow up via an outreach call may be warranted for one provider. Comparative findings between the 2020 Trinity Intervention and the Multiple CNS Depressant Intervention include four providers and 3 members identified in both interventions.

Hub & Spoke Integrated Recovery Support Services

Kelsey introduced Vaughn Brandt and Dr. Dean Krahn who went on to present an overview of the Wisconsin Hub and Spoke Integrated Recovery Support Services pilot project that was initiated as a result of recommendations from the Governor's Task Force on Opioid Abuse. The pilot program will be delivered under the Medicaid health home benefit for persons with substance use disorders. Several states use a hub-and-spoke model for treatment of opioid use disorder. However, Wisconsin will be unique in that the program will address a variety of addiction challenges such as opiates, alcohol, and methamphetamine abuse. The program intends to promote comprehensive care management for individuals with chronic and severe substance use disorders by utilizing a team-based approach to care. Initially, there will be three locations around the state for that will participate in the program.

Benzodiazepine Newsletter

Lynn reminded the Board that this newsletter has been an ongoing project for many months. Dr. Randall Cullen, who was an integral part of the project, was introduced to provide an overview of the newsletter to the Board. Dr. Cullen reviewed the rationale behind the desire to create the newsletter which arose from multiple DUR interventions involving benzodiazepines, increases in benzodiazepine prescribing, efforts in other countries to decrease the use of benzodiazepines, and recent FDA labeling changes to benzodiazepines. Included in the newsletter are multiple guidelines for treating anxiety disorders, risk stratification for benzodiazepine use, challenges in the management of chronic benzodiazepine use, and considerations for deprescribing benzodiazepines. Dr. Cullen reviewed each section with the Board and highlighted the main topics addressed in the section. Multiple provider resources are included in the newsletter. The final version is expected to be released to providers and pharmacies this month.

Preferred Drug List Update

Lynn provided an update from the November 2020 PDL meeting. There were reviews for 44 classes of drugs. A new class for movement disorders was reviewed. Other notable drug classes included mental health drug classes, sedative/hypnotics, ophthalmic medications, allergy medications, and cytokine & CAM antagonists. Additionally, the status of Adderall® and Adderall XR® will be changed from "brand medically necessary" to "brand before generic". This change will occur on January 1, 2021. Further communication efforts are planned ahead of this change to ensure that all providers are aware of the change.

Adjournment

Michael Ochowski motioned to adjourn. The meeting adjourned at 3:27 p.m. Upcoming meetings are on the following Wednesdays: March 3, 2021, June 2, 2021, September 1, 2021, and December 1, 2021.

Guests: Gary Behrens, Sanofi Genzyme; Doug Johnson, Sobi; Robert Robey, Indivior, Inc.; Kelly Ruhland, Lilly USA; Craig Haubach, Merck; Jason Vandervest, Vertex Pharmaceuticals; April Gault, Takeda; Lisa Tracz, Global Blood Therapeutics; Carmel Schwalm, Takeda; Nick Boyer, Braeburn Pharmaceuticals; Steven Isaki, Lundbeck; Daniel Iloh, Abbott; Brent DePriest, GlaxoSmithKline (GSK); Todd Kailas, Alkermes, Inc.; Jeff Knappen, Spark Therapeutics; Kim Witte, Novartis Gene Therapies; Steven Berardino, Agios; Mary Stoots, Artia Solutions