MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, December 4, 2019
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
Ward Brown, MD
Jake Olson, PharmD
Michael Ochowski, RPh
Robert Breslow, RPh
Daniel Erickson, MD
Steve Tyska, MD
Absent:
Paul Cesarz, RPh
Hannah Delong, MSN, PMHNP-B
Michael Brown, Pharm D

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
Russ Dunkel, DDS
Paul Krupski
Katharine Rifken
Lynne Cotter

Welcome and Introductions
Susan Seibert called the meeting to order at 1:01 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. 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 September 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. The September minutes were then briefly reviewed and approved with an initial motion from **Robert Breslow** and a second from **Ward Brown**. 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. 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. As seen with last quarter, as the average MME has decreased, and the use of buprenorphine has increased. After discussion during the September Board meeting, a trend graph member enrollment was included in the reports to confirm steady enrollment numbers with no significant changes from 2016-2019. DUR alert trends and quarterly deduplicated claims information were also included for Board review.

Patient Age Alert
Lynn provided the Board members with 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 the September meeting encompassed denials and override paid claims thru June 2019. Board members expressed a desire to include reversed claims in future discussions in an effort to identify the volume of paid claims that were actually dispensed to a member. Lynn presented the requested claims information. The new claims information does support a positive outcome of the medication not being dispensed. However, it was noted by a Board member that the downward trend in post-override claims and the upward trend in the

pre-override claims may indicate that the overall impact of the system alert is minimal. The letter portion of this intervention seemed to have the most impact. Lynn indicated this intervention will no longer be separately reviewed at future Board meetings, unless changes in the alert trend are noted. The Board expressed interest in review the patient age alert in the future.

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 MMEs 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), 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. No new letters have been sent since the September Board meeting, but letters will continue to be sent as this intervention is part of the State plan to meet the SUPPORT Act requirements.

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 two percent of the prescribers identified in phase I of the intervention. Preliminary analysis on this group of prescribers was done. The number of qualifying members was reviewed before and after the intervention letter. Claims analysis was used to identify three prescribers that appeared to have made positive changes (fewer qualifying members in the post letter period), and three prescribers where additional follow-up may be needed (more qualifying members in the post letter period). Additional analysis of the top two percent of prescribers for the post letter period indicated there are new prescribers in this group. The current letter will be revised to address newly identified providers and the intervention will continue every six months.

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 letters were sent in October 2019 to prescribers who have multiple patients with six months of continuous use that meet the designated dose threshold. Letters were sent to 75 alprazolam prescribers, and 17 diazepam prescribers. After a review of prescriber responses, Dr. Randall Cullen was asked to make outreach calls to several of the prescribers with a higher volume of qualifying members. Of note, most of the outreach calls were made to psychiatrists. Dr. Cullen stated that these calls included prescribers sharing concerns over deprescribing and lack of knowledge on the deprescribing process. Additionally, several prescribers noted having “inherited” members already on the current doses, and lack of interest in dosage adjustment by members as barriers to making changes. Board members gave several suggestions for follow up letters and topics to discuss in a benzodiazepine newsletter, including addressing prescribing guidelines for benzodiazepine-naïve members to encourage new prescribing habits, and providing detailed deprescribing and possible taper plans. Further information on this topic will be presented at future board meetings as the newsletter development continues.

Retrospective DUR Process Review

Katie provided an overview of the monthly retrospective drug utilization review process. The review began with a reminder that 1000 member profiles are reviewed each month and that those profiles are created using pharmacy and medical claims. The claims are processed against system criteria to generate a report that identifies potential drug related problems. Profile selection strategies, by criteria or by risk score, were discussed. Examples of criteria specific selection were provided, and a review of risk score calculation and factors included in that calculation was presented. It was noted that a pharmacist reviews each selected profile for potential letter intervention to one or more providers in reference to one or more identified problems. Profile contents that may be utilized during the review process include medication claims, diagnosis information, pharmacy and prescriber history, as well as previous interventions. Examples of identified problems include drug-drug interactions, drug-disease interactions, utilization discrepancies, therapeutic duplication, etc. Statistical information, including case classification and distribution, letter volume, and prescriber response volume for calendar year 2018 was also presented.

Wisconsin Opioid Data Direct Website

Susan introduced Katharine Rifken and Lynne Cotter who provided a demonstration of the Department of Health Services (DHS) website Data Direct: Opioids (https://www.dhs.wisconsin.gov/opioids/dashboards.htm). This website was created as part of a grant to combat the opioid crisis. It is an interdivisional project between the Department of Care and Treatment Services (DCTS) and the Division of Public Health (DPH). The publicly available website contains trend data on the usage of opioids in adults and minors, as well as hospitalizations and deaths attributed to opioid use. Katherine and Lynne gave an overview of the site functionality in addition to an in-depth review of the information available within the site. It is noted that the available data can be filtered in multiple ways including by age, gender, race, ethnicity, etc. Data can also be displayed for the state as a whole, or by county. The data on the website is updated at frequent intervals in order to provide the most up to date information available.

SUPPORT Act

Lynn reminded the Board that the SUPPORT Act creates new requirements for Medicare and Medicaid aimed at reducing opioid use. She then reminded the Board members of the previously completed program assessment, and then went on to discuss three new provisions that will be implemented to further satisfy the requirements of the legislation. An update to the drugs included in the short acting opioid quantity limit edit will be implemented. It is noted that not all short acting opioids are currently included in this edit. The current list of drugs included in this edit were discussed and the additional drugs that will be incorporated into the edit were noted for the board. Additionally, the State would like to consider a reduction in quantity limits for short-acting opioids in 2020. A claims review of the current dispensing quantities and the number of potential members impacted by this reduction were discussed.

The other two provisions are in regard to the safety and claims edit requirements for MMEs. Lynn described a prospective informational alert that will be displayed to a pharmacy when a single claim has a daily MME greater than or equal to 90. The alert will be informational and thus will not stop a claim from paying. The alert will be implemented in the second quarter of 2020. The Board was asked to vote on the location of the alert in the prospective DUR alert hierarchy. The recommended location was the eighth location and this was approved unanimously by the Board. Additionally, Lynn informed the Board of a new retrospective criteria and letter that will be implemented as part of the monthly retrospective DUR process. Members with a cumulative daily MME of 250 or greater will be identified and a letter will be sent to the corresponding prescribers. Letters will be sent starting in December 2019 or January 2020. A copy of the letter was included for the Board to review.

2020 DUR Work Plan

Susan and Lynn discussed the need to begin addressing potential topics for discussion at the 2020 meetings. Susan noted that an email will be sent to Board members with a survey for ideas. Lynn noted that the benzodiazepine newsletter and SUPPORT Act requirements will be priorities for 2020. There was discussion about potentially providing the Board with a review of the software systems used in pharmacies to give a better understanding of workflow and how the alerts that are being implemented by the Board impact that workflow. Susan also reminded the Board of the dates of the 2020 meetings.

Adjournment

Michael Ochowski motioned to adjourn. The meeting adjourned at 4:04 p.m. Upcoming meetings are on the following Wednesdays: March 4, 2020, June 3, 2020, September 9, 2020, and December 2, 2020.

Guests: Doug Johnson, Sobi; Gary Behrens, Sanofi Genzyme; Kelly Ruhland, Lilly; Danielle Womack, PSW