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

DUR Board Members Present:
Jake Olson, PharmD
Michael Ochowski, RPh
Paul Cesarz, RPh
Brook Passolt, MD
Jordan Wulz, PharmD
Jeff Huebner, MD

Absent:
Ward Brown, MD
Robert Factor, MD

Gainwell Staff Present:
Tom Olson, PharmD
Justin Soniat
Willie Wilberg, PharmD
Chally Clegg
Elise Ormonde
Emily Gentry, PharmD
Travis Copeland, MD

DHS Staff Present:
Kim Wohler
Lynn Radmer, RPh
Tiffany Reilly
Russ Dunkel, DDS
Susan Seibert
Pamela Appleby
Darla Stachowiak

Welcome and Introductions
Kim Wohler 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. 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 December 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 December minutes were briefly reviewed and approved with an initial motion from **Paul Cesarz** and a second from **Michael Ochowski**. The motion passed unanimously.

Public Health Emergency (PHE) Unwinding Update
Pam Appleby provided an update at the start of the meeting for the PHE unwinding. The state has received written confirmation that the PHE will be ending effective May 11, 2023. The department is currently in the process of producing communications for providers related to the different flexibilities that will be ending at this time and will continue to provide additional updates as they become available.

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. Lynn pointed out that claim volume and member count are trending upward but only marginally. December 1, 2022, we rolled back to previous policy regarding one month dispensing policy for most drugs. We anticipate the claim count will continue to rise. 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. Of the five members identified in the last quarter, three received alert letters, one received a warning, and one member was currently suppressed due to a recent letter that had been sent. Overall, the downward trends for these medications continue.

Lynn presented graphs for the percentage of adults and children on stimulant medications. The percentage of children on stimulant medications remains very cyclical due to the school year in this age group. Use in children trended down at the beginning of the Public Health Emergency, but there has been a slight increase recently. Overall, we are seeing a downward trend in both children and adults. A comparison graph of the number of children and adults within the total Medicaid population shows that the increase in stimulant use appears to be driven by the increased number of adults in Medicaid. Lynn presented the DUR alert trend graphs. The All-Alert graph is trending up due to the overall increased number of claims. Lynn reminded the Board that the DAPO early refill alert (hard stop) was off throughout 2021 and

most of 2022, except for Schedule II drugs. As of December 1, 2022, the DAPO early refill alert was reinstated. 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. Lynn noted approximately a 42% increase in late refill and an 18% decline in therapeutic duplication since the changes were made one year ago but are beginning to stabilize. 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. Pharmacies are required to respond to the new soft alert and alert trends have shifted because 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. Overall, approximately 78% of the denied claims do receive an override currently. 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 approximately 50% of paid claims are paid with no DUR alerts. Jeff Huebner raised a question about late refill and how that is currently being used. Lynn responded that at this time no specific action is taken for late refill other than reviewing which products should be monitored for late refill and when alerts for this should be sent. Mike Ochowski also added that this data is available if needed to help identify a potential problem within patient care but is not generally monitored or reviewed closely otherwise. Trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2020 - 2022 were also included. The average MME remains below 50 and continues to trend downward. As seen in previous quarters, as the average MME has decreased, the use of buprenorphine has increased.

Naloxone

The first two graphs Lynn presented to the Board were looking at naloxone member trends from 2020-2022. Monthly naloxone intervention letters began in March 2021 using data from February 2021. Letters are sent for new members or if a member has a new prescriber for naloxone. The letters that go out focus on both opioid use without current claim for naloxone and members with a medication related poisoning and no naloxone. Approximately 40-45 members are reviewed each month. Naloxone usage has increased dramatically from fourth quarter 2020 to fourth 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 50 MME per day). Lynn presented a slide which was introduced at the December 2022 meeting, tracking naloxone fills for members at 90 MME or greater. From third quarter 2022 to fourth quarter 2022, we saw a reduction in members with 90 MME as well as a slight increase in naloxone dispensed. The average percent of members with 90 MME or greater and receiving a naloxone fill for fourth quarter was 10%.

Opioid Script Limit

Lynn began by presenting the average MME by override. Between the second and third quarter of 2022, there was a noticeable increase in the average MME which was reviewed further. This increase was due to two outlier claims during this time frame for members with cancer diagnoses and high MME claims for a small day's supply. Moving forward there will be a process in place to monitor for these outliers on a quarterly basis. The percent of override trend was also presented and has remained stable overall.

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 when there has been a noted 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. In first quarter 2022 there were 107 members identified as receiving greater than or equal to 45 days' supply of each drug and letters were sent to the prescribers associated with these members. For fourth quarter 2022, there were 198 members on all four drugs, 84 members with 45 or more total

days supply, and only 13 members that were considered new and were lettered on for this intervention. Lynn reminded the board that all of these numbers can be located and will be updated quarterly on the continuing intervention spreadsheet.

High MME

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 the MME threshold changes was lowered from 250 to 180 MME. 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 past year. Additionally, prescribers are 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 noted that there will be some additional analysis conducted for this to determine if the MME threshold should be dropped again to 150 MME later this year.

Benzodiazepine Letter Intervention

Lynn began by reviewing the previous benzodiazepine interventions that have been conducted. The first intervention was for alprazolam and diazepam to address long-term use of these agents. Members taking greater than 3mg of alprazolam or greater than 10 mg of diazepam were identified. Letters to alprazolam/diazepam prescribers were sent in October 2019, and a small number of phone calls were made by Dr. Cullen to outlier prescribers. There were 501 members meeting criteria for alprazolam and 53 members for diazepam. The next, smaller benzodiazepine intervention was focused on triazolam and members taking greater than seven days of triazolam were identified. There were 49 members that met this criterion. Letters to triazolam prescribers were sent in November 2018. This was a follow up to previous triazolam intervention conducted in 2014. The new benzodiazepine letter will be a combined letter addressing long-term use of these agents and will identify members taking diazepam, alprazolam, clonazepam and lorazepam above designated dose thresholds for six or more months. Members with a seizure disorder are excluded. There are 93 prescribers for 334 members identified. The letter has been signed by Dr. Huebner and Dr. Copeland and will be sent out later this month. There will be additional updates for this intervention in the future.

Opioid/Benzodiazepine Intervention and Letter

For the Opioid/Benzodiazepine intervention there are two phases. The phase one letters, are focused on members who have chronic opioid (non-medication-assisted treatment) and benzodiazepine use and who exceeded 50 MMEs per day. Chronic use is defined as 90 days each of opioids and benzodiazepines in 90 days. The phase two letters involve members who have chronic opioid (non-medication-assisted treatment) and benzodiazepine use and who exceeded 50MMEs per day, but phase two specifically identifies the top 2% of prescribers with members meeting the criteria and who previously received the phase one letter. Lynn noted that for fourth quarter, there were 235 members identified who were on this combination and 368 prescribers. Letters were only sent on new members and for fourth quarter only 27 new members with 61 prescribers were identified. These numbers continue to decline over time. The top prescribers with five or more members meeting the criteria were also reviewed. Fifteen members involving two prescribers were identified in the recent quarter, and only one of these was considered a new prescriber. Lynn noted that this continues to trend down as well.

Narcotic Cough Syrup Intervention

Lynn began with a reminder that this topic was initially discussed at the December 2022 DUR board meeting and at this time is being brought back for follow up discussion and upcoming plans for this intervention. Beginning January 2023 this criterion is being reviewed monthly as a focused intervention and plan to continue through second quarter 2023. Members receiving 24-days' supply or more of narcotic cough syrup in the current 90 days are identified for review and letters are currently being sent to providers identified when diversion, abuse, or chronic use of narcotic cough syrup is a potential concern. An impact analysis will be performed in the future. Based on input received from the Board during the December meeting, we are now considering revision of the current criteria, to focus on the lack of evidence to support that narcotic cough syrups are more effective than non-controlled alternatives. If revisions are made to the current criteria it will become specific to the state of Wisconsin. Lynn turned the presentation over to Emily Gentry from Kepro to present some of the available literature surrounding this topic. Emily outlined four separate studies looking at the effectiveness of codeine and dextromethorphan for cough. The overall strength of available evidence is limited, and large, strong, double-

blind, placebo-controlled, up to date studies are still warranted. The current ACCP clinical practice guidelines were also reviewed, and do not recommend use of narcotic cough syrups for long term or chronic use. The floor was opened for questions or comments regarding this intervention. Brooke Passolt offered to send some additional studies that were identified for use of narcotic cough syrup; however, a large majority were specifically related to use of these agents in the pediatric population. Emily added that a review had been done internally at the first of the year while conducting reviews to monitor how many children were hitting this criteria. So far for January and February 2023 no children have been identified and therefore this information may not be as much of a concern for the revision of this specific criteria. Lynn also reminded the board that there is a patient age DUR alert that does address use of codeine and other narcotic cough medications in children. Lynn then presented the criteria revision. There are wording limitations for this criteria, however this restraint does not have a negative impact since the revision is small. The revision added a statement to the end of this criteria that studies have shown narcotic cough syrup is no more effective than placebo or dextromethorphan for cough and long-term use of these medications is not recommended. Brooke agreed that the change looked good overall and because there were none opposed to this suggested revision the plan will be to move forward and with a goal to be implemented by April 2023.

Naloxone Impact Analysis

Lynn began with an introduction for this impact analysis by reviewing the naloxone recommendation letters previously discussed with the quarterly reports. The letters were initially sent in March 2021 and the letter criteria was based on opioid usage plus a diagnosis of either opioid dependance or poisoning with an opioid or benzodiazepine. Members and providers identified in a six-month period from September 2020 to February 2021. Forty-eight members and 74 prescribers were identified for this naloxone recommendation letter. The first letter identified 43 members who were receiving 90 days' supply of opioids and had a diagnosis of substance abuse, misuse, or dependence within the last 90 days as well as no fills of naloxone within the last 180 days. The second letter identified five members who were receiving 60 days' supply of opioids and had a diagnosis of medication related poisoning by opioid or benzodiazepine within the last 90 days as well as no fills of naloxone within the last 180 days. Lynn reviewed the wording for each of these letters with the Board and presented a member snapshot of what was identified by this impact analysis. In fourth quarter of 2022, of the 48 original members included, there were 14 members who were no longer eligible, meaning there were no pharmacy claims found during the reviewed time period. Of the members who remained eligible there were 16 members who had not filled naloxone by fourth quarter 2022 and 18 members who filled naloxone by this time. Nearly two years after the letters were sent, the success rate equals 53% when accounting for eligibility. Cases were considered successful if the member filled naloxone after the letter was sent. The member trend for opioid use during this time was also reviewed, and by fourth quarter of 2022 only 24 members remained on opioids. For the members who stopped filling opioids, 17% of these members filled naloxone. For the members who are still filling opioids, 58% of these members filled naloxone. Lynn added that the naloxone letters and intervention were included in the annual CMS report and was identified by CMS as one of the interventions that they would like to receive additional information and data on. Opportunities exist for continuing or expanding the intervention letters for naloxone and will be looked at further moving forward especially with the increased interest by CMS as well. Susan Seibert added that she is also very excited about this naloxone work and applauded the team on their efforts.

Lock In Annual Report

Emily 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 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 two minor changes made to criteria #3147 in 2022 for the days' supply required to hit this criteria. In March of 2022 the total days' supply required for a member to hit criteria was reduced from 240 days to 210 days' supply. As a follow up to this change another review was completed in September 2022 and a vote passed to increase the days supply in increments of 10 with a goal of increasing the percent of actionable cases by reducing the number of low-intensity reviews. Beginning in October 2022, the days' supply was changed to 220 and after additional review of these changes another increase to 230 days went into effect in February of 2023.

A review of case counts for 2022 revealed an increase in the number of cases identified for alert consistent with the increase in the number of profiles being reviewed. The trend in the number of cases identified for warnings and lock-ins remained similar to previous years. Emily noted that, due to the time between review for an alert and review for a warning or lock-in, changes in case counts do often take more time to see. It was noted that letters are sent on average of every six months to allow the reviewer to better see changes to utilization patterns. Other trends noted for 2022 include a continued decrease in prescriber responses. However, December data for responses was not available at the time this report was created. Despite the lower percentage of overall responses, the percentage of responses with comments remained relatively stable. The overall response rate was 14% with a comment rate of 58%. Most 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. Emily noted that prescriber frustrations may be related to a lack of prescriber understanding of the review process, however it is also understood that many of these patients have very complex history and all background information for each member is not always easy to interpret during these reviews.

At the end of the presentation, Emily provided an update for the Board since the criteria changes were made at the September meeting. The percent of actionable cases continued to decline after reducing the days' supply which has led to the continued increase in increments of 10, to try and identify which is most effective. As of February 2023, members receiving 230 days' supply or greater in the current 90 days are being reviewed, however this will be monitored in the coming months to determine if additional modifications to the criteria are warranted.

Polypharmacy Sedating Medications in Children

Dr. Copeland started by reiterating that the program started by developing a list of these sedating medications used in the pediatric population. This list continues to evolve, and Dr. Copeland shared that benzodiazepines and traditional sedative hypnotics are rarely used in children. More commonly, prescribers utilize alpha agonists, antihistamines, antidepressants, antipsychotics, and melatonin. Screening criteria was developed and a change to this was made in 2022 which added the full class of antipsychotics not just quetiapine and olanzapine. The initial criteria identified members on agents from three or more drug groups for 90 days or more in the last quarter.

The history of the initiative was reviewed. It began with an initial screening in fourth quarter of 2021 and 56 members were identified using the original drug list. Calls were made to prescribers of representative members, and there were six cases that were identified and are still being followed. In second quarter 2022, letters were sent to 267 prescribers for 110 members, however Dr. Copeland pointed out that none of the original 56 members received an additional letter. In fourth quarter of 2022 there were 83 new members identified for a letter with 235 prescribers, original members were included in the mailing if they met current screening criteria.

The top five drugs for all children were discussed and then the medications were broken out by age group. The top medications for fourth quarter 2022 included: trazodone, hydroxyzine, aripiprazole, mirtazapine, and risperidone. Dr. Copeland shared that there is limited literature for pharmacology related to sleep in pediatric patients. Many prescribers utilize sedating medications to treat other conditions that result in sleep improvement. Improved sleep is associated with better outcomes in those other conditions. Additionally, he noted that polypharmacy is common in treatment resistant mood and anxiety disorders; and, in fact, polypharmacy can be considered standard of care in complex cases. Dr. Copeland went on to discuss the six case reviews that were identified for intervention via peer-to-peer outreach calls. Opportunities for productive interventions were identified by including children with polypharmacy from multiple sources. These cases tended to be complicated and involved multiple specialists. The six cases included children ages two to 17 years old. Of these six cases contacted, they all attempted to make changes, and none increased sedating medications. There were only two members still meeting criteria at the end of this first year. Finally, Dr. Copeland added that there will most likely be additional agents added to the criteria moving forward and this will be reviewed and discussed further at future meetings.

Butalbital Impact Analysis

Lynn began discussion for our last topic by reviewing the initial butalbital intervention which has been an ongoing focused intervention since April 2022. This intervention was conducted to identify members with potential overuse of butalbital, who have at least a 36-days' supply in a three-month period. Data from April 2022 was used for the impact analysis 90 members and 78 prescribers were identified for intervention. Of the 90 members who were lettered upon in second quarter 2022, during fourth quarter 2022, four members were considered ineligible due to no pharmacy claims in the respective quarter, and 27 members were considered below criteria, with less than a 36 days' supply. There were 59

remaining members above criteria in fourth quarter 2022. Two quarters after the letters were sent, the success rate was calculated to be 31%. From first to fourth quarter of 2022, the member count for the lettered upon group decreased from 90 to 59. During that same time, the member count for the not lettered upon group increased from 83 to 87. Prescriber count was also reviewed. During this same time period, the prescriber count for the prescribers who received a letter decreased from 78 to 45. The prescriber count for the prescribers who did not receive a letter increased from 87 to 89. Prescribers who received a letter were more likely to stop prescribing higher days' supply of butalbital than prescribers who did not receive a letter. Members were also reviewed for having a single or multiple providers. It was found that member counts for the members going to only one prescriber decreased more quickly (45 to 27 members) when compared to the members going to more than one prescriber (45 to 32 members). Lynn indicated a further measure was taken for members in the letter group, the average days' supply decreased from 106 to 89 per quarter and median total days' supply decreased from 90 to 88 per quarter. Lynn discussed with the Board that based on the finding from this impact analysis and overall reduction in days' supply, the recommendation is currently to keep butalbital monitoring as a focused intervention with potential follow-up again at a later date. Mike Ochowski and Jake Olson both provided input that they supported the recommendation to continue this intervention moving forward.

Adjournment

Mike Ochowski motioned to adjourn the meeting. The meeting adjourned at 3:42 p.m. Upcoming meetings are on the following Wednesdays: June 7, 2023, September 13th, 2023, and December 6th, 2023.

Guests: Sherry Betthauser, Jazz Pharmaceuticals; Clemice Hurst, Eisai Pharmaceuticals; Mike Krug, Sunovion Pharmaceuticals; Doug Johnson, Sobi; Robert Robey, Indivior Inc.; Kelly Ruhland, Lilly USA; William Dozier, D2 Solutions; Karen Finn, Vifor Pharmaceuticals; Kelly Hamilton, Takeda Pharmaceuticals