MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, March 4, 2020
1:00 p.m. to 4:00 p.m.
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members Present:
Steve Tyska, MD
Paul Cesarz, RPh
Jake Olson, PharmD
Michael Ochowski, RPh
Robert Breslow, RPh
Daniel Erickson, MD

DXC Staff Present:
Tom Olson, PharmD
Katie Counts, PharmD
Michael Olsen
Eric Matyas
Willie Wilberg, PharmD
Chally Clegg
Darla Stachowiak

DHS Staff Present:
Susan Seibert
Lynn Radmer, RPh
Tiffany Reilly
Pam Appleby

Absent:
Robert Factor, MD
Ward Brown, MD
Michael Brown, Pharm D

Welcome and Introductions
Susan Seibert called the meeting to order at 1:03 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. The retirements of Dan Erickson and Robert Breslow were announced. A special thank you was extended to them for their time and dedication to the Board over the years. A quorum of members attended the meeting.

Review of the Agenda and Board Materials and Approval of December 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 December minutes were then briefly reviewed and approved with an initial motion from **Mike 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. 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, though may be reaching a plateau. DUR alert trends and quarterly deduplicated claims information were also included for Board review.

Lynn presented new information on the use of oral and injectable naltrexone within the member population. Trend graphs for members utilizing naltrexone and primary diagnosis information from 2017-2019 were included. It was noted that utilization of injectable naltrexone remained stable over the time period and that use for an appropriate diagnosis was supported by the data. Board members commented that the data was interesting but were unsure of how it was to be utilized. This information will be tracked internally for general monitoring of trends and will be brought back to the Board at a future meeting, if needed.

Opioid Short-Acting Quantity Limits

Lynn reminded the Board of the discussion at the December 2019 meeting to update the drugs included in the short-acting opioid quantity limit. Lynn confirmed that the agreed upon drug list was implemented in February 2020. Additionally, the State will be considering a reduction to the quantities of the short-acting opioids that will be allowed without prior authorization in 2020. A claims review of the current dispensing quantities and the number of potential members impacted by this reduction were discussed. Board members commented that they would like to see the trend graphs broken into smaller increments to better see the impact of implemented changes.

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 December Board meeting, but letters will continue to be sent as this intervention is part of the State plan to meet SUPPROT Act requirements.

Lynn remined the Board of the Phase II letters were mailed to providers in June 2019. Letters were sent to 33 providers (accounting for 152 members). 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. Post intervention analysis results indicated that over half of the members no longer qualify for the intervention. Board members agreed that this was a positive outcome. Lynn stated that going forward, a new version of the letter (phase II, version II) will be utilized. Additionally, inclusion of prescribers will be simplified to include high volume prescribers who are identified by the number of members that qualify for the intervention. Prescribers will no longer be identified based on inclusion in past letters. The State feels this will allow better analysis of results. Board members agreed. Board members made suggestions on additional analysis that may be useful in assessing the impact of the intervention.

Lock-In Annual Report

Katie 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 methadone and buprenorphine with opioid agonists (#5304), and the excessive 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 no new criteria in 2019.

A review of case counts for 2019 revealed a decrease in the number of cases identified for alerts, warnings, and lock-in. This decrease was attributed to the use of a consistent reviewer and consistent requirements for a letter to be sent. Additionally, the allowance of more time between letters was implemented in 2019. Letters are sent on average every 6 months versus every 3 months in previous years. The extended time between letters allows the reviewer to better see changes to utilization patterns. Other trends noted for 2019 include a decrease in letter volume attributed to not only the lower case volume, but more targeted selection of prescribers who receive a letter. Despite the decrease in case volume, the percentage of responses and comments remained stable. The overall response rate was 24% with a comment rate of 53%. The majority of 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.

During the review of the program, Katie noted that criteria #5304 was not set up to allow the most effective use of the criteria. The current set up looks for a short duration of use of both the opioid and the MAT medication. This provides a high volume of hits but does not actually target the concurrent use of the medications together. Changes to the duration of use for both medications would allow the criteria to effectively identify the offending members, while also allowing more reviews of the standard lock-in criteria. Board discussion supported changes to the criteria set up to include the use of both an opioid and a MAT product for at least 30 days each during the 90 days prior to review. A motion to accept the

changes was made by **Dan Erickson** with a second by **Jake Olson**. The Board voted unanimously to adopt the changes.

Lynn returned to the included and excluded drug list utilized for lock-in members. She asked the Board to discuss continuing to include methadone and buprenorphine for MAT. The Board members felt it was appropriate to continue to include those drugs as part of the lock-in program. A motion to leave methadone and buprenorphine in the program was made by **Dan Erickson** with a second by **Steve Tyska**. The Board voted unanimously to continue to include methadone and buprenorphine in the list of lock-in drugs.

SUPPORT Act

Lynn reminded the Board that the SUPPORT Act creates new requirements for Medicare and Medicaid aimed at reducing opioid use and monitoring antipsychotic use in children. She then reminded the Board members of the previously completed program assessment, and then went on to discuss two of the provisions that will be implemented to further satisfy the requirements of the legislation. Lynn described the claims edit requirement for maximum daily MMEs. A prospective informational alert 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 June 2020. The Board was asked to comment on the proposed alert message that the pharmacy will receive. Several suggestions were made to update the wording. In the interest of time, choices will be sent to the Board via email and the Board will be able to vote on the changes.

The second provision that Lynn reviewed was the use of antipsychotics in children. She reminded the Board members that the State currently requires a prior authorization for the use of antipsychotics in children under 9 years of age. This process will continue. Recently the consultant psychiatrists have been making outreach calls to providers on members age 9-18 who are taking two or more antipsychotic medications. Consultant feedback from the calls indicated that these cases are the most severe cases with little opportunity to make changes to medication regimens. It was felt that repeat calls on these members would be of little benefit. However, additional case reviews and peer to peer calls will continue in some cases where the calls may be beneficial. These cases will be identified via a series of reports that will review multiple drug use and the use of high doses. The Board made recommendations on information to capture in the reports and suggested that at least two reports be created so that children in foster care are in a single report as required by the SUPPORT Act.

Gabapentin/Pregabalin Intervention

Lynn began the discussion with a review of the December 2019 warning issued by the FDA that the use of gabapentinoids can result in serous and potentially fatal respiratory depression. Most cases occurred in association with concurrent use of CNS depressants, underlying respiratory impairment, or in the elderly. Health Information Designs is creating new RDUR criteria to address this new warning. Board input was requested to determine the best way to identify members that may qualify for an intervention letter. After discussion, the Board members felt it was important to address the use of gabapentinoids in conjunction with CNS depressants and underlying respiratory disorders (with or without concurrent CNS depressant use). The Board also felt that sleep apnea should be added to the list of respiratory disorders that trigger a letter. The creation of two criteria was suggested to address these different scenarios. A motion to create two new criteria was made by **Dan Erickson** with a second by **Mike Ochowski**. The Board voted unanimously to create and implement the new criteria for gabapentinoid use.

Adjournment

Michael Ochowski motioned to adjourn. The meeting adjourned at 4:04 p.m. Upcoming meetings are on the following Wednesdays: June 3, 2020, September 9, 2020, December 2, 2020, and March 3, 2021.

Guests: Doug Johnson, Sobi; Heather Coufal, Abbvie