MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, June 6, 2018
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
Paul Cesarz, RPh
Jake Olson, PharmD
Michael Brown, PharmD
Michael Ochowski, RPh
Robert Breslow, RPh
Lora Wiggins, MD
Ward Brown, MD
Daniel Erickson, MD
Michelle Bensen, MD
Absent:
Hannah Delong, MSN, PMHNP-B

DXC Staff
Present:
Chally Clegg
Tom Olson, PharmD
Jacque Nash, PharmD
Corinne Eckert
Kristie Chapman

DHS Staff
Present:
Kimberly Smithers
Lynn Radmer, RPh
Tiffany Reilly
Julie Sager, MD
Rachel Currans-Henry
Paul Krupski
Bernestine Jeffers
Susan Seibert

Welcome and Introductions
Rachel Currans-Henry called the meeting to order at 1:05 p.m. and began with a welcome and thanks to the Board members for their attendance at the 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 March 2018 Meeting Minutes
The members were reminded of the meeting materials in their respective binders for reference and review with a notation that tab number seven now contains copies of previously-mailed intervention letters. Rachel 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 March minutes were reviewed and approved with an initial motion from **Paul Cesarz** and a second from **Ward Brown**. The motion passed unanimously.

Quarterly DUR Reports
Lynn reviewed the quarterly DUR reports starting with the Quarterly Overview report. Lynn reminded the Board that the Quarterly Overview report identifies members who have claims for all five drug classes used for selected lock-in review. However, the profiles for this quarter were delayed due to the Memorial Day holiday. Lynn acknowledged a continued overall decreasing trend in opioid use among the Medicaid population. The opioid trend was further presented in an enhanced graph to better visualize the decline in total use from a high of 9.13% to 6.04%. The team plans to analyze this trend in more detail (i.e., daily morphine equivalents, concomitant benzodiazepine use, etc.). Robert Breslow requested to see how this data compares to other States, as well as its relationship to other increasing drug use trends. Mike Ochowski commented that the opioid decline has prompted an increase in gabapentin use; however, Dr. Wiggins also acknowledged that the gabapentin trend appears to be a national issue and is not limited to Wisconsin. Discussion among the Board continued regarding gabapentin's increased utilization, whether or not the declining opioid trend is truly optimistic in terms of health outcomes, and if DUR programs can be effective with the current level of available supportive treatment services addressing the opioid crisis. Paul Krupski advised that the State has partnered with the University of Wisconsin School of Medicine and Public Health, as part of a national initiative to develop standard outcome measures to allow state to state comparisons, in hopes of determining the most effective interventions. Rachel also noted that State agencies are routinely engaged and sharing information with the objective of creating and maintaining comprehensive treatment services.

The detailed individual prospective DUR report presentations continued with a focus on reported disease.

The reported disease alert uses diagnosis codes from medical claims to build member profiles with First DataBank (FDB)

values and categorizes the codes on as acute, chronic, or lifetime, which determines how long each profile remains active for the member. The member's profile(s) are used against pharmacy claims to alert for drug/reported disease interactions. The alert is not a hard stop and only applies to major drug/disease interactions, as defined by FDB. A snapshot of the top ten drugs which triggered the alert in fourth quarter 2017 was presented in March 2018 and Dr. Erickson questioned the large discrepancy between angina and coronary artery disease (CAD) alerts since both diagnoses should hit relatively evenly. After further research, the core team discovered that the angina alert has more FDB values than CAD, which triggers a larger volume of alerts. This is a functionality of FDB's system for which the State utilizes; therefore, no further action to report differently for this alert is planned at this time.

The hierarchy of the prospective DUR alerts is a functionality that the State can control and was summarized as part of the patient-age alert that will be implemented with the codeine/tramadol/hydrocodone intervention (detailed in the March 2018 minutes). Currently, the hierarchy is as follows: drug-drug, reported disease, therapeutic duplication, pregnancy, early refill, patient-age, and late refill. A single claim can trigger up to ten alerts, so there is concern that the patient-age message could get overlooked in its current placement. A proposal was put forth by Lynn to move patient-age to the second position in the hierarchy. **Mike Ochowski** motioned to move patient-age to the first **position**. **Mike Brown** seconded the motion, which passed unanimously.

Stimulants Discussion
Lynn advised the Board that the four units per day quantity limit was effective March 1, 2018. The implementation allowed a one-time override in March 2018 while members worked with their prescriber(s) to consolidate and/or adjust their stimulant medication(s) and dosages(s); however,- further overrides were only granted by the drug authorization and policy override (DAPO) call center for lost/stolen medication, vacation overrides, or dose changes. Since 2015, the average units per day has stayed stable in children and decreased from about 60 to 55 units per month in adults. The number of overrides has declined monthly since the quantity limit implementation from 365 to 115 to 45 in March, April, and the first half of May respectively. Lynn presented unique cases of override requests where providers consulted with Dr. Cullen and were able to consolidate patients down from extremely high quantities without granting more than four total units per day thus far.

Opioid Training for Providers
Paul Krupski and Bernestine Jeffers presented the recent efforts of DHS and its opioid initiatives to increase the opioid use disorder provider workforce across the state. DHS has hosted two conferences since March aimed at training providers to recognize, treat, and reduce the risk for opioid use disorder. Funding for both conferences was funded primarily by the State Targeted Response (STR) grant from SAMSHA (Substance Abuse and Mental Healthcare Outcomes). The conferences were well attended at 250 and 500 respectively and well-received by those who participated. The second and final year of STR funding has been awarded to DHS. DHS intends to offer the same two educational opportunities in the spring of 2019, but will be held in other regions in Wisconsin. Feedback from the Board for topics, guest speakers, locations, forums, etc. is welcome.

A second project DHS is implementing with funding from the STR grant is to provide training around opioid use disorder to providers; called Project ECHO (Extension for Community Healthcare Outcomes). Project ECHO is a worldwide initiative originating at the University of New Mexico. Project ECHO is a tool and can provide education regarding any topic; however, this first undertaking is a partnership between DHS and the University of Wisconsin School of Medicine and Public Health specifically aimed at providing high quality access to medication-assisted treatment (MAT) for opioid use disorder statewide. Project ECHO utilizes videoconferencing to connect a team of specialists to attendees where experts can teach and also discuss specific provider cases with other provider attendees. Project ECHO's conferences are held the third Friday of every month from 12:30 to 1:30 pm and are eligible for continuing education credit.

Opioid/Benzodiazepine Intervention Discussion
Lynn and Jacque reviewed 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 morphine milligram equivalents (MME) or more of any non- MAT opioid. The 50 MME benchmark is based on the Wisconsin Medical Examining Board Opioid Prescribing Guidelines released in November 2016 citing this threshold as a higher respiratory depression risk. Letters were mailed in February 2018 to 902 providers, which accounted for 781 members.

Feedback data has been collected since February and includes a 30% total response rate with at least a third of those

respondents indicating that either one drug had been titrated down or discontinued or the patient had an appointment to discuss modifying therapy. The comments received implied a successful intervention. Furthermore, Lynn summarized a British Medical Journal retrospective analysis published in 2017 that concluded eliminating the concurrent use of opioids and benzodiazepines could decrease the risk of emergency department visits related to opioid overdose by up to 15%. The study also defined concurrent use by an overlap of as little as one day, so the chronic overlap utilized in the intervention identified significantly higher at risk patients, theoretically. A request was made previously to plot the intervention members based on opioid and benzodiazepine dosing equivalency, but after reviewing available data, there is no consensus for benzodiazepine equivalency due to significantly different half-lives.

PDL Update

Kimberly presented the PDL update. The biannual meeting was held on May 9, 2018 and testimony was given from 25 people. One new drug class was reviewed, while 52 previously-reviewed classes were on the agenda. The Cystic Fibrosis Foundation advocated for the approval of Continuous Alternating Therapy (most often utilizing Cayston and tobramycin), as well as including more pancreatic enzyme replacement therapies. While the State was very appreciative of the information presented, no changes were recommended for the PDL. Prenatal vitamins were added to the PDL as a new class. A strategy of incorporating multiple combinations and formulations allowed for a preferred list that covers 85% of the current utilization, which will limit treatment interruption as much as possible. Most notably, as of July 1, 2018, combination buprenorphine products for MAT will no longer require prior authorization (PA). Subutex will still require a PA, as will injectable buprenorphine-only products if processed through pharmacy claims.

SeniorCare Program Update

The current SeniorCare waiver expires on December 31, 2018. The State is requesting a ten year renewal, which is the longest available request. Kimberly gave a high level overview of the SeniorCare program, which covers two populations. The waiver population is below 200% of the Federal Poverty Level (FPL) and is funded via State and Federal funds, while the non-waiver population is above 200% of the FPL. The program's goal is to improve the health of aging seniors, which also controls healthcare costs by preventing new Medicaid eligibility due to deteriorating health. The renewal objective is to continue to operate the program as it is functioning today.

Adjournment

Lora Wiggins motioned to adjourn. The meeting adjourned at 3:50 p.m. Upcoming meetings are on the following Wednesdays: September 12, 2018, December 5, 2018, March 6, 2019, and June 5, 2019.

Guests: Chris VanWynen, Sarepta; Robert Pearce, Teva; Kelly Ruhland, Lilly; Danielle Womack, PSW; Alex Gidoul, PSW; Emily Jaeger, PSW; Kim Witte, Avexis; Elizabeth Smalley, Merck; Heather Coufal, Abbvie; Craig Haubach, Merck.