MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, June 8, 2022
1:00 p.m. to 4:00 p.m.
Virtual meeting via Zoom

DUR Board Members
Present:
Jordan Wulz, PharmD
Jake Olson, PharmD
Michael Ochowski, RPh
Brooke Passolt, MD
Paul Cesarz, RPh
Robert Factor, MD

Absent:
Ward Brown, MD

Gainwell Staff
Present:
Tom Olson, PharmD
Katie Counts, PharmD
Justin Soniat
Ashley Beaderstadt
Willie Wilberg, PharmD
Chally Clegg
Emily Gentry, PharmD

DHS Staff
Present:
Kim Wohler
Lynn Radmer, RPh
Tiffany Reilly
Russ Dunkel, DDS
Pamela Appleby
Travis Copeland, MD
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 March 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 March 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 drug 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 Lynn did point out a slight upward trend for stimulant medications specifically. Lynn noted that enrollment has continued to increase over the last several quarters. This increase is still attributed to the COVID-19 pandemic and associated public health emergency. In addition, trend graphs for DUR alerts were included. Lynn reminded the Board that the DAPO early refill alert- remains off since the March 2020 public health emergency which contributes to the noted increase in early refill alerts. 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. 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. Pharmacists are required to respond to the new soft alert and alert trends have shifted as a result of this change. The increase in overrides and pre-overrides was not unexpected and will continue to be monitored by the Department. In a comparison graph of all the alerts, Lynn noted 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. Trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2019 - 2022 were also included. As seen with last quarter, as the average MME has decreased, the use of buprenorphine has increased. The final two graphs presented were for naloxone. Lynn noted that because of new interventions required by CMS as part of the SUPPORT Act, the number of claims in the last two quarters have increased significantly. Monthly Naloxone letters began in March 2021 using data from February 2021.

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 or equal to 50 MME per day) within the same quarter.

High MME Intervention

Lynn began the review of the high MME intervention by reminding the Board that 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 of the MME threshold changes voted upon at the March 2022 meeting. The threshold was lowered from 250 to 180 MME. HID 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 increased following the recent changes. Additionally, prescribers will still be 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 shared the continuing intervention spreadsheet with the board, which provided an overview of these interventions and associated letter volumes. Information regarding the outreach phone calls will also be included on this continuing intervention report moving forward. Lynn stated that the overall intent is to continue reducing the MME threshold further as monitoring continues.

Multiple CNS Depressants in Adults Intervention Impact Analysis

Lynn began by reminding the Board t 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 after six months if 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 reviewed the total number of members identified using the new methodology and discussed that a letter would be sent for all members since this is the first time they are being reviewed under the new process.

Stimulant Utilization in children and adults

Lynn began the discussion by looking back at the five drug class overview with a focus specifically on increasing stimulant use. A new trend graph was presented to the board to show use of stimulants in adults, 18 years of age and older, and children less than 18 years of age. Lynn noted that children have always shown a larger percentage of stimulants dispensed, however since the pandemic there has been a noticeable decrease in the percentage of children receiving these medications as well as an increase in the percentage of adults receiving stimulant medications. Lynn discussed that when looking at the data, the transition from child to adult is based on their age at the start of each school year for better consistency. A graph was presented to focus specifically on the time period since the pandemic. It was noted that the large drop in stimulant utilization among children was most likely due to the increase in virtual learning during that time. For future meetings, will plan to present additional graphs to show the percent of children and percent of adults respectively who are receiving stimulant agents.

Lynn also discussed a project that has been ongoing for a couple of years looking at high dose stimulant use in children 14 years of age and younger. The dose thresholds were developed by our psychiatrist consultants. Lynn further discussed the process in place to look at these individuals on a quarterly basis. For children exceeding the set dose per day thresholds, Dr. Copeland, the psychiatrist consultant, will review and make phone calls as necessary. As this continues to be monitored, plan to share these results with the Board at future meetings.

DUR Workplan Review

Lynn began the discussion by stating that due to previous discussions with the Board, a more formal workplan has now been developed, with the intent to outline current DUR work and legal requirements associated, as well as provide a means for the Board members to become more involved with establishing future goals and plans. Lynn reminded the Board of the two types of interventions that take place including, focused and targeted interventions. Lynn gave an overview of each of these intervention types and discussed the amount of work involved with each. The focused interventions utilize HID's criteria, messaging, and letters and therefore an impact analysis is more limited in scope. For

targeted interventions, however, the criteria, messaging, and letters are customizable, and the resulting impact analysis can be much more extensive and take up to two years to complete.

Lynn gave an in-depth overview of the new workplan document for the Board members. Additionally, Lynn discussed the DUR Board topic suggestion form and encouraged the use of this for submitting suggestions and topics of interest related to DUR activities for future discussions. Lynn provided the Board with information regarding the CMS Annual DUR Report which is currently being put together and must be submitted by the end of this month. Presentation and further discussion of the CMS Annual Report is being planned for an upcoming meeting.

Proposed DUR Activities
Lynn initiated the discussion by explaining that there are a total of five proposed DUR activities to be brought before the Board and voted on individually to determine if the particular activity should be moved forward and added to the current DUR activities list.

Targeted Intervention for Dental Prescribers and opioid prescribing
Dr. Dunkel presented the first proposed activity which is focused on limiting opioids to no more than three days for acute dental pain. Dr. Dunkel explained that intervention letters were previously sent to the dental prescribers who had five or more patients receiving more than 10 pills. Dr. Dunkel presented the number of members that met this criteria from April 2021 to March 2022. The proposal brought before the Board was to resend the intervention letters to outlying prescribers based on the previous criteria. The letters would be sent out in August 2022 and the intervention analysis would take place using data from September 2022 through February 2023. This analysis would then be presented at the June 2023 meeting. A motion to accept the proposed DUR activity was made by **Paul Cesarz** with a second by **Brook Passolt**. The board voted unanimously to move forward with this targeted intervention.

Focused Intervention Overuse of Butalbital
The next proposed DUR activity is a focused intervention on the overuse of butalbital. Lynn discussed the current recommendation from UpToDate to limit butalbital use to ≤3 days per month to avoid medication overuse headache; studies have found increased risk with use of ≥5 days per month. She noted that HID currently has criteria in place to identify members who are using butalbital more than three times per week. Starting in April 2022 HID began reviewing this as a focused intervention and letters were sent to the associated butalbital prescribers. The proposal to the Board was to continue this as a focused intervention through September 2022 followed by an impact analysis of the findings. Lynn noted that the impact analysis would be based on those members identified in the April 2022 letters. Impact analysis would use May-October 2022 data, the analysis would be completed during November and December, and presented to the Board at the March 2023 meeting. A motion to accept the proposed DUR activity was made by **Robert Factor** with a second by **Jordan Wulz**. The board voted unanimously to move forward with this focused intervention and impact analysis.

Focused Intervention Concurrent Use of Gabapentin and Pregabalin
Lynn initiated the discussion for the next intervention by pointing out that operationally it would be very similar to the butalbital intervention. The main issue being addressed is that currently there is no approved indication for use of both gabapentin and pregabalin. HID has criteria in place to identify members who are receiving both gabapentin and pregabalin within the last year to review for potential therapeutic duplication and to ensure appropriate therapy. The criteria currently in place identifies members who have received at least a 30-day supply of both gabapentin and pregabalin within 28 days of each other for the current 90-day period. Starting in April, HID began reviewing this as a focused intervention and letters were sent to the associated prescribers of gabapentin and pregabalin. Lynn brought before the board a proposal to continue this as a focused intervention through September 2022 followed by an impact analysis. The impact analysis would be based on members identified in the April 2022 letters and use May-October 2022 data. The analysis would be completed during November and December and presented to the Board at the March 2023 meeting. A motion to accept the proposed DUR activity was made by **Robert Factor** with a second by **Jordan Wulz**. The board voted unanimously to move forward with this focused intervention and impact analysis.

Impact Analysis of Previous Targeted Intervention: Long-Term Use of Alprazolam and Diazepam
Lynn reminded the board of the previous targeted intervention that was done to address long term use of benzodiazepines, specifically alprazolam and diazepam. Lynn noted that for this intervention a high dose threshold was used. Those identified included members taking 10 mg or more of alprazolam or 20 mg or more of diazepam. {Since the

meeting it has been identified the dose for alprazolam was 3 mg or more and the dose for diazepam was 10 mg or more.} Letters to alprazolam/diazepam prescribers were sent in October 2019. A small number of phone calls were also made by Dr. Cullen to outlier prescribers. Additionally, a benzodiazepine newsletter was sent out as a result of this intervention. Lynn discussed the proposal for this intervention would involve completing an impact analysis to analyze the members use of alprazolam and diazepam since the letter was initially sent. It is anticipated that this analysis would be ready for presentation at the December 2022 meeting. Lynn stated that upon presenting this information we would also review with the Board detailed background information from the initial intervention, including specific letter wording and duration of this intervention, since an extended length of time has passed since the initial letters were sent. A motion to accept the proposed DUR activity was made by **Paul Cesarz** with a second by **Mike Ochowski**. The board voted unanimously to move forward with the impact analysis of this previous targeted intervention.

Impact Analysis of Previous Targeted Intervention: High Dose Triazolam

The last proposed activity brought before the Board was for an impact analysis of a previous intervention which was done to address high doses of triazolam. Members identified were those taking 0.5mg of triazolam or more. Lynn noted that two interventions had been conducted previously in 2014 and 2018. There were a total of 49 members who met this criteria in the 2018 intervention. Letters were sent in November 2018 to the identified triazolam prescribers. Lynn also provided a brief history for the initial intervention from 2014. At that time the decision for triazolam to be moved to a preferred drug was discussed at the Preferred Drug List (PDL) meeting. Concerns had been raised by dental providers that the non-preferred status had a negative impact on prescribing for dental providers specifically. Lynn noted that based on the concerns raised at the 2014 PDL meeting, the number of letters sent to dental prescribers had also been reviewed in the initial intervention and may be considered for additional review with the proposed impact analysis as well. The proposed impact analysis would involve analyzing the use of triazolam since the letters were sent, and presentation of the impact analysis is anticipated for the December 2022 meeting. A motion to accept the proposed DUR activity was made by **Robert Factor** with a second by **Brook Passolt.** The board voted unanimously to move forward with the impact analysis of the previous targeted intervention.

Retrospective DUR Cost Savings Analysis Estimate

Katie began the discussion by reminding the Board that the estimated cost savings is part of the annual CMS report that each state must submit to CMS yearly by the end of June. The CMS annual report is a federal fiscal year report, so the current report due at the end of this month will cover October 2020 to September 2021. The estimated cost savings portion of the report is associated with the RDUR program only. Katie went on to provide a brief overview of the calculations and methodology involved in creating the cost savings report. Katie mentioned several factors that may potentially affect the cost savings results from year to year, including criteria type, criteria selection, and letter volumes. Katie discussed in more detail with the Board about the specific calculations that take place by analyzing data from a selected intervention group and comparison group. Katie explained to the Board that the cost savings associated with single and multiple interventions are differentiated within the report. Katie also pointed out that underutilization interventions have been excluded from the report, since an increased cost is expected for these interventions and may skew results if included. Katie presented a chart from the Estimated Cost Savings Report FFY 2020 which did show an estimated cost savings of $1,969,222 for the respective year. Katie also added that for Wisconsin the cost savings are reviewed for Lock-Ins specifically, in addition to the total RDUR cost savings analysis for the annual CMS report.

PDL Update and Hepatitis C Discussion

Lynn wrapped up the meeting with a brief PDL update from the May 4, 2022, PDL meeting. A total of 55 drug classes were reviewed including one new drug class covering uterine disorders. All changes made at the meeting will be implemented on July 1,2022. Mental health drug classes were not included at this meeting and will be discussed at the upcoming meeting in November. Lynn mentioned some of the broad treatment categories covered with this PDL cycle including pain management, opioid dependency, treatment of infection, including Hepatitis C, cardiovascular and diabetes treatments. Lynn also mentioned the new agent, Zegalogue, an injectable product that does not require mixing prior to administration. This agent will be added to the glucagon agents drug class on the PDL as a preferred agent in July of this year.

Lynn also shared a presentation with the Board to cover the Hepatitis C agents and discuss changes in policy that have occurred with this drug class over the past few years. Lynn noted that there were no drug changes for this specific drug class for the current PDL cycle. Key policy changes from recent years were reviewed and historical information was analyzed for this drug class after a request was received from the State of Oregon regarding prior authorization (PA)

removal for these agents. Lynn presented information regarding three key drugs on the PDL Mavyret, generic Epclusa, and Vosevi. Mavyret and generic Epclusa are both considered preferred agents with no PA requirement. Vosevi is a nonpreferred drug and has a PA requirement Lynn presented a series of graphs to further discuss the timeline associated with these treatments and percent of treatment completion among patients receiving these agents. Some of the main policy changes discussed included the removal of the Fibrosis Score requirement in 2017, removal of restrictions based on abstinence from alcohol and substance abuse in 2019, and removal of the PA requirement for the preferred agents in July of 2020. Lynn noted that the removal of the Fibrosis Score requirement appeared to be more impactful than the removal of PA requirement. Overall good compliance is being seen with these agents. Lynn noted the 2019 removal of restrictions based on reinfection and abstinence from alcohol and substance abuse policy appeared to increase the frequency of retreatments.

Adjournment

Jake Olson motioned to adjourn the meeting with a second by **Mike Ochowski**. The meeting adjourned at 3:54 p.m. Upcoming meetings are on the following Wednesdays: September 14, 2022, December 7, 2022, March 1, 2022, and June 7, 2023.

Guests: Doug Johnson, Sobi; Robert Robey, Indivior, Inc.; Kelly Ruhland, Lilly USA; Erica Wolf, AbbVie; Kelly Petrowski, AbbVie; David Large, Biohaven Pharmaceuticals; Caroline Faber, Johnson & Johnson; Karen Finn, Vifor Pharma; Rami Rihani, Genentech; Linda Krueger, ACADIA Pharmaceuticals Inc; Bob Heinsch, Sunovion; Alison Davis, Biohaven Pharmaceuticals, Madeline Shurtleff, Otsuka; Sara Gao, AstaraZeneca; Kelly Hamilton, Takeda; Himanshu Patel; John Bullard, Alexion-AstraZeneca; Alexandra Sklansky, Biohaven Pharmaceuticals