MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, December 1, 2021
1:00 p.m. to 3:54 p.m.
Virtual meeting via Zoom

DUR Board Members	Gainwell Staff	DHS Staff
Present:	**Present:**	**Present:**
Robert Factor, MD	Tom Olson, PharmD	Kelsey Brundage
Jake Olson, PharmD	Katie Counts, PharmD	Lynn Radmer, RPh
Michael Ochowski, RPh	Justin Soniat	Tiffany Reilly
Brooke Passolt, MD	Ashley Beaderstadt	Russ Dunkel, DDS
Paul Cesarz, RPh	Willie Wilberg, PharmD	Susan Seibert
Ward Brown, MD	Chally Clegg	Pamela Appleby
Absent:	Burton Copeland, MD	Darla Stachowiak
Jordan Wulz, PharmD	1	

Welcome and Introductions
Kelsey Brundage 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, Kelsey provided technical instruction on how the meeting would proceed. A quorum of members attended the meeting. Additionally, Kelsey welcomed new Board member, Dr. Brooke Passolt, who replaces Dr. Steve Tyska. Dr. Tyska moved to a new position and will no longer participate on this Board. She also shared that Medicaid Director. Jim Jones, will be leaving at the end of 2021 after a three-year tenure. Lisa Olson will transition into the role of Medicaid Director in January.

Review of the Agenda and Board Materials and Approval of September 2021 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 September minutes were briefly reviewed and approved with an initial motion from **Jake Olson** and a second from **Michael Ochowski**. The motion passed unanimously.

Updates
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. Overall, the downward trends for these medications continue. Lynn noted that enrollment has continued to increase over the last several quarters. This increase is still attributed to the COVID-19 pandemic. DUR alert trends and quarterly deduplicated claims information were also included for Board review and were discussed in more depth. Changes to alerts in response to the COVID-19 pandemic were noted to have impacted the volume of both the alerts and claims. Total claims volume has been noted to be increasing, possibly due to increasing enrollment numbers, despite increased dispensing of claims with greater than a one-month supply. Notable changes to DUR alerts include an increase in the Early Refill alert and a decrease in the Late Refill alert. These changes are attributed to system modifications to some alerts and expanding the number of medications that are eligible to be dispensed for a three-month supply. The Board was notified that on November 1, 2021, new and updated groupings for the Therapeutic Duplication and Late Refill alerts were implemented. Trends for these alerts may increase due to the recent changes. These changes will begin to be reflected in fourth quarter 2021 data. She also noted the High Cumulative (HC) dose alert requires a claim response by the dispensing pharmacy as of October 1, 2021. A Provider Update published on September 15, 2021 announced this change. The Update was included in the materials sent to Board Members. Lynn also reviewed the quarterly deduplicated claims data noting that less than one percent are claims with multiple alerts.

In addition, trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2018 - 2021 were included. As seen with last quarter, the average MME has decreased, and the use of buprenorphine has increased. There has been a 30% decrease in the average MME per member since December 2019. A trend graph for Vivitrol® was presented to the Board. The number of members has increased and has returned to pre-pandemic levels. Of note, the diagnoses on the claims have shifted slightly too increasing use for alcohol dependence versus opioid dependence. The last trend graph presented was for naloxone. Lynn noted that because of the new requirements by CMS as part of the SUPPORT Act, a number of new interventions have helped to increase the number of claims in the last two quarters significantly. Further analysis of the trend graph was done based on opioid use and MME levels. That analysis revealed 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). However, the number of members with an opioid increased by 91% from fourth quarter 2020 to third quarter 2021. Lastly, Lynn reviewed the case numbers for the multiple CNS depressants intervention. The intervention 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. The intervention focuses on those members considered high risk due to chronic concurrent use. The selected members are reviewed, and a letter is sent to providers regarding the risks of the noted polypharmacy. There was Board discussion around changing the parameters for inclusion into this intervention so that more members are identified for a letter. Additional discussion centered on the frequency of the letters to providers.

Dental Letter Discussion

Lynn started the discussion by reminding the Board of several interventions involving opioid use in children. She reviewed the initial focused RDUR interventions in 2017 directed at opioid prescribing in children by all providers, and the resulting targeted intervention in 2018 to address opioid prescribing in children by dentists. She also reminded the Board of the discussion at the March 2021 meeting that supported the need to address the use of opioids by dental providers in all populations. New targeted letters to prescribers of opioids for both pediatric and adult members were developed as a result of the March meeting. A copy of both the adult and pediatric letter were included in Board member packets for this meeting. Lynn shared that for the period of data analysis (April – September 2021) there were 164 prescribers identified to receive a letter. Forty of those prescribers will receive both an adult and pediatric intervention letter. These letters will be sent in December 2021. The top five prescribers identified each had over 100 members. Follow up data will be presented at a future Board meeting.

Intervention Impact Analysis

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. The High MME intervention identifies members taking 250 or greater MME per day and letters are sent to the opioid prescriber. This intervention was started in December 2019. Additionally, some 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. These outreach calls were started in August 2020.

Impact analysis was performed for both pieces of this intervention. The analysis period was December 2019 – September 2020. Analysis of member claims for providers receiving a letter indicated that approximately 60% of the 158 identified members had a positive change, including no further claims, MME decrease to below 250, or MME decrease but still over 250. The remaining members either had no change or an increase in MME. Analysis of member claims for providers receiving an outreach call also indicated that approximately 60% of the 12 identified members had a positive change, including no further claims, MME decrease to below 250, or MME decrease but still over 250. The remaining members either had no change or an increase in MME. Board member comments indicated they felt this intervention has been successful. However, it was note that it may be beneficial to formulate an approach to try to redefine what is considered a high MME and decreasing the upper limit used for this intervention.

Opioid/Benzodiazepine Intervention

Lynn provided a recap of the opioid/benzodiazepine intervention. The intervention targets members receiving 50 morphine milligram equivalents (MME) or more of any non-medication-assisted therapy (MAT) opioid and a daily benzodiazepine for at least 90 days or more. Phase I intervention letters, including member profiles, are sent to prescribers with members meeting these parameters. Phase II letters are sent to high volume prescribers who are

identified by the number of members that qualify for the intervention. Additionally, outreach calls were made to continue to address specific providers identified in Phase II.

Impact analysis was performed for both phases of this intervention. The analysis period for Phase I was over two years (second quarter of 2019 – second quarter of 2021) and included 294 or the original 403 members. Members lost due to eligibility changes were excluded. Analysis of member claims indicated that approximately 60% of the 294 members no longer met the inclusion criteria due to either discontinuing the opioid or the benzodiazepine completely, dropping below the 50 MME mark, or no longer using the medications concurrently for more than 90 days. The analysis period for Phase II spanned fourth quarter of 2019 – second quarter of 2021 and reviewed both member and prescriber changes. Member analysis included 91 or the original 122 members. Members lost due to eligibility changes were excluded. Analysis of member claims indicated that approximately 60% of the 91 members no longer met the inclusion criteria due to either discontinuing the opioid or the benzodiazepine completely, dropping below the 50 MME mark, or no longer using the medications concurrently for more than 90 days. Analysis of the prescribers included in Phase II review period indicated a decrease in the number of prescribers identified as "top prescribers". There were 19 prescribers identified in fourth quarter 2019 and only nine identified in second quarter 2021. Of the nine current high-volume prescribers, seven were part of the original group and two are new to the group.

Adult Sedative Hypnotics and Benzodiazepines Discussion

Lynn reminded the Board that a focused intervention was conducted in June 2021 to review the use of duplicate sedative hypnotics in the Wisconsin Medicaid population. This intervention was presented to the Board at the September 2021 meeting. Discussion by Board members included the desire to incorporate additional medications that are not categorized as sedative/hypnotics, but are utilized as such, into the criteria. As a result of this discussion, a new intervention and letter were developed. The new intervention will target members receiving at least two or more sedative hypnotics and/or benzodiazepines on a regular basis for at least a three-month period. Inclusion parameters are members 19 years of age an older that have a total days' supply of 200 or more. Members identified for the Multiple CNS Depressant intervention are excluded, as well as those members with a seizure diagnosis. The letter includes a link to the DUR mailbox for comments and questions in addition to a QR code to the DUR Benzodiazepine newsletter. The initial cycle of letters, including medication profiles, will be mailed in December 2021 to 249 prescribers accounting for 563 members. Follow up data will be presented at a future Board meeting.

Children's Mental Health Program Stimulants Initiatives: Part II

Lynn initiated the discussion by reminding the Board that there are several Children's Mental Health initiatives regarding stimulant use and invited Dr. Burt Copeland to continue his discussion from the September 2021 meeting. After briefly reviewing his presentation from the September 2021 meeting, Dr. Copeland reminded the Board of the stimulant medications that require prior authorization and noted a new drug that has been added to the medications that require prior authorization, Azstarys™. He discussed the pharmacology behind the formulation of the medication and indicated that use will be monitored for cost and therapeutic concerns.

Dr. Copeland revisited the use of member case review as a way to address proper stimulant utilization and went on to discuss the progression of the quarterly outreach calls used for the case reviews. He reminded the Board that there are three scenarios that are identified for a member case review: any child under the age of four being started on a stimulant, any member of any age utilizing methamphetamine as their stimulant medication, and children receiving high dose prescriptions. High dose thresholds are determined based on safety data, FDA initial approval dosages, and common doses utilized in clinical practice. It was noted that the high dose threshold for methylphenidate is, at times, more difficult to discuss due to a recent meta-analysis concluding that there is lack of data to support the limitation of methylphenidate doses. He also reminded the Board that the case review outreach calls occur quarterly and are not just a one-time discussion. Dr. Copeland shared his experiences with these calls and discussed three categories in which these calls fall into: consultation, discussion, and informational only. He stated the consultative calls are generally appreciated by most providers, as they are thankful for the input on what usually are identified as difficult cases to manage. The discussion calls are those that are less consultative in nature and more time is spent discussing opportunities and ideas for dose reduction. The last type of call, informational, typically occur with providers that are less willing to interact and discuss the cases. These calls often end up as a discussion with staff members rather than providers but are still worthwhile. Dr. Copeland noted that there is a natural tendency for the repeated quarterly calls to progress from consultative calls to informational calls over time.

Hypertension Adherence Discussion
Retrospective utilization reviews were performed for four hypertension drug classes during the August 2021 cycle. The drugs classes included were ACE inhibitors, angiotensin receptor blockers (ARBs), calcium channel blockers, and beta blockers. Systematic requirements for the identification of underutilization and the alert message in prescriber letters were shared with the Board. Katie shared with the board statistics for the members identified for each medication, the number of cases created, and the number of letters sent. It was noted that the number of cases created may not reflect expected number of cases due to systematic limitations in which a member may be identified as non-compliant but upon further manual review was noted to be compliant. A total of 482 letters were sent, which represented a 55% case rate. A 9% response rate was achieved, with 43% of responses indicating that positive action was being taken by the prescriber. The majority of these prescribers responded that the member has an appointment to discuss the issue. Of note, 31% of responses indicated that the member was not their regular patient and had been seen on a one-time basis.

Katie went on to discuss the comments from the providers. Several providers' comments highlighted the challenges of utilizing static data to identify members for intervention and standardized letters as a means of communication. Some prescribers indicated medications were appropriately being used off-label on an as needed basis, which can be difficult to determine with limited diagnostic information. Another prescriber comment intimated that they interpreted underutilization to be based on medication dosage rather than refill frequency. Board discussion centered on these topics in addition to the low response rates for non-controlled substance related interventions, which average between 10-12%. It was noted that a lower response rate does not necessarily mean prescribers are not making changes as a result of the intervention, only that they may not be returning the response form for inclusion in the analysis.

Preferred Drug List Update
Lynn provided an update from the November 2021 PA Advisory/PDL meeting. The meeting was held virtually via Zoom and public testimony was allowed. A review of 44 current drug classes and two new drug classes were completed. The new drug classes will be for agents used for Sickle Cell Disease and Asthma Immunomodulators. Lynn continued with a review of the clinical aspects of the meeting. Notable changes were made to the Cytokine and CAM Antagonists class. Implementation of these changes are anticipated in January 2022.

Board Survey
In the interest of time, this topic is tabled until the March 2022 meeting.

Adjournment
Ward Brown motioned to adjourn. The meeting adjourned at 3:54 p.m. Upcoming meetings are on the following Wednesdays: March 2, 2022, June 8, 2022, September 14, 2022, and December 7, 2022.

Guests: Gary Behrens, Sanofi Genzyme; Doug Johnson, Sobi; Robert Robey, Indivior, Inc.; Kelly Ruhland, Lilly USA; Jason Vandervest, Vertex Pharmaceuticals; April Gault, Takeda; Matthew Wright, Artia Solutions; Erica Wolf, AbbVie; Bradley Jones, AbbVie; John Bullard, Alexion Pharmaceuticals; Jomy Joseph, Sanofi Genzyme; Pat Schmitt, Novo Nordisk, Inc.; Rami Rihani, Genentech; Kathryne Jensen, Artia Solutions; Haley Bruce, Artia Solutions; Michael Martin, Amgen; Stacey Repotski, Sanofi Genzyme; Thomas Erickson, Bristol Myers Squibb; Mike Healy, Gilead Sciences; Kelly Petrowski, AbbVie; Sean Kirby, Wisconsin Health News