MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, June 5, 2019
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
Daniel Erickson, MD
Michelle Bensen, MD
Hannah Delong, MSN, PMHNP-B
Absent:
Ward Brown, MD

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

DHS Staff
Present:
Kimberly Smithers
Lynn Radmer, RPh
Tiffany Reilly

Welcome and Introductions
Kimberly Smithers 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. Kimberly and Lynn were announced as co-chairs for this meeting. Kimberly notified the Board that this would be her last meeting as she has taken a new position in the Bureau of Benefits Management. Additionally, Willie Wilberg was introduced as the new Pharmacy Manager for the DXC contract. 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 2019 Meeting Minutes
The members were reminded of the meeting materials in their respective binders for reference and review. Kimberly 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 then briefly reviewed and approved with an initial motion from **Paul Cesarz** and a second from **Michael Brown**. 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 that are tracked for use (opioids, stimulants, benzodiazepines, sedative hypnotics, and opioid dependence medications). 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. Board members suggested ways to further evaluate this trend and agreed that the trend could be a result of DUR activity. 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. Lynn noted an approximate 30% increase in use of buprenorphine since removing prior authorization (PA) requirements on preferred buprenorphine products. DUR alert trends and quarterly deduplicated claims information were also included for Board review.

Patient Age Alert
Lynn reminded the Board members of the 12/1/2018 implementation of the Patient Age alert. This alert is generated for children less than 18 years of age for all products containing codeine or tramadol, as well as prescription cough and cold products containing codeine or hydrocodone. Lynn reported that during post-implementation monitoring, it was noted that the alert did not seem to be encompassing all of the intended age groups. After further evaluation, it was noted that the claims system was set to generate an alert for only major warnings, as defined by First Data Bank (FDB). While the

use of these medications in children under 12 is assigned a major warning, the use in children 12 to 17 years of age is assigned a moderate warning. Thus, alerts for children ages 12 to 17 were not generated. Once the discrepancy was identified, the claims system was updated to include both major and moderate warnings in the Patient Age alert. This change was implemented on 5/10/2019. Data from this change will be presented at a later date once sufficient claim information is available.

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 MME or more of any non-medication-assisted therapy opioid. The initial cycle letters were mailed in February 2018 to 902 providers, which accounted for 781 members. A second cycle of letters were mailed in September 2018 to 745 providers, which accounted for 639 members. There were 351 members identified in both cycles, as well as 288 new members in the second cycle. A third cycle of letters were mailed in February 2019 for newly identified members only. Letters were sent to 292 providers, which accounts for 153 members. The fourth cycle of letters in May 2019 were also sent to newly identified members. Letters were sent to 155 providers, which accounts for 81 members. The fourth cycle did not include providers who are to receive a Phase II letter. A new version of the phase I letter that includes naloxone information has been created and will go out to all providers in the next cycle. Examples of the new phase I and the Phase II letter were provided for Board review. The Board members had a number of comments on ideas to consider for the letters, including the use of QR codes and stating the letter is educational.

Lynn reminded the Board of the Phase II letter that was discussed at the March 2019 meeting. The Phase II letter is directed at prescribers identified in all three previous cycles who are considered outliers. This group of outliers is approximately 2% of the prescribers identified in Phase I of the intervention. Letters will be sent to 33 providers later this month.

Benzodiazepine Discussion

Diazepam and Alprazolam

An initiative to start addressing chronic benzodiazepine use was introduced at the September 2018 meeting. Lynn reminded the board of the intent to develop a letter to address the chronic use of alprazolam and a letter to address the chronic use of diazepam. Lynn stated these letters are currently on hold while the final details are being worked out. Examples of the letters were provided for Board review. The letters focus on the addictive properties of the medications and the risk of adverse reactions in the aging population. The letters also includes extensive references, including guidelines for the treatment of anxiety disorders and strategies for deprescribing benzodiazepines. Letters will be sent to prescribers who have multiple patients with 6 months of continuous use that meet the designated dose threshold.

Therapeutic Duplication

At the March 2019 meeting, Board members requested information on how we address the use of multiple benzodiazepines within the claims system. Lynn began the discussion with an overview of system functionality, noting that pharmacies receive an alert when a drug they are dispensing has the same therapeutic benefit as a previously dispensed drug. The overlapping drugs must be from the same therapeutic class, as defined by First Data Bank (FDB). If the claims are from the same pharmacy and prescriber, an alert will not be generated. A chart containing the drug groups being monitored was provided to the Board members. Examples of alert functionality were provided to the Board.

Upon review of benzodiazepine claims information, it was noted that the alerts trends had flattened over time, and this was not expected. The resulting investigation uncovered modifications made by FDB to the therapeutic classes including benzodiazepines and also some opioid analgesics. The FDB modifications moved some drugs from one therapeutic class to another which removed them from the alert(s). A complete review of therapeutic classes has been done and updates have been made appropriately. The updates were implemented 5/10/2019. Additionally, new processes have been implemented to monitor future FDB changes. An increase in the number of Therapeutic Duplication alerts is expected going forward.

Naloxone Intervention

Lynn presented a proposal for a naloxone intervention to the Board. The intervention stems from multiple government agencies recommending co-prescribing of naloxone with opioids. Data on naloxone claims for members receiving opioid doses greater than or equal to 50 MME/day and greater than or equal to 90 MME/day was presented. Additionally, the

prescriber volume associated with those same MME values was presented. Lynn then opened the topic for discussion by the board. Discussion from the Board included whether the intervention is of value, the goal of the intervention, suggestions for the tone of a letter, and information to include in a letter. Creation of a pharmacy alert during the claim process for an opioid prescription was suggested as an additional possible method of intervention. Further information will be brought back to the Board at a future meeting.

SUPPORT Act

As a follow up to the introduction of the SUPPORT Act (The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act) at the March 2019 meeting, a program assessment was completed, and an overview of the assessment was presented. Tiffany reminded the Board that the SUPPORT Act creates new requirements for Medicare and Medicaid aimed at reducing opioid use. Kimberly then reviewed the assessment done by the State for those items in direct relation to the DUR Board, including opioid safety edits, identifying the concurrent use of opioids and benzodiazepines or antipsychotics, monitoring opioid refills, monitoring maximum daily morphine equivalents, and managing the use of antipsychotics in children. The ways in which that State already meets each new requirement was reviewed. Additionally, any gaps identified during the assessment were shared with the Board. Further guidance to clarify the requirements is forthcoming from CMS and will the utilized to determine final implementation strategies for the Act.

Preferred Drug List (PDL) Update

Kimberly provided an update from the May 2019 PDL meeting. There was testimony from 20 individuals for 54 drug classes (53 existing classes, 1 new class). The committee members supported all recommendations made by the DHS staff. It was noted that after the meeting, the DHS staff made a change to add an additional preferred product in the PAH drug class based on clinical commentary from one of the committee members. PA criteria changes to hepatitis C drug class are also being made. All changes will be implemented on 7/1/2019. An update on the recently added Prenatal Vitamin class was provided. It was noted that 99% of utilization was for the preferred products. As a result, significant cost savings have been realized since the July 2018 implementation of this drug class.

Adjournment

Michael Ochowski motioned to adjourn. The meeting adjourned at 4:03 p.m. Upcoming meetings are on the following Wednesdays: September 11, 2019, December 4, 2019, March 4, 2020, and June 3, 2020.

Guests: Kelly Ruhland, Lilly; Shelly Somrock, Alexion; Doug Johnson, Sobi; Gary Behrens, Sanofi; Robert Heinsch, Sunovion; Joe Cirrincione, Otsuka; Emilee McCullough, CUW; Danielle Womack, PSW; Travis Theisen, SGR; Craig Haubach, Merck; Rachel Yerges, Greenwich; Heather Coufal, Abbvie