MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, September 2, 2020
1:00 p.m. to 3:45 p.m.
Virtual meeting via Zoom

DUR Board Members	DXC Staff	DHS Staff
Present:	**Present:**	**Present:**
Steve Tyska, MD	Tom Olson, PharmD	Kelsey Brundage
Ward Brown, MD	Katie Counts, PharmD	Lynn Radmer, RPh
Jake Olson, PharmD	Michael Olsen	Tiffany Reilly
Michael Ochowski, RPh	Eric Matyas	Russ Dunkel, DDS
Jordan Wulz, PharmD	Willie Wilberg, PharmD	Pamela Appleby
Julie Sager, MD	Chally Clegg	Robert Eldredge
Robert Factor, MD	Randall Cullen, MD	
Absent:	Darla Stachowiak	
Paul Cesarz, RPh		

Welcome and Introductions
Kelsey Brundage 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. She then introduced the newest board member, Jordan Wulz, PharmD. As the meeting was held virtually, Kelsey provided technical instruction on how the meeting would proceed.

Review of the Agenda and Board Materials and Approval of June 2020 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 June minutes were briefly reviewed and approved with an initial motion from **Jake Olson** and a second from **Michael Ochowski**. 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. Overall, the downward trends for these medications continue. Lynn noted that enrollment has continued to increase over the second quarter. This increase is still attributed to the COVID-19 pandemic. In addition, trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2016 - 2020 were included. As seen with last quarter, as the average MME has decreased, the use of buprenorphine has increased. The last trend graph presented was for Vivitrol®. Lynn reminded the Board that this information is tracked internally, but not always presented to the Board. However, the Department felt the decrease in the number of claims for Vivitrol was noteworthy and therefore should be shared at the meeting. The notable decrease is being attributed to more limited access to care during the COVID-19 pandemic.

DUR alert trends and quarterly deduplicated claims information were also included for Board review and were discussed more in-depth. Changes to alerts in response to the COVID-19 pandemic were noted to have impacted the volume of both the alerts and claims. After an increase in claims volume and DUR alerts in the first quarter 2020, the second quarter information shows a decrease in most DUR alerts and overall claims volume. This change was attributed to system modifications to some alerts and expanding the number of medications that are eligible to be dispensed up to for a three-month supply. As a result, in the second quarter of 2020 the volume of overrides decreased as did the total claims volume.

Naloxone Labeling Changes
Lynn presented information to the Board on recent changes the FDA made to the labeling of opioid pain medications and medications used to treat opioid use disorder. The FDA now requires labels for these medications to include recommendations that health care professionals consider prescribing naloxone to patients being prescribed opioid pain medicines who are at increased risk of opioid overdose, including those who are also taking benzodiazepines or other medicines that depress the central nervous system; those who have a history of OUD; and those who have experienced a prior opioid overdose. A naloxone prescription should also be considered for patients prescribed opioids who have household members, including children, or other close contacts at risk for accidental ingestion or opioid overdose. In light of this labeling change, an ongoing effort to track the number of members receiving naloxone will be implemented. An initial trend graph was reviewed with the Board. The initial review does indicate that the dispensing of naloxone is increasing. We recognize that some members may obtain naloxone through community access programs that will not show up in our paid claims history. This information will continue to be presented quarterly with other existing trend graphs.

MME Alert - SUPPORT Act
Lynn reminded the Board that as a result of the SUPPORT Act, a prospective informational high morphine milligram equivalents (MME) alert was implemented on June 1, 2020. The alert displays to a pharmacy when a single claim has a daily MME greater than or equal to 90. The alert is informational and thus will not stop a claim from paying. The alert code (HC) and associated pharmacy message were again shared with the Board. Lynn stated that in June there were 3,622 hits on this alert. This alert will be added to the quarterly DUR alert trend reports. The first quarter of available data will be for third quarter 2020 and will be presented at the December meeting.

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. A table that tracks each cycle of letters was provided to the Board members for review. The Board was reminded that an updated version of the Phase I letter, which includes naloxone information, is currently being used. A mailing for newly identified members was completed in August 2020 (176 providers accounting for 88 members). Letters will continue to be sent on a quarterly basis, as this intervention is part of the State plan to meet SUPPORT Act requirements.

Lynn reminded the Board of Phase II of this intervention. Phase II letters are sent to high volume prescribers who are identified by the number of members that qualify for the intervention. The most recent set of Phase II letters were mailed to providers in February 2020 (19 providers accounting for 147 members). Initial analysis of this set of letters indicates positive changes are being made by providers. However, analysis of impacts is ongoing and will be presented to the Board in December.

Multiple CNS Depressants Intervention
Lynn proposed a new quarterly intervention targeting members who are on multiple CNS depressants. The intervention will identify 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 will be focused on members considered high risk due to chronic concurrent use. These selected members will then be reviewed, and a letter will be sent to providers regarding the risks of the noted polypharmacy. Board discussion included how the members will be selected, tracking prescribers that are receiving the letters, and possible correlation to a previous intervention (Trinity intervention) involving a subset of these medications. A motion to vote on moving forward with this intervention was made by **Ward Brown** with a second by **Robert Factor**. The Board voted unanimously to move forward with the intervention. Further data analysis and letter information will be presented to the Board in December.

SUPPORT Act: Retrospective Letters
Lynn provided a brief recap of the SUPPORT Act and noted that the DUR provisions included in the legislation began October 1, 2019. Katie then provided a review of the retrospective letters that are being sent to meet the DUR provisions for the Act. Letters are being sent to providers to meet the claims review requirements for the following retrospective DUR provisions: use of concurrent opioids and antipsychotics, the appropriate use of antipsychotics in children, and identification of members receiving a high daily morphine milligram equivalent (MME). New criteria and letters have been created to meet the opioid/antipsychotic and high MME requirements, while existing criteria and letters are used to

address the appropriate use of antipsychotics in children. The criteria for each provision is reviewed, and letters sent, on a monthly basis.

For each provision, Katie explained the inclusion and exclusion criteria to trigger a profile review and the review process for identified profiles. Of note, currently letters are only sent one time to a provider. If new providers are identified during a repeat review, the new providers will receive a letter. Additionally, case and letter volumes, as well as provider responses and comments were shared with the Board. Provider responses to the opioid/antipsychotic letters are at 12%, which is below average, but comments do support that providers are monitoring members on this combination closely, as suggested in the intervention letter. Provider responses and comments to the antipsychotics in children letters are minimal. However, Katie noted that based on claims review most children had already failed an antipsychotic with a pediatric indication and that this would seem to indicate providers are only moving to medications without pediatric indications in more difficult cases. Provider responses and comments to the high MME letters are at 22%, which is average. Comments by providers indicated that either tapering was being attempted or that members were stable and being monitored. Three members identified through this intervention were selected for additional analysis and provider outreach calls. This information was presented to the Board later in the meeting.

Prescriber Outreach

Lynn gave an overview of prescriber outreach calls made in the last quarter. Calls were made to mental health providers, pain management providers, and family practice providers. Dr. Randall Cullen, MD and. Tom Olson, PharmD completed the outreach calls. Providers and members were identified through multiple means including prescribing habits noted during lock-in reviews and inclusion in the high MME SUPPORT Act intervention. Dr. Cullen contacted a nurse practitioner who is prescribing multiple benzodiazepines to multiple members and two psychiatrists that are routinely prescribing opioids. He stated that the calls were generally met with mixed reviews from the provider, and each provider had their own rationale to support their prescribing habits. Dr. Cullen noted that two of the providers did say they would try to make changes to the identified prescribing issue. These providers will be followed by the Department for further review. The third provider will be retiring soon and was treating a very specific subset of the population that likely did not warrant further follow-up.

Tom made outreach calls to providers about three members identified via the high MME intervention. The three members were selected due to continued high MME or an MME increase after the intervention letter was sent. Tom contacted two pain management providers and one family practice provider. Additionally, Dr. Cullen contacted a psychiatrist associated with one of the three high MME members due to the use of concurrent high dose benzodiazepine and high dose opioid. Tom obtained information about the member's diagnosis, the member's treatment plan and any anticipated changes, as well as whether the member had been prescribed naloxone. The pain management providers stated that attempts at tapering were ongoing, and the family practice provider stated that the member is transferring to pain management for all opioid prescribing. Of note, two of the three members had not been prescribed naloxone by their provider. Dr. Cullen stated his call to the psychiatrist was met with some push back. The provider was not interested decreasing the benzodiazepine, nor was the member, and the provider had a passive attitude about confronting the risks of concurrent high dose opioid and benzodiazepine use. The Department will continue to identify providers and members that warrant outreach calls and present them to the Board when completed.

Dental Pilot Discussion

Lynn introduced Dr. Russ Dunkel, DDS, who went on to present an overview of the Wisconsin Dental Pain Protocol Project that was initiated and ongoing since 2014. The project was started by a group of medical, dental and public health providers to address the treatment of non-traumatic dental pain in emergency rooms and urgent care centers, including the prescribing of opioid pain medications. The goals of the program are to get patients into proper care to minimize the number of patients coming to emergency rooms and urgent care centers for dental pain and to reduce the amount of opioid prescriptions from emergency and urgent care providers for dental pain. Additionally, the program is dedicated to educating providers on the management of dental pain and best practices to be followed for those patients that do present to the emergency room and urgent care centers with dental pain. The program does give specific training for the use of anesthetics and other analgesic strategies, including education on the mechanism of action for non-opioid and opioid analgesics. There is also a focus on how to treat dental pain in those patients with an identified substance use disorder, and how to address patients that have been identified as possibly having a use disorder. Dr. Dunkel states that overall, the program has been successful in decreasing the use of opioids for dental pain in emergency care situations. The program will continue to be presented all over Wisconsin to reach as many providers as possible.

CMS Annual Report

Lynn reminded the Board of the annual CMS report of DUR activity that is required to be completed by all States. She did note the final date for submission of the report was changed from June 30th to September 30th as a result of COVID-19. The report date is for Federal Fiscal Year 2019, which runs from October 1, 2018 thru September 30, 2019. Lynn stated that this year both fee for service (FFS) and managed care organizations (MCO) must turn in a report, regardless of whether the pharmacy benefit is carved out of the MCO. She confirmed that the FFS report has been submitted and the MCO reports are still being completed. She reviewed the different sections included in the report and explained that data to complete those sections comes from multiple sources. Additional details for each section in the report were presented to the Board. The final report will be posted, and the information will be available for review at a later date.

Adjournment

Jake Olson motioned to adjourn. The meeting adjourned at 3:39 p.m. Upcoming meetings are on the following Wednesdays: December 2, 2020, March 3, 2021, and June 2, 2021.

Guests: Bob Heinsch, Sunovion; Gary Behrens, Sanofi Genzyme; Doug Johnson, Sobi; Robert Robey, Indivior, Inc.; Karen Floeder, Biohaven Pharmaceuticals; Kelly Ruhland, Lilly USA; Jean Ritter, Zealand Pharma; Craig Haubach, Merck; Elizabeth Plouff, UCB; Bobby White, Eisai; Tonya Duffina, Tricida; Jason Vandervest, Vertex Pharmaceuticals; Heather Coufal, Abbvie; April Gault, Takeda; Lisa Tracz, Global Blood Therapeutics; Jason Chladek, Concordia University Wisconsin; Carmel Schwalm, Takeda