MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, March 5, 2025
1:00 p.m. to 4:00 p.m.
Virtual meeting via Zoom

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

Absent:
Ward Brown, MD

Gainwell Staff Present:
Tom Olson, PharmD
Ashley Beaderstadt
Chally Clegg
Willie Wilberg, PharmD
Katie Counts, PharmD
LaToya Lang
Josh Wampler, PharmD
Travis Copeland, MD

DHS Staff Present:
Kim Wohler
Lynn Radmer, RPh
Tiffany Reilly
Darla Stachowiak
Russell Dunkel, DDS
Susan Seibert
Nicole Schneider
Pamela Appleby

Welcome and Introductions
Kim Wohler 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. 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 December 2024 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 December minutes were briefly reviewed and approved with an initial motion from **Paul Cesarz** and a second from **Jeff Huebner**. The motion passed unanimously.

Quarterly DUR Reports
Lynn began by reviewing member enrollment. The enrolled member count does continue to be higher than in the past but continues to decrease due to the end of the public health emergency. Overall decrease of about 325,000 members since Q1 2023, our highest enrollment point. Lynn pointed out that claim volume was also trending downward, but shows a slight rise this quarter. Lynn then reviewed the quarterly reports with the Board beginning with 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. There were two members identified in the last quarter, and those members received alert letters.

Lynn then presented graphs for the percentage of adults and children on stimulant medications. The percentage of children on stimulant medications remains cyclical due to the school year in this age group, but that trend has become less obvious in the data over time. The percent of children has been down since COVID-19 public health emergency, but now seems stable with a slight increase recently. The percent of children taking stimulants in the total Medicaid population is above the percent of adults now. There has been a sustained increase in use since 2020 in adults. The next slide is a comparison graph of children and adults within the total Medicaid population shows that the greatest increase of members receiving stimulants has been within the adult population. However, there has been a continued decrease beginning in 2023 of the adult population which is likely due to changes in enrollment status. Additional DUR alert trend graphs were presented. Lynn noted that most of the alerts are stable. The drug/pregnancy alert, which has been increasing over the last year, has leveled off. 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 soft alert and alert trends have shifted because of this change. Lynn noted that the percentage of overrides has remained stable.

Next, an overview of claim volume was presented to the Board and the percentage of claims with a DUR alert per quarter

has continued to remain stable overall and approximately 50% of paid claims are paid with no DUR alerts. She also noted that less than 1% of paid claims have multiple DUR alerts. Slides were presented to review claim count changes. Claim volume continues to decrease. The claim volume from Q4 2023 to Q4 2024 has decreased about 340,000 claims. Lynn noted that the changing member population and policy changes could be a component of the decreasing claims volume. Trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2022 - 2024 were also included. The average MME has hovered around 41MME for about a year and continues to remain stable. Upon presenting the members on buprenorphine graph it was noted that historically, as the overall average MME has decreased, the overall use of buprenorphine has increased. However, there has been a slight decrease in the number of members on buprenorphine over the last four quarters. While this may be a result of enrollment changes, the trend was further investigated to reveal that when looking at the percentage of members on buprenorphine, there is still an increase in use over time.

Two graphs were presented to the Board looking at naloxone member trends from 2022-2024. Naloxone usage has continued to be steady with a slight decrease during the most recent quarter. 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). A second graph with data on the use of naloxone in non-opioid use members revealed that the majority of these members are on buprenorphine though the percentage has changed from 70% to 50% over the last several quarters. Lynn presented a slide which was introduced at the December 2022 meeting, tracking naloxone fills for members at 90 MME or greater. From Q1 2022 to Q4 2024, we saw a reduction in members with 90 MME as well as an increase, followed by a recent slight decrease in naloxone dispensed. The average percentage of members with 90 MME or greater and receiving a naloxone fill in Q4 2024 was 8%, with the average fill rate being 11%. Additionally, a second slide was presented tracking naloxone fills for members receiving buprenorphine for opioid use disorder (OUD). For about a year we have seen a decrease, in members with OUD as well as in naloxone dispensed. The average percentage of members with OUD and receiving a naloxone fill in Q4 2024 was 7%, with the average fill rate being 10%. It was noted that the slight drop in members and naloxone fills may be a result of the enrollment changes. Lynn presented two new graphs. A graph with the count of members getting buprenorphine since 2018, that shows increased dispensing until about Q3 2023. A second graph measuring the percentage of members getting naloxone, to account for change in enrollment. Shows an increasing trend until about Q3 2023.

There was Board discussion about the decreasing numbers for naloxone. Board members noted that a prescription for naloxone may have been filled and is still available for use by the member in a different quarter. Additionally, it was noted that there are several sources for members to obtain naloxone that may not be tracked in the available data.

Opioid Script Limit

Lynn began by presenting the average MME by override graph. There was a decrease in the average MME by override over the last two quarters that brought the average back down to where it had been for the last year. There is a process in place to review high MME outlier claims. The top five claims are reviewed each quarter for possible intervention. One member was referred to Acentra for possible lock-in. The percent of override trend was also presented, and overrides are consistently issued for less than 0.5% of the total opioid claims. While the opioid script limit policy impacts a very small number of claims, trends indicated it is an effective policy.

Multiple CNS Depressants

Lynn began by reminding the Board that this is a quarterly intervention. The current methodology for inclusion has been in place since Q1 2022. The 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 members must have a claim for each drug class in the last month of the quarter. The selected members are reviewed, and a letter is sent to prescribers regarding the risks of the noted polypharmacy. Letters are sent quarterly to providers of newly identified members and annually to prescribers of previously identified members. A full refresh of all identified members is done in the second quarter each year. For Q4 2024, there were 153 members on all four drugs, 73 members with 45 or more total days' supply, and 24 members were selected for intervention. Lynn reminded the Board that all of these numbers can be located and will be updated quarterly on the continuing intervention spreadsheet.

Continuing Interventions

Lynn closed out the Updates and Quarterly Reports with a review of the Continuing Intervention spreadsheet. She reminded the Board that the retrospective high MME intervention was changed in October 2024 to identify members on 120 MME or more per day. This was a decrease from 150 MME per day. The volume of members identified continues to be larger, as expected. She also reminded the Board that the Opioid/Benzodiazepine intervention is an ongoing quarterly intervention. There are two phases to this intervention. The phase one letters are focused on members who have chronic opioid (non-medication-assisted treatment), and benzodiazepine use and who exceed 50 MMEs per day. Chronic use is defined as 90 days each of opioids and benzodiazepines in 90 days. The phase two letters involve members who have chronic opioid (non-medication-assisted treatment), and benzodiazepine use and who exceeded 50MMEs per day, but phase two specifically identifies the top prescribers with members meeting the criteria and who previously received the phase one letter. Lastly, Lynn discussed the two types of monthly Sickle Cell disease interventions. These interventions identify members with underutilization of disease modifiers and overutilization of opioids with concurrent underutilization of disease modifiers. She noted that, as expected, the volume of letters is small. The data for all of these interventions is available on the Continuing Interventions spreadsheet.

Demographics Review of ADHD in Adults

Lynn began the discussion by reminding the Board that at the December 2024 meeting this topic was presented with diagnosis and medication use data for children as a result of a CMS survey that was completed in 2021-2022. A portion of the presentation on children focused on Wisconsin Medicaid data from October 2023 to September 2024. She indicated that the DUR core team wanted to look at Wisconsin Medicaid data from the same time period for adults. The data revealed that just over 7% of all adults had an ADHD diagnosis. This incidence stayed at 7% when stratified by gender. Lynn noted that about 54% of adults with an ADHD diagnosis were on an ADHD medication, including 46% of males and 59% of females. For all adults on medication, 93% were on a stimulant, while 7% were on a stimulant related medication. A comparison of data for children and adults within Wisconsin Medicaid indicated that the incidence of an ADHD diagnosis was higher in children than in adults (12% vs. 7%). The use of medication was also higher in children than in adults (64% vs. 54%), though the percentages of the type of medication were very similar. Board discussion centered on the differences in the incidence of diagnosis for children and adults, especially in females.

Antidepressant Underutilization

Lynn began the discussion by reminding the Board of the prospective DUR late refill alert presentation at the June 2024 meeting. She noted that based on the top drugs identified via the DUR late refill alert, Acentra performed a focused underutilization intervention in July 2024 for the following medications: citalopram, escitalopram, fluoxetine, sertraline, duloxetine, vilazodone, vortioxetine. An additional subset of antidepressants was identified by the DUR workgroup for intervention in September 2024 (bupropion, paroxetine, venlafaxine, and desvenlafaxine). The Board was reminded that a second review of all previously identified antidepressants was completed in January 2025. For the second set of reviews, Lynn provided an overview of the criteria parameters used to identify a member for an underutilization letter for the antidepressants followed by the volume of members identified for review, the number of members reviewed, and the number of members selected for intervention. Additionally, review details for each round of reviews was provided and indicated that there was an 80% intervention rate for round one (July/September 2024) and an 84% intervention rate for round two (January 2025). Rationale as to why a member may not have been selected for intervention was discussed, including fill dates and dose or medication changes. Lynn completed this discussion by indicating that a review of the Late Refill report for changes in the drugs included in the underutilization reviews will be completed in 2025. A review of criteria trends for the January 2025 interventions will also be completed in July 2025.

Overview of Buprenorphine Products & Utilization

Lynn began by indicating that in light of the fact there is significant discussion about buprenorphine use during DUR meetings, the DUR core team thought it would be interesting to review the history of buprenorphine products in Wisconsin Medicaid. She reviewed the drugs in the current PDL class. She stated that all drugs in the class are diagnosis restricted, and the two non-preferred agents have additional prior authorization criteria associated to them. She went on to discuss all past and present buprenorphine products and their FDA status, as well as their PDL history for Wisconsin Medicaid. Graphs for claim counts for each drug from Q1 2015 through Q1 2025 were shared with the Board. Discussion of the graphs included fluctuations in claim volume based on PDL and market status. The final graph shared with the Board highlighted the increase in use of buprenorphine over time. The graph identified the percent of eligible Medicaid members on buprenorphine from 2015 – 2024. There was a sharp increase in use from 2015 to 2020. Buprenorphine use during the COVID-19 public health emergency decreased slightly but has started to increase again as of mid-2023. The normal buprenorphine data will continue to be shared with the DUR Board at each meeting.

Long-term Use of High Dose Benzodiazepines Impact Analysis and Prescriber Review
Lynn began the discussion by reminding the Board of the criteria parameters for inclusion in this intervention. Members taking long-term diazepam, alprazolam, clonazepam, or lorazepam above designated dose thresholds for at least 80% of the time in a 180-day period, including a claim in the last month of the data period are identified for intervention. Data is run every six months and beginning with the September 2024 letter, new member/prescriber combinations are identified. Prescribers receive letters if they have at least two members exceeding the dose threshold for the identified drugs. She indicated that members with a seizure diagnosis were excluded, except for alprazolam. Letters were developed and signed by both Dr. Copeland and Dr. Huebner. Letters have been sent in March 2023, March 2024, and September 2024. An updated letter will be sent in March 2025. Lynn continued the discussion by presenting the findings of the most recent impact analysis which utilized data from July – December 2023 that was compared to July – December 2024. Of the 242 members available for remeasurement, 45% had either no benzodiazepine claims or had claims that were now below the dose threshold (10% and 35%, respectively). The other 55% of members continued to have claims for benzodiazepines above the dose threshold. She reminded the Board that the previous impact analysis for July – December 2022 data resulted in a 39% success rate. The conclusion of the impact analysis discussion included a review of the prescribers and changes to their patient volume. A small number of prescribers with the most patients were identified for outreach calls by Dr. Copeland. Due to the success of this intervention, letters will continue to be sent every six months for newly identified member/prescriber combinations. Further intervention evaluation will take place in 2026.

Lynn turned the discussion over to Dr. Copeland for further review of the high-volume prescribers identified for outreach calls. Dr. Copeland began by indicating that the impact analysis helps identify prescribers that may be engaging in high-risk prescribing patterns, including highest doses and large volume of members. Prior to reviewing the outreach calls to the top prescribers, he reminded the Board of the clinical and logistical considerations utilized in determining the dosing thresholds for the intervention. He noted that higher dosing and longer chronicity are associated with higher risk and that while no clear thresholds are indicated in clinical literature, there are some noted risk thresholds that were considered. Additionally, the feasibility of the intervention was considered during the selection of dose thresholds. He went on to discuss the prescribers with the highest number of members. He noted that there were 12 prescribers, including nine psychiatrists, who had five or more members identified for this intervention. Dr. Copeland placed outreach calls to the top three prescribers. He stated that the discussions on these calls were not what he expected. All three providers were psychiatrists with 25 or more years of experience, and they indicated they were trained during a time when benzodiazepines were a form of primary treatment. These prescribers felt their experience and comfort level with benzodiazepine use has resulted in members being directed towards their offices. Dr. Copeland found that all of these prescribers were actively trying to move members off high doses. He also noted that these prescribers are worried about the high-dose members and what will happen to them as experienced prescribers retire. As a result of discussions with these prescribers and their office staff, the letter used for this intervention was updated to include more resources for appropriate use and deprescribing of benzodiazepines.

Lock-In Annual Report
Katie began the annual Lock-In Report with an overview of the program's functionality and objectives, which are to identify and reduce drug-seeking behavior and to identify inappropriate prescribing patterns. The program currently reviews three criteria that look for excessive use of controlled medications (#3147), combinations of buprenorphine with opioid agonists (#5304), and the use of controlled substances with a history of drug poisoning (#9995). The Board was reminded of member rights, negating criteria used during reviews, and the types of letters sent to providers. A list of drugs that are included and excluded from the program was provided. There was a minor change made to criteria #3147 in 2024 for the days' supply required to hit this criteria. In January 2024 the total days' supply required for a member to hit criteria was decreased from 230 days to 220 days' supply.

A review of case counts for 2024 revealed a slight increase in the number of cases identified for alert. The trend in the number of cases identified for warnings and lock-ins has also increased, which may be a combination of an increase in the number of reviews due to days' supply changes, as well as reviewer variability resulting from a change in reviewers in 2023. Katie noted that due to the time between review for an alert and review for a warning or lock-in, changes in case counts do often take time to see. It was noted that letters are sent on average every six months to allow the reviewer to better see changes to utilization patterns. Other trends noted for 2024 include a sustained downturn in prescriber responses. Over the last few years rates have dropped from close to 20% to 14%. It was noted that the decrease may be related to the inclusion of lower risk members in the review pool and less provider concern for these members. This same

rationale may be contributing to the increasing rate of prescribers indicating they are not making changes as a result of the intervention. Despite the lower percentage of overall responses, the percentage of responses with comments remained relatively stable. The overall response rate was 14% with a comment rate of 57%. Most comments were positive and indicated positive actions are being taken, however as expected, there were comments that indicate the program can be a source of frustration for providers. Katie noted that prescriber frustrations may be related to a lack of prescriber understanding of the review process, however it is also understood that many of these patients have very complex history and all background information for each member is not always easy to interpret during these reviews.

Lock-In Days' Supply

Katie began the discussion by reminding the Board that this topic was presented at the December 2023 meeting that resulted in the change to the inclusion parameter for the lock-in criteria from 230 days' supply to 220 days' supply. Now that there is sufficient data to assess the change, the DUR core team wanted to provide the Board with an update. The presentation continued with a brief overview of the Lock-In program objectives and the current parameters used for reviewing the standard lock-in criteria (3147). She provided a historical review of the changes made to the days' supply parameters for the criteria. It was noted that the initial change from 240 to 210 was prompted by contractual changes that allowed for an increase in the volume of reviews. Additional changes were made to ensure the most effective use of the criteria with the goal being to identify problematic use while limiting the number of unnecessary reviews. The changes span over multiple years (2016 – 2024) and the days' supply parameters have ranged from 120 to 240. The current days' supply parameter is 220 days, with other changes having occurred in February 2016 (120 to 240), April 2022 (240 to 210), October 2022 (210 to 220), February 2023 (220 to 230), and January 2024 (230 to 220). Data was presented from November 2021 (240 days) through December 2024 (220 days) to help determine the impact of the changes and the need for any changes. The data shared included profile volume, case volume, alert volume, warning volume, and lock-in volume. Katie noted that at the December 2023 meeting, trends for lock-in letters had not been what was expected given the increase in the volume of reviews. There had not been a significant increase in the number of members progressing through the lock-in process, despite an increase in the number of reviews. The inclusion of members who would be considered lower-intensity reviews with a lack of significant evidence of misuse and/or abuse did seem to be contributing to the minimal changes in the warning and lock-in volume, as well as reviewer variability during the time the data was collected. With the collection of a year of data at 220 days' supply and a consistent reviewer, Katie noted that the trends for progression through the lock-in process have improved and this is likely a result of reviewer variability rather than the change in days' supply. The change in the days' supply to 220 days did not seem to result in a significant change in either the number of reviews or in the case rate when compared to 230 days. In light of the stabilization in the lock-in program, the core team feels that continuing to use 220 days' supply is appropriate. Further evaluation of lock-in program trends may be presented a future meeting.

Lock-In Impact Analysis

In the interest of time, this topic was tabled until the June 2025 meeting.

Adjournment

Mike Ochowski motioned to adjourn the meeting. The meeting adjourned at 4:03 p.m. Upcoming meetings are on the following Wednesdays: June 4, 2025, September 10, 2025, and December 3, 2025.

Guests: Caroline Faber, Johnson & Johnson; Robyn Bruining, Sanofi; Kellie Murry, Neurelis; Kelly Hamilton, Takeda; Paul Boothman, Axsome; Matt John, Otsuka; Marissa Woodward, Abbott; Patrick Boland, Bristol Myers Squibb; Todd Kailas, Alkermes; Artia Solutions.