MINUTES OF THE DRUG UTILIZATION REVIEW (DUR)
BOARD MEETING
Wednesday, December 7, 2016
1:00 p.m. to 4:00 p.m.
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members	HPE Staff	DHS Staff
Present:	**Present:**	**Present:**
Robert Factor, MD	Nadine Miller	Kimberly Smithers
Paul Cesarz, RPh	Tom Olson, PharmD	Rachel Currans-Henry
Michael Brown, PharmD	Jacque Nash, PharmD	Michael Heifetz
Daniel Erickson, MD	Kristie Chapman	Lynn Radmer, RPh
Michael Ochowski, RPh	Jamie Jones	Lisa Reese
Robert Breslow, RPh	Paul Jones	Tiffany Reilly
Lora Wiggins, MD	Corinne Eckert	Kelsey Brundage
Ward Brown, MD		
Jake Olson, PharmD		
Hannah Delong, MSN, PMHNP-B		

Welcome and Introductions
Rachel Currans-Henry called the meeting to order at 1:08 p.m. and began with a welcome and thanks to the Board members for their attendance at the meeting and then introduced the new Medicaid Director, Michael Heifetz. All members, staff, and guests present introduced themselves. The members were reminded of the meeting materials in their respective binders for reference and review. A quorum of members attended the meeting.

Review of the Agenda and Board Materials and Approval of September 14, 2016 Meeting Minutes
Rachel walked through the agenda as printed. Prior to this meeting, Board members received the minutes and RDUR Quarterly Report via e-mail and had the opportunity to review each document. The September minutes were then approved with an initial motion from **Ward Brown** and a second from **Paul Cesarz**. The motion passed unanimously. After approval of the minutes, Rachel turned the floor over to the new Medicaid Director for further introduction. Mr. Heifetz thanked the Board members for their service and gave a brief detail of his previous administrative healthcare experience as the State Budget Director and Vice President of Government Affairs at the Dean Clinic. Mr. Heifetz also informed the Board that he has been appointed to the Governor's Opioid Task Force and has recently presented our work to the committee, which lends a significant opportunity for the Board's work and ideas to have an impact on a broader scale.

Buprenorphine/Benzodiazepine Continuing Intervention
Lynn Radmer began the discussion with a summary of the initial intervention that was conducted in January of 2016. A total of 675 profiles were sent to 275 different prescribers, with 457 members identified by profile reviews. Follow-up data analysis revealed that as those members receiving the intervention dropped off, new members began hitting on the criteria, which indicated the need for an ongoing cycle of intervention. The core team proposed to re-run the focused intervention every six months, sending an alert letter to the prescribers regarding new members that hit on the criteria. This motion was modified at the September meeting and approved as an ongoing intervention being conducted every three months. For the month of November, the criteria was re-run for an intervention cycle on all members. A total of 414 members were identified with 204 members being present in both the January and November cycles and 604 letters being sent to 260 prescribers. All 414 members identified in the intervention will be suppressed for 12 months and this intervention will re-run every three months looking for new members who hit the criteria. Dr. Erickson asked how many members were on buprenorphine. Lynn stated there are approximately 8,500 members on medication assisted therapy (MAT); however, Dr. Wiggins clarified with Lynn that this also included members who are on

methadone, so it was not a true buprenorphine representation. Dr. Erickson asked if the new members were hitting the criteria due to the addition of a benzodiazepine, buprenorphine, or just because they are new to Medicaid. Lynn concluded that the majority of new cases are likely due to the addition of buprenorphine treatment. Robert Breslow inquired about the criteria development and was reminded that this criteria is an existing HID criteria that is being utilized.

Lynn then discussed phase two of the buprenorphine/benzodiazepine intervention, which entails identifying members who continue to hit the criteria and receive total daily doses of benzodiazepines that exceed predetermined high doses set by a collaboration of Dr. Cullen and Dr. Maskel. The prescribers for these members will be sent a phase two letter alerting the provider to the recently-added black box warnings for benzodiazepines and opioid use as well as references for appropriate alternative treatments for anxiety. A draft copy of the phase two letter was provided for review. Jake Olson stated that the black box warning did not sound strong enough, but Robert Breslow stated that he perceived the letter as being more educational than a scare tactic; his main concern was the significance of the intervention in terms of population size and overall effect. Lynn reminded the Board that this intervention was initiated from Dr. Cullen's conversations with addiction specialists in the state citing the severity and importance of this problem and concern that non-specialists may not be well informed of the potentially fatal drug interaction and prescribe unknowingly. Mike Brown added that he thinks the Board should continue this focus based on the potential future impact due to the current political and societal pressures to address addiction. Dr. Erickson agreed and reminded the Board that this is a step toward the bigger intervention of benzodiazepines and opioids outside of MAT. Dr. Erickson encouraged Board members and meeting attendees to take the opioid training that was created by the State Medical Society. Dr. Erickson stated the training was done very well and gave a better understanding on how to interact with patients that are on opioids. Dr. Wiggins recommended sending phase two letters to all prescribers, regardless of the benzodiazepine dose. Rachel asked for a final consensus, and it was agreed that phase two letters would be sent to everyone, using stronger language if applicable and allowing Dr. Wiggins to sign in lieu of HID's Medical Director. The motion was moved by **Dr. Wiggins** and seconded by **Mike Brown**.

Future DUR Activity Survey Discussion

Kimberly reminded the Board of the initial survey that was sent out via e-mail in July 2015 requesting that members rank a number of suggested ideas as well as write in miscellaneous topics for future DUR projects. The number one ranked item was to revise the Pharmacy Services Lock-In Program, which, Kimberly noted, is already underway with the April 2016 updates and was not included for today's discussion. The remaining ideas have been placed into four categories: Drug Combinations, Misuse and Abuse, Chronic Pain, and Education to Providers and Prescribers. Drug Combinations includes the current buprenorphine/benzodiazepine intervention as well as future planned interventions of benzodiazepines with opioids, methadone, stimulants, and "Trinity". Misuse and Abuse includes albuterol overuse without a long-acting asthma controller, opioids in children, stimulant overutilization, and duplication of therapy. Notable ideas in the Chronic Pain category include dose limits for non-cancer pain, opioid use for migraines, and ED visits for migraine without prophylactic therapy. The Education category includes appropriate prescribing of opioids and appropriate use of cough suppressants in children.

The core team has proposed three areas to start working on for future Board meetings. The first proposal is to conduct a focused intervention on the "Trinity" drug combination. Currently, there are 69 members that hit on this criteria. All members who hit on the criteria would receive an intervention letter using HID's pre-populated letter and criteria. The Board agreed to this proposal.

The second proposal is to review opioid utilization in children. Dr. Wiggins noted that this has become a significant problem for some states and begins with the overprescribing for acute sports injuries and tooth extractions. Dr. Wiggins also proposed as a prospective solution a PA requirement for any use greater than three days in pediatric patients. Lynn advised that the first step in this proposal would be data analysis to identify the relevant population. The Board agreed to this proposal.

The final proposal is to review cough suppressant utilization in children. The goal of this intervention is to align prescribing practices with the American Academy of Pediatrics and FDA recommendations. These recommendations warn against the use of codeine in patients younger than 18 years of age due to genetic variations in metabolism leading to unpredictable rates of respiratory depression. The Board has also agreed to data collection and analysis for this proposal to determine if and where a problem area exists.

Kimberly finished the discussion by asking for any additional input, and Mike Brown stated he would like to look into the albuterol overutilization topic. The core team will analyze the data for this population and bring it back for review.

CMS Annual Report

Tiffany presented a brief summary of the CMS report, which was submitted on time on September 30, 2016. The most notable questions were in the Fraud, Waste, and Abuse section which asked for total milligrams per day and length of treatment limitations for buprenorphine treatment. Wisconsin does not place limits on either of these aspects of buprenorphine therapy. Most of the new questions were regarding MCOs in anticipation of the new final rule that will require MCOs to conduct their own DUR activities; however, because Wisconsin currently carves out pharmacy, these questions are not relevant. CMS has not published the annual report as of yet but is expected to by early 2017. The state will be reviewing for innovative ideas as soon as the data is available.

New Pharmacy Reports

The core team has developed three new pharmacy reports to be made available each quarter in addition to the standard Prospective DUR tables. The first report details utilization by specific drug classes; showing how many members are currently using what class as well as trends over time. Lynn noted the slight downward opioid trend seen on this report. Robert Breslow would like to have an additional column showing members on more than one drug class. This statistic may be difficult to display, but the team is taking this request back for consideration. The second and third reports are graphs of individual DUR alert trends. Robert Breslow asked that a reference line be placed in these graphs at the time of a DUR alert policy change to better identify the response to the policy change. Lynn asked that any other recommendations or requests be emailed to Jacque to be passed along to the core team.

Preferred Drug List Update

Rachel gave an overview of the PAC meeting that was held on November 2, 2016. Forty-three drug classes were reviewed, most notably mental health and hepatitis C. Pristiq was added to the antidepressant, other class on the PDL based on the clinical rationale of a better adverse drug reaction profile. In the antipsychotic class, one Prior Authorization Committee member felt it is problematic that some drugs only have the injectable formulation preferred and not the corresponding oral formulation. This topic is being further discussed among the PDL committee. Otezla was added to the Cytokine and CAM Antagonists drug class due to its different mechanism of action and route of administration. Epclusa was added as preferred to the hepatitis C drug class for genotypes 2 and 3. The preference of Vyvanse over Adderall was brought up for discussion again, but no changes to the step through requirements have been made at this time.

Covered Outpatient Drug Rule

Kelsey presented a review of the upcoming reimbursement changes to comply with the Covered Outpatient Drug Final Rule. Effective April 1, 2017, DHS will be changing its outpatient drug reimbursement strategy. Ingredient cost will be changed from estimated acquisition cost to actual acquisition cost (AAC), and professional dispensing fees will replace current “reasonable dispensing fees.” Overall, the changes will increase pharmacy reimbursement by $31.2 million. Ingredient cost reimbursement will decrease by $60.3 million as a result of the transition to AAC reimbursement. DHS will use the National Average Drug Acquisition Cost (NADAC) or WAC (wholesale acquisition cost) +0% if NADAC is unavailable, to represent AAC. Specialty drugs are not included in the rule and drugs that meet the DHS definition of specialty drugs will be reimbursed outside of the AAC methodology. 340B covered entities will be reimbursed at 340B AAC. 340B AAC will either be calculated at the ceiling price or WAC-50% when a calculated ceiling price is unavailable. Contract pharmacies will not be allowed to dispense 340B drugs to ForwardHealth members. To determine the professional dispensing fee, the state sent out a Cost of Dispensing survey to 1,388 pharmacies and received 1,010

usable responses. The most significant factor in dispensing cost was determined to be total prescription volume; DHS is proposing a professional dispensing fee structure based annual total prescription volume. The proposed reimbursement structure will have four tiers and the tiered reimbursement amounts will range from $21.03 to $9.50; the proposed reimbursement structure has not been finalized. The net result of the dispensing fee transition is an increase by $93.7 million in reimbursement. A flat compounding fee of $7.84 will be reimbursed in addition to a provider's assigned professional dispensing fee rate for all compounds, and reimbursement for MTM intervention-based services will be included in the professional dispensing fee. Diabetic supplies do not fall under the outpatient drug rule and pricing strategies will remain the same.

A number of Board members expressed concerns about the new reimbursement amounts assigned to each tier and the impact the reimbursements may have on the revenues for individual pharmacies. Mike Brown strongly suggested that an impact analysis should be conducted with respect to pharmacy size rather than strictly analyzing aggregate data.

Adjournment
Lora Wiggins motioned to adjourn. The meeting adjourned at 4:15 p.m. Upcoming meetings are on the following Wednesdays: March 1, 2017; June 7, 2017; September 13, 2017; and December 6, 2017.

Guests: Jesus Felizzola (Indivor); Brian Inloes (Boehringer Ingelheim); Dean Groth (Pfizer); Jocelyn Good (Pfizer).