MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, March 6, 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
Absent:
Hannah Delong, MSN, PMHNP-B
Michelle Bensen, MD
Lora Wiggins, MD
Ward Brown, MD

DXC Staff
Present:
Chally Clegg
Tom Olson, PharmD
Katie Counts, PharmD
Michael Olsen
Eric Matyas
Randy Cullen, MD

DHS Staff
Present:
Kimberly Smithers
Lynn Radmer, RPh
Tiffany Reilly
Julie Sager, MD
Steve Tyska, MD
Russ Dunkel, DDS

Welcome and Introductions
Kimberly Smithers called the meeting to order at 1:04 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. 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 December 2018 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 December minutes were then briefly reviewed and approved with an initial motion from **Jake Olson** and a second from **Mike 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). Members that are receiving drugs from all five drug classes are reviewed by a pharmacist for possible inclusion in the Lock-In program or sending prescriber alert letters. Additional clinical review for the members highlighted at the December meeting was completed and this information was presented later in the meeting. In addition, trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2015 - 2018 were included. As seen with last quarter, the average MME has decreased and, the use of buprenorphine has increased. The Board members noted that to further evaluate the MME trend; it would be useful to see the number of members in different MME ranges. DUR alert trends and quarterly deduplicated claims information were included for Board review.

Lynn reviewed the prospective DUR alert discussion from December 2018 with the Board, including a reminder of system functionality. The DUR alert trend volumes remain consistent. Ongoing evaluation of how to address claims that have multiple DUR alerts continues. Lynn reminded the Board that the reactivation of the patient-age alert was implemented on December 1, 2018. This prospective DUR alert was reactivated 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. 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 identifies 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 (MAT) opioid. The initial cycle of 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.

Lynn presented a proposed "phase II" opioid/benzodiazepine intervention to the Board and opened the topic for discussion by the Board. Phase II will consist of creating a letter that is directed at prescribers identified in all three previous cycles who are considered outliers. It was noted that this group of outliers is approximately 2% of the prescribers identified in phase I of the intervention. The Board recommended for criteria to help identify outliers and information to include in the intervention letter.

Benzodiazepine Discussion

Triazolam

Lynn presented a follow up on a previous intervention and subsequent PDL change for triazolam in 2013/2014. At that time, there was concern that removal of the PA requirement may increase inappropriate use (nightly use) of triazolam. A focused intervention from 2014 identifying nightly triazolam use was repeated in September 2018. In 2014, 65 members were identified, while in 2018 only 49 members were identified. It was noted at the December 2018 meeting that Dr. Cullen would make follow-up prescriber phone calls on select member situations (e.g. high dose, use with other benzodiazepines,). Five members were identified for follow-up from Dr. Cullen. All members identified for follow up were receiving at least one other benzodiazepine in addition to triazolam. Peer outreach calls made to family practice physicians and psychiatrists by Dr. Cullen were met with mixed response; overall the providers did agree that changes could be made to the drug regimens. Discussion from the Board to address the use of multiple benzodiazepines included a DUR alert for therapeutic duplication of benzodiazepines, prior authorization for multiple benzodiazepines, and utilization of current and/or new RDUR criteria to address prescribing concerns.

Diazepam and Alprazolam

An initiative to start addressing chronic benzodiazepine use was introduced at the September 2018 meeting. At that time, peer to peer outreach calls were made by Dr. Cullen. The responses to Dr. Cullen's consultation calls confirmed that the chronic use of benzodiazepines is a complicated topic, but the education of prescribers is warranted. Lynn shared with the Board the idea of a letter to address the chronic use of alprazolam and a separate letter to address the chronic use of diazepam. Letters will be sent to prescribers of patients with 6 months of continuous use that meet a designated dosage threshold. Letters will focus on the addictive properties of the medications, the risks of drug interactions, and the risk of adverse reactions in the aging population. The letters will also include guidelines for the treatment of anxiety disorders and strategies for deprescribing benzodiazepines. Board members suggested including safety warnings about experiencing withdrawal symptoms and the risk of seizures with the abrupt discontinuation of benzodiazepines.

Diabetes Medication and Renal Dosing

Katie presented a small focused intervention which addressed the use of appropriate dosing of renally adjusted diabetes medications in members with a diagnosis of chronic kidney disease. Members included in the intervention were those who were on metformin, a metformin combination product, or an SGLT2 inhibitor for at least 30 days who also had a diagnosis of chronic kidney disease within the last 90 days. Intervention letters were sent to providers who had members exceeding the recommended maximum daily dose for their documented stage of renal disease. There were 266 members identified with 102 members receiving doses exceeding the recommended dose. Letters were sent to 105 providers in November 2018. As of mid-February, 24 responses had been received with 18 comments. Prescriber comments were positive, and many clarified the renal function status of the member. Claims history for all 102 members was reviewed. Of note were 12 members with either dosage changes or diagnosis updates. Several members had medications changes or no new claims in the system. A small number of members had no changes when a change was indicated based on diagnosis history. Overall, the response rate was similar to other interventions done through the RDUR process. The responses provided by the prescriber and changes in claims data indicate that most providers are appropriately monitoring and adjusting these medications based on renal function.

Lock-In Annual Report

Katie began the annual Lock-In Report with an overview of the program's functionality and objective, 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, combinations of methadone and buprenorphine with opioid agonists, and the excessive use of controlled substances with a history of drug poisoning. The Board was reminded of member rights, negating criteria used during reviews, and the types of letters sent to providers. There were no new criteria in 2018.

A review of the call volume and case counts for 2018 revealed similar data to 2017. While the case volume and volume of alert letters were similar in 2017 and 2018, the volume of warning and lock-in letters increased. This increase was attributed to taking a more aggressive stance on misuse due to the continuing opioid epidemic. Additionally, the use of the drug poisoning criteria allows for the identification and follow up of at-risk members that may benefit from the lock-in program. Provider feedback indicated valuable information was received. An overall response rate of 28% was an improvement from 23% in 2017, though the distribution of response types was similar. Of note, the percentage of responses that indicate action was taken continues to increase each year, indicating that prescribers are addressing the use of controlled substances in their members. Additionally, of the 828 responses received, 55% included written comments in 2018. This is an increase from 49% in 2019. The majority of 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.

Lynn continued the Lock-In discussion with a review of the Administrative Code that relates to the Lock-In program. The definitions of abuse and misuse were reviewed and the DHS scope of authority for lock-in was discussed. It was noted that the Administrative Code does not support the lock-in of a member based on drug poisoning diagnoses alone. However, this criterion is a valuable tool in identifying at-risk members that warrant further review for continued use of controlled substances. The pharmacist reviewers will utilize the drug poisoning criteria in conjunction with the excessive use criteria when considering a member for inclusion in the lock-in program. Lynn segued the discussion of DHS scope of authority to the selected review process for members who have claims for all five drug classes (opioids, stimulants, benzodiazepines, sedative hypnotics, and opioid dependence medications). It was noted at the December 2018 meeting that some members identified in this process do not have a lock-in letter sent to their provider as they do not meet the definition of misuse and abuse. The Board expressed concern about the lack of a letter to notify the prescribers of potential inappropriate drug regimens. In response to this concern, examples where a letter was not sent were provided for Board review at this meeting. Additionally, the state presented a polypharmacy letter that will be utilized as part of the lock-in process for the members in the five monitored drug classes that do not meet the criteria for a Lock-In Alert or Warning letter.

SUPPORT Act

Tiffany provided a high-level overview of the new legislation called the SUPPORT Act (The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act). The SUPPORT Act creates new requirements for Medicare and Medicaid. Of note for Medicare is the requirement to cover opioid treatment programs, which were previously excluded from coverage. Medicaid has several new provisions related to providing coverage and services to those members who need substance use disorder treatment. Also, in direct relation to the DUR Board, there are new provisions for drug review and utilization processes that include opioid safety edits, including 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. A timeline for implementation of the new requirements was reviewed. Further information will be brought back to the Board at a future meeting.

Adjournment

Michael Ochowski motioned to adjourn. The meeting adjourned at 4:11 p.m. Upcoming meetings are on the following Wednesdays: June 5, 2019, September 11, 2019, December 4, 2019, and March 4, 2020.

Guests: Shelly Somrock, Alexion; Chris Van Wynen, Sarepta; Patrice Donahoe; Tonya Haasbeek