MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, December 7, 2022
1:00 p.m. to 4:00 p.m.
Virtual meeting via Zoom

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

Absent:
Ward Brown, MD

Gainwell Staff Present:
Tom Olson, PharmD
Justin Soniat
Willie Wilberg, PharmD
Chally Clegg
Emily Gentry, PharmD
Gwen Millett
Travis Copeland, MD

DHS Staff Present:
Kim Wohler
Lynn Radmer, Rph
Tiffany Reilly
Russ Dunkel, DDS
Susan Seibert

Welcome and Introductions
Kim Wohler called the meeting to order at 1:10 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 September 2022 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 September minutes were briefly reviewed and approved with an initial motion from **Michael Ochowski** and a second from **Paul Cesarz**. The motion passed unanimously.

Quarterly DUR Reports
Lynn began by reviewing member enrollment. The enrolled member count does continue to increase since 2020 but is beginning to level off. Members will remain eligible for Medicaid since the current Public Health Emergency which has been extended into 2023, however members may have their eligibility redetermined in the future when the Public Health Emergency expires. Lynn pointed out that claim volume and member count are trending upward but only marginally. 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. Overall, the downward trends for these medications continue, however Lynn did point out that there was initially a slight upward trend for stimulant medications specifically, but we are also starting to see this begin to trend back down. Trend graphs for the DUR alerts were also included. Lynn presented graphs for the percentage of adults and children on stimulant medications. The percentage of children on stimulant medications remains very cyclical due to the school year in this age group but there has been an increase since 2020. Percentage of adults receiving stimulant medications has trended up slightly this past quarter. 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 and is largely due to the adult membership increasing Additional DUR alert trend graphs were presented, and Lynn reminded the Board that the DAPO early refill alert does remain off since the March 2020 public health emergency which contributes to the noted increase in early refills. Although early refills are still elevated since 2020 this is beginning to stabilize. Lynn pointed out that due to recent alert changes that took place in November 2021, there has been a sharp rise in late refills as well as a sharp decline for therapeutic duplication. Lynn noted an 18% decline in therapeutic duplication since the changes were made one year ago. Patient age trend remains down. 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 new soft alert and the number of alerts has increased as a result of this change. Lynn reminded the board that pharmacies are also able to pre-override these alerts when appropriate. The increase in overrides and pre-overrides was not unexpected and will continue to be monitored by the Department. Overall, almost 80% of the denied claims do receive an override currently. In a comparison graph of all the alerts, Lynn noted that the steady rise in late refill over early refill is most likely related to the recent alert changes previously discussed. An overview of claim volume was presented to the board and the percentage of claims per quarter has continued to remain stable overall and approximately 50% of paid claims are paid with no DUR alerts. Trend graphs for average morphine milligram equivalents (MMEs) per member per day and members utilizing buprenorphine from 2019 - 2022 were also included. The average MME remains below 50 and continues to trend downward. As seen in previous quarters, as the average MME has decreased, the use of buprenorphine has increased. The number of members receiving opioid dependency treatment with buprenorphine continues to slightly increase each quarter.

Naloxone

The first two graphs Lynn presented to the Board were looking at Naloxone member trends from 2019-2022. Lynn noted that recently it was determined that there had been an error in the calculation used, and the numbers had to be adjusted as a result. The trends did remain the same however overall, the numbers were reduced after this adjustment. Monthly Naloxone intervention letters began in March 2021 using data from February 2021. Letters are sent for new members or if a member has a new prescriber for Naloxone. Naloxone usage has increased dramatically with a 75% increase since fourth quarter 2020 to third quarter of 2022. 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). Lynn reminded the Board about previous discussions surrounding Naloxone at the September 2022 DUR meeting. Based on these discussions, additional information was gathered regarding Naloxone and three main topics were developed to be shared and discussed further with the Board. Topic one involved quarterly tracking of Naloxone fills for members with an average of 90 MME or greater. Topic two tracked Naloxone fills for members who received 90 MME or greater in 2021 3Q over a two-year time period, and topic three looked at total count of members who filled Naloxone with breakouts for members who received 90 MME or greater and members who received an opioid dependency drug.

For the first breakout topic, Lynn presented a graph of the quarterly tracking of members on 90 MME or greater. From first quarter 2019 through third quarter 2022, the number of members with 90 MME or greater does continue to trend down. Overall, the percentage of members with 90 MME or greater and receiving a Naloxone fill does continue to trend up slightly for the past two years. The average Naloxone member fill rate was 7% per quarter with a median fill rate of 6%. A graph was then presented for topic two which reviewed members who had 90 MME or greater in third quarter 2021 specifically. A closer look at Naloxone fills for these members were reviewed from third quarter 2020 to third quarter 2022. Over the two-year time period reviewed, 42% of these members did have a Naloxone fill in their claim's history. The final graph for topic three looked at the number of times Naloxone was filled over a four-year period of time. There were two members with 20 fills over this time period, but the majority of members received greater than zero to five fills. Lynn pointed out that the greatest number of members from this time period receiving Naloxone fills were those who were also receiving medication for opioid dependency treatment. Approximately 43% of members with a Naloxone fill also had an opioid dependency diagnosis. Based on these findings Lynn discussed the opioid dependency group is a potential group for additional focus moving forward. Additionally, the table presented for topic one will be added to the quarterly reports.

There was great discussion by the board members surrounding the Naloxone data presented. Paul Cesarz made a recommendation to potentially focus on those members who are in recovery, to determine if there may be a need for additional education/support to ensure that these members continue to have Naloxone readily available and are educated on proper use. Jordan Wulz stated that there is potential for some of the Naloxone products, including Narcan and auto injectors, to be transitioning to OTC products as soon as March of 2023. Lynn responded that most likely Medicaid would still cover these products, however this may affect the accuracy of our data analysis due to the likelihood that some members may obtain this medication without use of their Medicaid coverage. Dr. Copeland added to the discussion by making the group aware of recent reports showing that the use of Naloxone was not actually associated with a decrease in death due to overdose. Questions were raised about potential patient education to ensure that these vulnerable groups are not only able to obtain this medication but should also be thoroughly educated on appropriate use. Paul made a recommendation to potentially utilize the opiate settlement money to reach out via public service announcements to further reenforce the importance of proper education for use of this

medication.

Opioid Script Limit Discussion

Lynn began by reminding the Board that the Opioid Script Limit was initially implemented in January of 2011. Lynn noted that this is a policy that is not frequently reviewed with the Board, but it is included with the opioid initiatives within the annual CMS report. Lynn provided a brief overview of this policy and the processes currently in place. Lynn provided an update for the board since the September DUR meeting that the opioid script limit policy will be republished in a Forward Health Update that is coming out in December 2022. Additionally, the data table of Opioids Included in the Prescription Fill Limit will be removed from the Pharmacy Resources Portal page by January 1, 2023. Two graphs were presented reviewing claims denials and override trends. Lynn noted that the denials and overrides were showing a downward trend from 2011 to 2021. However, the denials and overrides are showing a slight upward trend from 2019 to 2021. Lynn pointed out the sharp rise on the graph for second quarter of 2022 and informed the Board that this was being looked into further to determine if there may be some outlier claims causing this drastic increase. It was noted that in general the overall number of members with an override was increased for this quarter. Lynn summarized, that overall, we have seen positive success for the program and average dispensed quantity, and average MME by override have shown a slight downward trend. These graphs will continue to be included with the quarterly data, specifically the average MME by override and annual override percentages for claim denials.

Continuing Interventions

Multiple CNS Depressants

Lynn began by reminding the Board that for this quarterly intervention, the methodology has recently changed as of first quarter 2022. The new 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 selected members are reviewed, and a letter is sent to prescribers regarding the risks of the noted polypharmacy. Letters are now being sent to the prescribers annually or when there has been a noted prescriber change. For comparison, Lynn reminded the Board that with the old methodology only members on 90 or more days' supply were identified, and the prescriber letters were only sent one time per member rather than annually. Lynn noted that this change was made to increase the outreach and letters involved with this intervention. In first quarter 2022 there were 107 members identified as receiving greater than or equal to 45 days' supply of each drug and letters were sent to the prescribers associated with these members. In subsequent quarters, the letters were sent to the prescribers associated with new member only. Lynn reminded the board that we will continue to present this graph on a quarterly basis.

Opioid/Benzodiazepine

For the Opioid/Benzodiazepine intervention, Lynn noted that for third quarter, letters were sent out in November 2022. For this intervention members must be receiving 90 days of an opioid at 50 MME or greater along with a benzodiazepine agent for 90 days. There were 259 members identified and 426 associated prescribers. Letters were only sent on new members. For this quarter there were 30 new members identified with 68 prescribers. These numbers continue to decline over time. Additionally, Lynn discussed another aspect of this intervention dealing with the top prescribers. The top prescribers with five or more members meeting the criteria have also declined. Fifteen members involving three prescribers were identified in the recent quarter, two of these were considered new prescribers. Lynn noted that this continues to trend down.

High MME

Lynn began the review of the high MME intervention by reminding the Board that the SUPPORT Act requires states to monitor the use of high dose opioids by members and prescribers. This intervention was started in December 2019. Lynn reminded the board of the MME threshold changes voted upon at the March 2022 meeting earlier this year. The threshold was lowered from 250 to 180 MME. Kepro began reviewing members using the new criteria in March 2022 and letters were sent to the opioid prescribers who were identified. In addition to the MME threshold changes, letters are now being sent to prescribers at least annually or after six months if there has been a noted prescriber change. Lynn shared the current letter volumes and noted that as expected, member reviews and prescriber letters did show an increase following the recent changes this year. Additionally, prescribers are selected for an outreach call based on no change to the MME or an increase in the MME after receipt of an intervention letter. Lynn shared the continuing intervention spreadsheet with

the board, which provided an overview of these interventions and associated letter volumes.

Benzodiazepines Impact Analysis and Proposed Intervention

Triazolam Impact Analysis

This intervention identified members who received greater than seven days' supply of triazolam for one month. Letters were sent out in September of 2018 to 50 prescribers and involved 49 members. Lynn reminded the Board that this intervention was done due to a recommendation in 2013 from the PA committee (PAC) to review triazolam utilization after switch to a preferred sedative hypnotic and the prior authorization requirement was removed. A similar intervention was conducted in 2014, however the impact analysis recently conducted provides a review of the 2018 intervention only. The criteria for this intervention was triggered by any fill of triazolam regardless of quantity or days' supply, however letters were only sent on those members receiving at least seven days' supply or greater after a profile review was conducted by a pharmacist. Of the original 49 members involved in the impact analysis, 31 members remained above criteria one year later. The success rate was 20% six months after the letters were sent and 24% one year after the letters were sent. The number of members receiving prescriptions from multiple prescribers slightly decreased from 48 to 30 members from Q4 2018 to Q4 2019. The number of members receiving multiple benzodiazepines also decreased during this time period. Data from June 2022 was presented to review current triazolam utilization and found a total of 50 members with greater than a seven days' supply and 73 members with at least a one-day supply. Overall, the triazolam intervention initiated in September 2018 showed a success rate of approximately 25%. Moving forward, triazolam utilization will continue to be part of the standard criteria for retrospective DUR and letters will continue to be sent through that process, however no further focused interventions are recommended at this time.

Alprazolam Impact Analysis

This intervention identified members who received greater than 3mg of alprazolam daily for six months. Prescribers who had three or more members meeting the criteria were sent an intervention letter. Data was collected from January to June of 2019. There were 501 members and 75 prescribers identified for this intervention. he 75 prescriber letters were sent in October 2019. The criteria looked for members having at least one claim in June 2019 and at least 160 days' supply over the six-month period of January to June 2019. The member must also be receiving greater than 3mg daily for six months. Prescribers were then identified if three or more members were meeting all of these criteria. Post-intervention there were a total of 325 members remaining above criteria in third quarter of 2020. The success rate for this intervention was 14% six months after the letters were sent and 23% one year after the letters were sent. Most prescribers (39) were originally identified as prescribing to three to six members above criteria. The top four prescribers were identified as prescribing to 23 or more members above criteria. An additional graph was presented looking at the top 10 prescribers. One year after sending letters to prescribers, the top 10 prescribers reduced their members above criteria from 227 to 135 members with only one prescriber showing an increase in members during this time period. Additionally, Dr. Cullen reached out to the top three prescribers to provide an outreach call. The number of members receiving prescriptions from multiple prescribers also declined.

Proposed Benzodiazepine Intervention

A new benzodiazepine intervention involving prescriber letters is being proposed as a follow up to these benzodiazepine interventions. Lynn notes that the criteria for this intervention would identify members taking diazepam, alprazolam, clonazepam and lorazepam above designated dose thresholds for three months or more. A single letter would be formulated and sent to address the identified benzodiazepine products. Lynn also pointed out that members with a seizure diagnosis would be excluded. A post-intervention impact analysis will be performed to assess the effectiveness of the intervention letters. This intervention was then voted upon by the Board to be an addition to the DUR workplan for the upcoming year. A motion to approve the proposed intervention was made by **Brooke Passolt** with a second by **Jake Olson**. The board voted unanimously to move forward with the proposed intervention. This will be added to the work plan for the upcoming year.

Children's Mental Health Program Stimulant Initiatives 2022

Dr Copeland began by giving a general program overview. Overall, within this program the stimulant prescription initiatives consist of three parts including quantity limits, prior authorizations, and case reviews performed by Dr. Copeland himself. Dr. Copeland explained that these clinical reviews are done for all members less than four years of age receiving stimulant medications. Additionally, all members with methamphetamine prescriptions are reviewed and Dr. Copeland reported that there were no new members identified this past year. Dose monitoring is also done, and individual case reviews conducted for members receiving certain dose thresholds of stimulant medications and this is the main area where adjustments have

been made over the past year. Dr. Copeland shared some additional information and research available surrounding dosing safety of stimulant medications. Although there is not a particular maximum dose for all of these agents, there are established clinical dose thresholds based on available safety data, FDA approved dosages, and common practice. Dr. Copeland discussed that he reviews dose patterns for stimulant medications quarterly and identifies outlier prescription patterns. Member reviews and interventions are completed at both the case and prescriber level. Currently with the new methodology, members are identified by use of a dose threshold score which was formulated using current clinical dose ranges for each stimulant to calculate a percentage of threshold dose for concern for each agent. Using this methodology there were 50% more members identified for case review by including the summed threshold scores. The current intervention includes individual prescriber calls conducted by Dr. Copeland regarding individual members at the highest doses and prescribers with high dose prescribing to multiple members.

Proposed Narcotic Cough Syrup Focused Intervention

Lynn began by reminding the Board how a focused intervention is generally conducted and discussed reasons why this type of intervention and post-analysis is often more limited in scope. She then addressed the main issue and components of the intervention letter currently in place. The criteria currently identifies members with 24 days' supply or more of a narcotic cough syrup in the last 90 days and there are a total of 250 cough and cold combinations products included. The main components of the intervention letter currently utilized includes recommendation to re-evaluate member's condition to rule out diversion and abuse for patients receiving multiple narcotic cough syrup prescriptions in recent months. Additionally, the chronic use of these medications may suggest the potential for more serious health concerns. Lynn discussed some history and recent FDA actions surrounding these medications and their use in children. Trend graphs were presented which showed that since 2018 there has been a downward trend in both prescribers and claims and the seasonality associated with these medications was also discussed. Lynn explained to the Board that although this criteria is run monthly it is not currently being reviewed as a focused intervention. The proposed intervention is to begin reviewing this criteria as a monthly focused intervention from January to June 2023. A clinical review will be conducted for each member profile identified by this criterion to determine if a prescriber intervention letter is appropriate. A post-intervention analysis will be conducted to compare the current prescribing patterns to the previous year for all prescribers who receive a letter. Additionally, utilization trends of the top narcotic cough syrups prescribed will be reviewed as well as the intervention letter criteria currently in place.

Brooke Passolt brought up that there is data which suggests that these narcotic cough syrups are not very helpful and wondered if this information was included in the letters currently being sent. Lynn explained that currently that information is not included and due to this being a system generated letter and not specific to the state of Wisconsin a new letter would need to be created which may take a few months to have in place and ready to send. Dr. Factor suggested that rather than using the word narcotic cough syrup it may be more appropriate to use opioid cough syrup to be more direct about the medications of main concern. He also agreed with Brooke that the addition of efficacy data for these agents to the letter would be beneficial moving forward. After further discussion among Board members, it was determined that due to time restraints associated with updating the current letter, it would be best to move forward with the intervention and the letter currently in place but potentially make updates or generate a new letter to be sent the following year. Jake Olson agreed that this has been an ongoing issue which needs to be addressed and delaying implementation of this could be detrimental. Brook will also be sending the studies she referenced previously to Lynn so that these may be taken into consideration for the future updates. A motion to approve the proposed intervention was made by **Jake Olson** with a second from **Mike Ochowski**. The board voted unanimously to move forward with the proposed intervention.

Public Health Unwinding Update

Kim Wohler provided an update on the current public health emergency and the first steps of the unwinding. Beginning March 2020, the department temporarily revised some of the pharmacy utilization management policies in response to the COVID-19 pandemic. These modifications were not directly tied to the end date for the Public Health Emergency and since members are now able to get to pharmacy locations more readily, for dates of service on and after December 1, 2022, we have returned to the pre-existing policies. Temporarily, the editing regarding a required 100 days' supply has been turned off but the other policies and alerts are back in place. Additional updates will be provided as this continues to progress.

PDL Update

Lynn provided an update from the November 2022 PA Advisory/PDL meeting. The meeting was held virtually via Zoom. Public and private formats were utilized to allow public testimony. A review of 46 current drug classes and one new drug

class was completed. The new drug classes will be for agents used for idiopathic pulmonary fibrosis. Lynn continued with a review of the clinical aspects of the meeting. Twenty-one drug classes had no proposed changes. The cytokine and CAM antagonist class are currently the highest spend area for the PDL and continues to be a driver of cost. The Immunomodulators, Atopic Dermatitis drug class has been continuing to grow in total number of agents included as well as cost. This drug class was of high interest at the meeting and the department indicated that after hearing concerns, they will consider modification of PA criteria for this drug class moving forward. A provider update and final determinations should be published later this month and implementation of these changes is anticipated in January 2023.

Adjournment

Mike Ochowski motioned to adjourn the meeting with a second by **Brook Passolt**. The meeting adjourned at 3:41 p.m. Upcoming meetings are on the following Wednesdays: March 1, 2023, June 7, 2023, September 13, 2023, and December 6, 2023.

Guests: Doug Johnson, Sobi; Kelly Ruhland, Lilly USA; Kimbra Brooks, Abbot; Kelly Hamilton, Takeda; John Bullard, Alexion-AstraZeneca; Cindy Pennington, Rhythm Pharmaceuticals; Robert Robey, Indivior. Inc.; Pat Schmitt, Novo Nordisk; Kevin Gallagher, Fennec Pharmaceuticals; Erica Wolf, AbbVie