

Drug Utilization Review Board

Meeting Minutes

Thursday, August 11, 2022

7:15 a.m. to 8:06 a.m.

Google Meet

Board Members Present:

Eric Cannon, PharmD, FAMCP, Board
Chair

Jennifer Brinton, MD

Judith Turner, DVM, PharmD

Katherine Smith, PharmD

Kumar Shah, MSc, PEng

Kyle Kitchen, PharmD

Michelle Hofmann, MD

Neal Catalano, PharmD

Sharon Weinstein, MD

Susan Siegfried, MD

Board Members Excused:

Elizabeth Gargaro, MD

Dept. of Health/Div. of Health Care Financing Staff Present:

Jennifer Strohecker, PharmD,
Medicaid Director

Andrea Rico, CPhT, CPC

Bryan Larson, PharmD

James Stamos, Office Director

Joe Busby, RPh, MBA

Julie Armstrong, CPhT

Luis Moreno, PharmD

Ngan Huynh, PharmD

Stephanie Byrne, PharmD

University of Utah Drug Regimen Review Center Staff Presenter:

Monet Luloh, PharmD U of U DRRC

Other Individuals Present:

Heidi Goodrich, Molina Healthcare

Jake Earl, PharmD U of U

Karen Sillas, Merck

Lauren Heath, PharmD U of U DRRC

Matthew Call, UUHP

Phillip Wettstad, RPh, MBA Novartis

Royal JD

San

Sarah Lott, Artia Solutions

Meeting conducted by: Eric Cannon

Drug Utilization Review Board

Meeting Minutes

1. **Welcome:** Ngan Huynh opened the meeting and reminded everyone who attended the meeting to identify themselves via meeting chat or by sending an email to medicaidpharmacy@utah.gov. Ngan Huynh announced a quorum.
2. **Review and Approval of July Minutes:** Kumar Shah motioned to approve the minutes from July as drafted. Susan Siegfroid seconded the motion. Unanimous approval. Jennifer Brinton and Sharon Weinstein were not present for vote.
3. **CDC Clinical Practice Guideline for Prescribing Opioids 2022 Draft:**
 - a. **Information:** Monet Luloh, Pharm D from the University of Utah College of Pharmacy Drug Regimen Review Center (DRRC) presented the 2022 Draft Update from the Centers for Disease Control Guideline for Prescribing Opioids. The 2016 Centers for Disease Control guidelines for prescribing opioids for chronic pain altered opioid prescribing practices. In some cases, the 2016 guidelines were inappropriately applied to patient populations beyond the intended scope, opioid dosage thresholds were implemented, tapered or discontinued without patient consent, restricted by payers and pharmacies, and created patient abandonment. The Centers for Disease Control (CDC) emphasized that the 2022 guideline update recommendations are voluntary, should not be used to restrict care, and are not a substitute for clinical judgment. The 2016 and 2022 guidelines had a target patient population of adults with chronic pain greater than three months in duration and had a target prescriber population of primary care physicians in outpatient settings. The 2016 and 2022 guidelines do not include recommendations for pediatrics, pain related to sickle cell disease, pain related to cancer treatment, or palliative care. The 2022 guidelines expanded to include recommendations for determining the clinical situation to start opioids for pain and selecting the appropriate opioid and dosage. Opioids for acute pain should only be considered for patients that have a favorable risk/benefit assessment at the lowest effective dose. Optimization of non-opioids and nonpharmacologic treatments are preferred prior to opioids but not required. Collaboration between

Drug Utilization Review Board

Meeting Minutes

the prescriber and the individual patient should be used to gradually taper. Opioids should not be dramatically decreased nor suddenly discontinued. The 2022 guidelines expanded to include subacute pain and no longer recommend nonopioids be used concurrently with opioids or specific dosage thresholds or durations. Follow-up and re-evaluation should occur after starting opioids or with dosage changes. Controlled substance use and screening tests for toxicology should be monitored. The 2022 guidelines acknowledge certain situations for which opioid/ benzodiazepine combinations may be clinically appropriate. Immediate-release opioids are still recommended prior to the use of extended-release or long-acting opioids. Considerations for policy changes could include a retrospective drug utilization review (RDUR) instead of a hard stop for morphine equivalent dose (MED) thresholds to prevent rapid tapers or sudden discontinuation of opioids. Changes to the duration thresholds and failure of two or more non-opioid classes may not be needed although the specific duration thresholds and requirement of trial of a specific treatment prior to starting opioids have been removed from the revised guidelines.

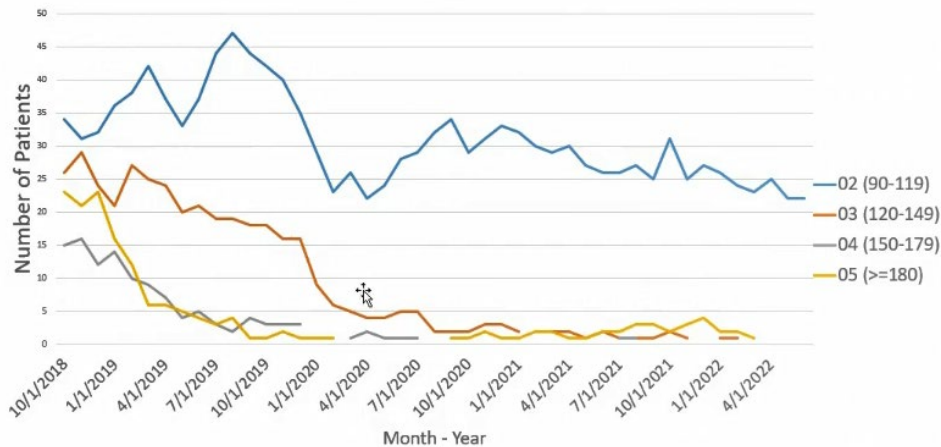
Joe Busby RPh, MBA presented Utah Medicaid's high dose opioid intervention results.

- Intervention Goal: encourage appropriate, guideline-aligned use of opioids
- Peer-to-peer calls to prescribers for member(s) with MME >180 started in Nov 2018
- 1/1/2019:
 - Edit / PA for MME >180 (high dose, failure to use short-acting before long, high quantities, etc.)
 - MIBs sent
 - Pharmacy technicians' outreach when pre-review PA
 - Pharmacist outreach on selected high opioid dose PAs
 - Continued peer-to-peer phone conversations and follow-up letters to those prescribers submitting PAs
- 7/1/2019: PA for MME >150; PA for >7 days of opioid in members under 18 y.o.
- 10/1/2019: DUR edit for short-acting opioids and benzos; PA for >7 days of opioid in pregnant members
- 1/1/2020: PA for MME >120
- 7/1/2020: PA for MME >90
- 1/1/2021: PA for concurrent opioid – OUD medication within last 30 days

Drug Utilization Review Board

Meeting Minutes

Total FFS Medicaid Opioid Recipients Over Time by MME Group >180, 150, 120, 90



- b. Board Discussion:** Eric Cannon inquired if the data included Accountable Care Organization (ACO) members. Joe Busby stated that only Fee-for-Service member results were presented. Katherine Smith inquired if there is evidence or data showing if opioids were being received elsewhere. Eric Cannon stated over the duration of the pandemic overdoses and suicides have increased while Medication-Assisted Treatment (MAT) has decreased or has been discontinued. Eric Cannon suggested surveying other state opioid policies prior to the board making any changes to the current policy. Jennifer Strohecker responded that the state can review overdose rates, Accountable Care Organization opioid data, other states opioid policy, and the Annual DUR Report to discuss at a future meeting. Eric Cannon stated Accountable Care Organization high dose opioid patients are being refused by pharmacies. Jennifer Strohecker stated that community pharmacies are implementing their own policies. Kyle Kitchen stated an additional physician has been brought in to manage and help coordinate high dose opioid patients with cancer related pain. Sharon Weinstein stated the revisions in the guidelines came from patient harm caused by misinterpreted and misapplied guidelines. Weinstein suggested the state may want to include review of opioid/gabapentin concurrent use and abuse in addition to opioid/benzodiazepines for safety in future considerations. Sharon

Drug Utilization Review Board

Meeting Minutes

Weinstein stated access to care and insurance coverage is still an issue for non-pharmacological evidence-based pain management options included in the Centers for Disease Control (CDC) guidelines. Jennifer Strohecker stated discussions are ongoing regarding non-pharmacological therapies and would require legislative funding for policy changes. Eric Cannon inquired how the current policy is working. Ngan Huynh stated the policy that has been implemented is working as expected and that the state welcomes recommendations from the board. Jennifer Strohecker stated she has been asked to prepare recommendations regarding high dose opioids and concurrent opioid/benzodiazepine use for the legislative session that begins next week. The legislature recognizes the importance of integrated care. Sharon Weinstein stated opioid/benzodiazepine combinations often come from different prescribers and outreach attempts to the other providers are unsuccessful. Luis Moreno stated that he has been contacting opioid/benzodiazepine prescribers and they are often unaware of the other prescribing. Most combinations seen have been low dose benzodiazepines with tramadol or similar opioid with a low morphine milligram equivalent (MME).

- c. Board Action:** Eric Cannon stated policy changes and action from the board may be premature at this time and recommended continuing the discussion after the legislative session and other additional federal governing bodies suggest changes similar to the updated guidelines from the Centers for Disease Control (CDC). Ngan Huynh will review other states policy and bring additional information back to the board at a future meeting.

4. Meeting Chat Transcript:

00:16:48.675,00:16:51.675

Sharon M Weinstein MD: Dr Weinstein is present, apologize for being late to join today

00:17:19.766,00:17:22.766

Ngan Huynh (DHHS): thank you Dr. Weinstein

00:32:57.638,00:33:00.638

Drug Utilization Review Board

Meeting Minutes

Michelle Hofmann (DHHS): Apologies need to drop for another call. Very rich discussion.

00:33:16.931,00:33:19.931

Katherine Smith: To clarify, the numbers I saw were for prescription opioid overdoses only.

00:51:53.131,00:51:56.131

Jennifer Strohecker (DHHS): Hi everyone: I need to drop for another meeting. Thanks for the good dialogue.

00:54:13.094,00:54:16.094

Sharon M Weinstein MD: Utah has been providing excellent leadership in this area - thank you all!

5. **The next meeting scheduled for Thursday, September 08, 2022** Mounjaro (tirzepatide) injection.
6. **Public Meeting Adjourned:** Eric Cannon motioned to adjourn the meeting. Judith Turner seconded the motion. Unanimous approval. Kumar Shah and Michelle Hofmann were not present for vote.

Audio recordings of DUR meetings are available online at:

<https://medicaid.utah.gov/pharmacy/drug-utilization-review-board?p=DUR%20Board%20Audio%20Recordings/>