

## Drug Utilization Review Board Meeting Summary

Wednesday, October 24, 2012

The Drug Utilization Review Board met on Wednesday, October 24, 2012, at 8 a.m., in the Drug Information Center Conference Room, University of Illinois at Chicago College of Pharmacy, 833 S. Wood Street in Chicago.

DUR Board members in attendance: John E. Tulley, MD; Rachel Caskey, MD; Anitha Nagelli, PharmD, M.Ed; Lori Wilken, PharmD, AE-C.

Illinois Department of Healthcare and Family Services (HFS) Representatives: Christina Petrykiw, PharmD, CDE, University of Illinois at Chicago College of Pharmacy (UIC); Donna Clay BSPHarm, UIC; Mary Lynn Moody, BSPHarm, UIC; Lisa Arndt\*, Bureau Chief, HFS Bureau of Pharmacy Services (BPS); Patricia Steward\*, BSPHarm, HFS BPS; Sheri Dolan\*, BSPHarm, HFS BPS, and Mark Huston\*, HFS BPS.

\*Attendance via teleconference

**Call to Order.** Christina Petrykiw, PharmD, called the meeting to order at 8:07 am.

**Agenda and Minutes Review.** Christina Petrykiw, PharmD, suggested moving chair vote prior to other discussion items. Board members agreed. Minutes of the 9/26/12 meeting were discussed. A different format is desired.

**Chairperson/Vice-Chair Person.** The DUR Board chairperson will be responsible for running DUR Board meetings and will ensure that prospective and retrospective DUR Board activities are completed by HFS Bureau of Pharmacy Services and University of Illinois College of Pharmacy staff. Rachel Caskey, MD, volunteered to be the Chairperson for this term and was approved unanimously with a motion for approval by John Tulley, MD, seconded by Anitha Nagelli, PharmD. Dr. Caskey proposed having a pharmacist serve as the vice-chairperson. Anitha Nagelli, PharmD volunteered and was approved unanimously with a motion for approval by Rachel Caskey, MD, seconded by John Tulley, MD. Dr. Caskey chaired the meeting.

### Illinois Department of Healthcare and Family Services

**Pharmacy program and Prescription Limit Policy.** Lisa Arndt noted the increasing volume of 4 Prescription Policy prior approval requests and the related implementation issues. Temporary staff have been hired to assist with data entry, and children under the age of 19 have been removed from the Four Prescription Policy at this time. Staff is evaluating options for improving the process. Drs. John Tulley and Rachel Caskey noted that their medical and clinic staffs are also overwhelmed by the process. Dr. Caskey indicated support for the changes if they help patient outcomes improve. Rachel Caskey, MD and Anitha Nagelli, Pharm.D noted that it would be good if electronic medical record and community pharmacy systems had the capability to incorporate discontinuation of a prescription when dose escalation is occurring, as patients sometimes continue on a previous dose, in addition to a new dose, when the prescriber intended for the patient to discontinue the previous dose. Lori Wilken, PharmD, noted that if prescriptions stated “discontinuing product x” and the new medication dosing information noted the therapy is continuing at an increased dose, then the lower-dose product could be discontinued at the pharmacy.

Lisa Arndt asked whether sending a prescriber letter with patient information and a list of medications, for patients that fill more than four prescriptions per month, would be helpful. Drs. Tulley and Caskey noted that the delay in obtaining the mail would result in either duplicate work because a request had already been processed or further delay in patients receiving their medication. Physicians will only approve medications they prescribed, not those from other prescribers. Providing other physicians, not just the primary care providers access to full patient information in MEDI may be helpful. Board members were asked to continue to provide ideas that may improve the process.

**Medicaid Drug Utilization Review Annual Report.** The report reflecting the reporting period October 1, 2010 to September 30, 2011 was submitted by the due date of September 30, 2012. DUR Board members congratulated staff on completing the report.

**Drugs and Therapeutics (D&T) Committee.** Medications reviewed by the D&T Committee on September 19, 2012 that will continue to require prior authorization include mifepristone (Korlym™), taflupost ophthalmic solution (Zioptan™), preservative-free combination dorzolamide and timolol ophthalmic solution (Cosopt PF®), nitroglycerin ointment (Rectiv™), beclomethasone nasal inhalation (QNASL™), and peginterferon alfa-2A (Pegasys®). John Tulley, MD, requested a summary of the information and reasons for D&T Committee decisions, so that he could respond to peers' questions correctly. Maria Tanzi, PharmD, who conducts reviews for the D&T Committee, will be asked to provide clinical updates at DUR Board meetings.

### **DUR Board**

**Appointment letters.** Rachel Caskey, MD and Lori Wilken, PharmD, received letters from HFS appointing them to the DUR Board. John Tulley, MD and Anitha Nagelli, PharmD will let staff know when letters are received.

**DUR Board Mission Statement.** Rachel Caskey, MD, made a motion for approval and the DUR Board unanimously accepted the DUR Board Mission Statement.

**DUR Board Procedures.** Christina Petrykiw, PharmD highlighted DUR Board procedures impacted by the *Open Meetings Act*, Ethics, and HIPAA legislation. All members are required to complete training regarding the *Open Meetings Act*, *HIPAA Privacy Policy*, and *Ethics Training for Appointees to State of Illinois Boards*. Verification of training completion, Conflict of Interest forms, and verification of understanding of the Confidentiality Policy must be submitted. Time spent on DUR Board meetings and activities should be recorded on provided time sheets.

Dr. Tulley made the motion for at least 50% attendance of each member for regular DUR Board meetings during the year. The motion was seconded by Anitha Nagelli, PharmD and passed unanimously. Dr. Tulley suggested that interested persons desiring to record meetings notify the DUR Board of their intention prior to the meeting. Rules for interested persons speaking at DUR meetings were discussed.

### **Prospective Drug Utilization Review**

**Prior Authorization.** Donna Clay, BSP Pharm, provided an overview of the drugs/drug classes for which Prior Authorization (PA) criteria have been implemented since July 1, 2012: Narcotic edits, Makena®, Suboxone®/Subutex®, erythropoietic support agents, hepatitis C agents, NS3/4A protease inhibitors, and chemotherapy agents. Criteria and forms are posted on the HFS Website at <http://www.hfs.illinois.gov/pharmacy/guidelines.html>. Updates will be provided regarding the implementation of the new criteria.

**Drugs for prospective DUR.** The types of problems that prospective DUR criteria address include inappropriate dose or duration, therapeutic duplication, and drug and allergy, disease, or drug interactions. At future meetings, criteria that have been created in these categories will be presented.

### **Retrospective Drug Utilization Review**

Methods to identify medications for retrospective review include 1) analysis of top prescribed medications in the last fiscal year; 2) analysis of disease states for which highest number of medications are used, most patients treated, most prescriptions written, or greatest payments made; and 3) medication-related problems identified by UIC pharmacists and Bureau of Pharmacy Services staff. The top five brand drug categories based on total claims paid in fiscal year 2012 through March 2012 were medications for asthma/COPD, psychiatric conditions, diabetes, HIV, and cardiac conditions. **Disease states** for which there are the most unique NDCs for treatment, unique number of patients, highest numbers of prescriptions written and claims paid for calendar year 2011 were reviewed. Infections, asthma, pain, and schizophrenia/bipolar disorder are top treatment and spend areas in both pediatric and adult patients. Additional high treatment and spend areas more unique to adults include heart disease, depression, contraception, diabetes, and HIV/AIDS. Staff have identified areas for potential further review, including duration of proton pump inhibitor therapy, concomitant ace-inhibitor (ACEI) and angiotensin receptor blocker (ARB) therapy, clopidogrel indications and duration of therapy, antipsychotic therapy in bipolar disorders, non-cancer and non-sickle cell pain management with opioids, and long-acting beta-agonists without concomitant steroid or short-acting beta-agonists as well as concomitant inhaler and nebulizer beta-agonist therapy in asthma.

DUR Board members noted that asthma may be a good disease state to target for review because it is a top medication and disease management category in both adults and children and specific drug-related issues have been identified. There is a need for improved asthma care in Illinois and opportunities exist for health care provider and patient education. Asthma may provide opportunities for collaboration with other Illinois entities and there is legislation mandating education of teachers regarding asthma inhaler use in Illinois. Infection is a high treatment area, but therapy is usually of short duration, so will not be a priority to review at this time. Heart disease encompasses both a high cost and high incidence area and several specific potential interventions (ACEI/ARB concomitant therapy and clopidogrel) have been identified. Proton pump inhibitor duration would be an initiative that can improve practice and provides an educational opportunity. Atypical antipsychotic use is also a category that encompasses high cost and high utilization. These agents are used for schizophrenia, bipolar disease and resistant depression.

Dr. Caskey proposed and Dr. Tulley seconded the motion to first review ACEI/ARB concomitant therapy, PPI duration, and asthma. The vote was unanimous.

### **Educational initiatives**

Areas for review that can provide actionable items and educational opportunities for providers and pharmacists are desired. Educational elements are evident in the chosen retrospective DUR topics. More time will be devoted to educational initiatives at future meetings.

### **Future meeting dates**

No additional DUR Board meetings will occur in 2012. Meetings on Wednesday mornings at 8 am are desired. Board members to notify staff regarding their availability for proposed meeting dates in 2013.

**Adjournment.** Rachel Caskey, MD, adjourned the meeting of the DUR Board at 9:35 am.

Summary prepared by Christina A. Petrykiw, PharmD, CDE.

Approved 1/16/2013 by the Illinois Drug Utilization Review Board.