ILLINOIS DEPARTMENT OF Healthcare and Family Services

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Drug Utilization Review Board
Meeting Summary
September 17, 2020

The Drug Utilization Review (DUR) Board met on Thursday, September 17, 2020, at 8:30 a.m. via Web-ex for all attendees pursuant to P.A. 101-0640: 5 ILCS 120/7 (e) and the 8-21-2020 Gubernatorial Disaster Proclamation due to the COVID-19 pandemic.

DUR Board members in attendance: Stacie Laff, MD, Chairperson; Christopher Schriever, PharmD, Vice-Chairperson; Aneet Ahluwalia, MD; Bedrijka Nikocevic, PharmD; Radhika Sreedhar, MD; Erica Stevens, PharmD.

Illinois Department of Healthcare and Family Services (HFS) Representatives: Donna Clay, BSPharm, Prior Authorization, University of Illinois at Chicago (UIC); Jen DeWitt, BSPharm, HFS Bureau of Professional and Ancillary Services (BPAS); Sheri Dolan, BSPharm, BPAS; Jose Jimenez, Bureau Chief, BPAS; Arvind K. Goyal, MD, Medical Director, Medical Programs, HFS; Mary Lynn Moody, BSPharm, UIC; Lisa Olivero, BPAS; Christina Petrykiw, PharmD, CDE, UIC; Linda Schuh, BSPharm, BPAS; Patricia Steward, BSPharm, BPAS.

Interested parties: Veronica Badani, UIC; Xuan Cai, UIC; Sun Choi, UIC; Joseph Cirrincione, Otsuka; Yvonne Collins, County Care; Karen Floeder, Biohaven Pharmaceuticals; Josh Getty, Indivior; Michael Hawks, Alkermes; Erin Hohman, ITS.JNJ; Casey Johnson, ViiV HC; Doug Johnson, Sobi; Mary Kaneaster, Gilead; Rob Kline, NovoNordisk; Michael LaFond, AbbVie; Karen Malamut, Merck; Neelesh Nadkami, County Care; Keith O'Hara, Otsuka; Cathy Paulson, SK Life Science; Kelly Petrowski, Allergan; Elizabeth Plouff, UCB; Ashley Polce, Abbvie; Carmel Schwalm, Takeda; Aaron Shaw, Boehringer-Ingelheim; Lisa Tracz, Global Blood Therapeutics; Thomas Vayalil, Molina Healthcare; Bruce Wallace, Azurity Pharmaceuticals; Bobby White, Eisai.

Call to Order. Christina Petrykiw, PharmD, noted that the meeting will be recorded in accordance with adjustments to the Open Meeting Act. Guests wishing to speak at the end of the meeting were asked to type their name, affiliation, and that they would like to speak in the Web-ex chat. Speakers will speak in the order listed. Dr. Laff called the meeting to order on February 20, 2020 at 8:33 am.

Roll call. Dr. Laff verified presence of each Board member. Mr. Jose Jimenez, the new Chief of the HFS Bureau of Professional and Ancillary Services (BPAS), was introduced.

Agenda, conflict of interest review, and approval of February 20, 2020 meeting minutes. No changes to the September 17, 2020 agenda or the February 20, 2020 meeting minutes were requested. Dr. Schriever's motion, seconded by Dr. Sreedhar, to accept the February 20, 2020 minutes and the September 17, 2020 agenda, was approved unanimously. No DUR Board members had conflicts of interest pertinent to the agenda. Dr. Laff reminded DUR Board members to recuse themselves from discussion if conflicts of interest present and to provide an updated *Conflict of Interest* form if new conflicts arise.

Prospective DUR

Covid-19 related edits. Jen DeWitt, BSPharm, provided an overview of the changes to prospective edits put in place due

to Covid-19. On March 30, 2020, days supply was changed for medications such as insulin to allow a 90-day supply, adjustments were made to the preferred drug list for respiratory medications such as albuterol inhalers and nebulization solutions and quantity for diabetes testing supplies. A temporary allowance for select OTC products for all ages was put in place and the 3-Brand limit and Four Prescription Policy edits were suspended temporarily. On May 20, 2020 additional medications were added to the allowed 90-day supply list, which is available at https://www.illinois.gov/hfs/SiteCollectionDocuments/05202020DrugsCovered90DaySuppliesCOVID19Final.pdf. HFS has a Webpage dedicated to Coronavirus (Covid-19) updates (https://www.illinois.gov/hfs/Pages/coronavirus.aspx). Changes are expected to be in place for the duration of the pandemic emergency. Erica Stevens, PharmD, asked whether medication adherence during the pandemic is being evaluated. Members noted that obtaining medications does not guarantee patients are taking them. Other parameters, such as laboratory values often used to assess efficacy, for example, glycosylated hemoglobin, may not be available due to patient reluctance to visit the medical provider or clinic during the pandemic.

Opioid edits. Jen DeWitt, BSPharm, described the Fee-for-Service (FFS) opioid-related edits that have put into place this year as part of SUPPORT for Patients and Communities Act (SUPPORT Act) initiatives. On April 17, 2020 an informational edit (alert) was implemented for morphine milligram equivalents (MME) that informed that the patient's opioid cumulative daily dose exceeds limits. Participants who are opioid naïve for HFS have a lower MME threshold than opioid experienced participants. Patients with cancer are not subject to the opioid MME edits. Effective May 18, 2020 the MME edit requires prior authorization. On May 18, 2020 a 7-day initial opioid fill edit was put in place for HFS opioid-naïve participants. Effective September 8, 2020, a drug interaction edit was put in place requiring prior authorization for concomitant opioid and benzodiazepine use. An informational edit was put in place regarding concomitant opioid and antipsychotic use. Concurrent use of opioid and central nervous system (CNS) depressants, including benzodiazepines and antipsychotics, may cause extreme sleepiness, slowed/difficulty breathing, unresponsiveness, CNS/respiratory depression, or death. Dr. Sreedhar asked whether the clinician can override the drug interaction edits if they are trying to titrate the patient off either of the medications. Prior authorization staff noted that HFS will work with the provider to put in place appropriate approvals to facilitate tapering processes. The DUR Board unanimously approved the new edits.

Retrospective DUR

Antipsychotic use in children. Christina Petrykiw, PharmD provided an overview of antipsychotic use in children that has increased over the last 20 years in the United States. Published data for antipsychotic use in Medicaid-covered children, pediatric FDA-approved and off-label indications, antipsychotics for which pediatric safety or efficacy are lacking, and Choose Wisely recommendations from the American Psychiatric Association for pediatric antipsychotic prescribing were reviewed. The SUPPORT Act requires monitoring and managing appropriate use of antipsychotics in children, including children in foster care. Currently FFS has quantity limits, high-dose edits, and prior authorization requirements for use in children less than 8 years of age and Youth in Care children, long-acting injectable atypical antipsychotics, and antipsychotic use in long-term care facilities. DocAssist review and peer-to-peer consultation are available for prescribers of mental health medications in children. State Fiscal Year 2020 antipsychotic utilization in FFS Youth in Care children under age 18, atypical antipsychotic use in children less than 8 years of age as well as antipsychotic FFS and MCO utilization in non-Youth in Care children and non-Third party insurance FFS children 8 through 17 years of age was reviewed. Dr Sreedhar asked whether appropriateness for indication and comorbidities could be addressed and whether metabolic monitoring was required. Dr. Ahluwalia noted that ideally monitoring is done and suggested addition of metabolic parameters to the prior authorization form rather than an educational item because providers are now inundated with emails and continuing education opportunities. Parameters that should be checked include glucose, lipids, and weight. Difficulty in obtaining bloodwork in children, particularly if they are not hospitalized, could complicate a monitoring requirement. It is unclear if the primary provider or psychiatrist does the monitoring, but weights are done at every visit. The DUR Board members recommended documenting the metabolic parameters if prior authorization is requested. At minimum obtaining the last 2 weights when antipsychotics are requested would facilitate identifying an increasing trend and need for further monitoring and management, since weight can be a risk marker for diabetes and hyperlipidemia. DocAssist availability for consultation should be noted on the form as well. Dr. Laff noted that general

pediatricians or Family Practice providers would benefit from DocAssist input for prescribing. Dr. Goyal stated that this may provide an opportunity to inform generalists about availability of DocAssist consultation. Requirement of prior authorization for non-psychiatry prescribers of antipsychotics in children was discussed. Dr. Schriever noted referrals for psychiatry are often outside the clinic and psychiatrists often send the child back to pediatricians for management. Donna Clay, BSPharm, reminded DUR Board members that most of the antipsychotics are preferred agents and only those used in younger children require prior authorization at this time. Presence of antipsychotic polypharmacy would be worthwhile to review in children 8 though 17 years of age. HFS will provide more information on the evolution of prior authorization for these medications in children. Further medication utilization review can direct need for a prior authorization process in children 8 to 17 years of age. Concern was voiced regarding potential adverse outcomes if medication access is delayed due to requiring prior authorization.

Opioids with sedative hypnotics. Christina Petrykiw, PharmD, provided an overview of concomitant chronic opioid and sedative hypnotic utilization in the FFS and MCO populations. The average number of sedative hypnotic claims in chronic opioid users (3 or more 30-day prescription claims) may be lower than expected. Review of Illinois Prescription Monitoring Program (ILPMP) during adjudication shows that patients often pay cash for sedative hypnotics for quantities beyond what is currently allowed in FFS. Outreach to ILPMP for the cash payment data would help better determine scope of concomitant utilization.

Montelukast monotherapy/steroid-containing inhaler prescriber intervention. Prescriber outreach is conducted to encourage steroid inhaler use in adult participants with only asthma who are receiving montelukast monotherapy. Impact of the corticosteroid prescription form sent from April 2018 through February 2020 on steroid inhaler prescribing was evaluated. Steroid inhaler fills after the letter were evident in approximately 41% of participants who had not filled any steroid inhalers prior to receiving the letter. About 42% of participants with previous low steroid inhaler use (less than 12 inhalers ever) and 47% of those with previous higher steroid inhaler use (13 or more inhalers ever) filled steroid inhalers after letter receipt. As the number of steroid inhaler fills increased, fewer montelukast fills were evident. Use of albuterol inhalers and nebulized products and prednisone was evaluated in patients filling steroid inhalers and/or montelukast. Only 2 patients had ever filled a spacer device prior to letter receipt and none had yet filled after letter receipt. Since spacer devices were added to the form in November 2019, it may be too early to see impact of the form on prescribing spacer devices. Dr. Laff noted that concerns remain that spacer devices are not being filled in children for steroid or albuterol inhalers. Lack of spacer device use can negatively impact asthma control. Counters on inhalers are not necessarily helpful, particularly if the patient and caregiver are not educated about or aware that no more medication is being provided once the counter reaches 0, only aerosol vehicle is being released. They continue using the product and this often results in an exacerbation. Dr. Laff noted that alternatives to montelukast for allergy, such as the antihistamine Claritin chewable tablets and liquids or the nasal spray Flonase, are now available over-the-counter (OTC) and thus not covered by many insurers. These OTC products are cost prohibitive for many Medicaid participants and cause an increase of montelukast prescribing since that is a covered product. Dr. Goyal noted that perhaps coverage of select OTC products for allergies in children should be considered.

Education

Montelukast black box warning. Christina Petrykiw, PharmD, informed DUR Board members about new black box warnings for montelukast regarding serious behavior and mood-related changes in patients with or without history of mental illness. The neuropsychiatric effects can persist after discontinuation. The Food and Drug Administration recommends asking about history of psychiatric illness prior to montelukast initiation, counseling about the mental health side effects, and monitoring patients taking montelukast for these events. Development of neuropsychiatric symptoms requires immediate montelukast discontinuation. Alternatives are recommended instead of using montelukast for allergies. For asthma, montelukast is not first-line therapy. The mental health side effect risks should be weighed against benefits before prescribing. Updated montelukast Medication Guides should be provided to patients and caregivers. The DUR Board members noted that mental health may be underreported in general. Increased irritability has been evident in children taking montelukast. The coverage of OTC antihistamine dosage forms for children

and/or nasal steroids needs to be addressed before any montelukast restrictions can be considered for pediatrics.

Prescriber letters regarding asthma inhalers with spacer devices. The DUR Board members recommended addressing montelukast safety issues in the prescriber letters. Recommendations for better asthma management should be made rather than restricting montelukast use at this time.

Illinois Advance. Mary Lynn Moody, BSPharm, provided an overview of the Illinois Advance (Academic Detailing Visits And New evidence CEnter) initiative. Illinois Public Act 101-0278 required establishment of an evidence-based, non-commercial education program for Medicaid prescribers consisting of web-based curriculum and academic educator outreach. This resulted in an HFS collaboration with the University of Illinois at Chicago College of Pharmacy to provide academic detailing services in Illinois. During academic detailing clinical pharmacists meet one-on-one with prescribers for 15-20 minutes at their offices or via online video conferencing to provide unbiased, non-commercial, and current drug information while offering new tools, solutions, and support for Illinois Medicaid prescribers. The Illinois Advance Website also provides continuing medical education (CME), frequently asked questions, for example regarding various opioid prescribing issues, as well as opportunities to make an academic detailing appointment or have a drug information request answered. Prescribers are encouraged to sign up for a virtual academic detailing visit and to obtain CME. Current academic detailing sessions address opioid prescribing, opioid alternatives, ILPMP's MyPMP, and opioid use disorder. Diabetes is forthcoming as a detailing topic in early 2021. DUR Board members suggested antibiotic stewardship and antipsychotic or antidepressant use in children as potential detailing topics. Dr. Schriever's motion seconded by Dr. Stevens to post links to the Illinois Advance Website was approved unanimously.

Future agenda items. Dr. Laff asked if DUR Board members had any topics for future discussion. Mary Lynn Moody, BSPharm, recommended having presentations related to drug utilization initiatives from the Medicaid Managed Care Organizations, since they cover a large number of HFS participants. DUR Board members suggested review of proton pump inhibitors, H2-blockers usage in children for chronic urticaria (particularly given many recent recalls), attention deficit hyperactivity disorder, and management of depression in children due to increased pediatric suicidal ideation during time of pandemic. Depression is often an off-label indication for children.

Public comments. Dr. Laff noted public comments should pertain to the agenda. No requests for public comment noted in the Webex chat.

Adjournment. Dr. Laff wished everyone to stay healthy and adjourned the DUR Board meeting at 10:05 am.

Meeting summary prepared by Christina A. Petrykiw, PharmD, CDE.

Approved November 19, 2020 by the Illinois Drug Utilization Review Board.