ILLINOIS DEPARTMENT OF Healthcare and Family Services

JB Pritzker, Governor
Theresa Eagleson, Director

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (877) 782-5565
TTY: (800) 526-5812

Drug Utilization Review Board
Meeting Summary
February 20, 2019

The Drug Utilization Review (DUR) Board met on Wednesday, February 20, 2019, at 8:30 a.m. in Conference Room B-16, University of Illinois at Chicago College of Pharmacy, 833 S. Wood Street, Chicago, Illinois.

DUR Board members in attendance: Stacie Laff*, MD, Chairperson; Tim Lehan*, BSPharm; Bedrija Nikocevic, PharmD; Christopher Schriever*, PharmD, John E. Tulley, MD.

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

Interested parties: Samuel Babatwelo Chicago State University (CSU); Nick Boyer, Otsuka; Joe Cirrincione, Otsuka; Brent DePriest, GlaxoSmithKline; Russ Giaimo, Health Care Service Corporation; Mary Kaneaster, Gilead Sciences; Casey Johnson, ViiV; Michael LaFond, AbbVie; Robert Pearce, Teva; Andre Roberts, CSU; Dakhane Williams, CSU.

*Attendance via teleconference

Call to Order. Dr. Laff called the meeting to order on February 20, 2019 at 8:35 am. Dr. Laff called for a vote to allow Mr. Lehan and Dr. Schriever to call into the meeting due to work commitments that precluded travel to Chicago. The DUR Board members approved telephonic attendance at this meeting.

Agenda, conflict of interest review, and approval of May 16, 2018 meeting minutes. No changes to the November 14, 2018 minutes or the February 20, 2019 agenda. Dr. Schriever made a motion, seconded by Dr. Nikocevic, and the November 14, 2018 minutes and February 20, 2019 agenda were approved. The DUR Board members had no conflicts of interest pertinent to the agenda. Dr. Laff reminded DUR Board members to recuse themselves from discussion if conflicts of interest come up and to provide an updated *Conflict of Interest* form if new conflicts arise.

Prospective Drug Utilization Review

Albuterol HFA inhalers. Christina A. Petrykiw, PharmD reviewed albuterol inhaler quantity limits in Fee-for-Service and Managed Care Medicaid in Illinois. Previous retrospective pharmacy claims reviews had shown overuse of albuterol and underuse of steroid inhalers, for example a max of 24-26 albuterol inhalers in a year. Dr. Laff noted that pediatric patients need to have one albuterol inhaler at home and one at school. Sometimes they need a third inhaler either to loss or more households where time is spent. Patients with exercise-induced asthma will use an inhaler more frequently - 1 to 2 times daily. Mary Lynn Moody, BSPharm noted that concerns regarding access have been voiced if limits are placed on quantity allowed. Sometimes a second inhaler in a month results in a Refill-too-Soon denial, but it may be due to the days supply being 30 vs 32 days. Dr. Nikocevic noted 1 for 16 days may reject because that is more than a 30-day supply. Concern is limits causing lack of use. The DUR Board

recommended pharmacists evaluate fill history and notify prescriber when lack of steroid inhaler use or albuterol overuse is identified. An albuterol inhaler quantity limit will not be implemented now.

Spacer devices/Valved Holding Chambers. Christina A. Petrykiw, PharmD, informed the DUR Board members that the Inhaled Corticosteroid Prescription Request Form was updated to include a spacer device. The form is sent to the prescriber when montelukast is requested for the treatment of asthma under the Four Prescription Policy, but first-line therapy with steroid inhalers is not being used at all or patient is not adherent with steroid inhaler therapy. It facilitates sending a prescription to the pharmacy for the steroid inhaler and now also the spacer device. The DUR Board members voiced continued concern that there is insufficient patient/parent education regarding use of inhalers and inhalers with spacer devices. Children using the Qvar Redihaler would not be able to use a spacer device. Additionally every spacer device does not work with all of the inhalers. A mis-match between the inhaler and spacer can lead to therapeutic failure as well as non-adherence with therapy. The insurer should advise pharmacies to always check for a spacer device for any child filling any of the inhalers. Manufacturers may have educational materials that help providers and patients understand inhaler and spacer device compatibility.

Retrospective Drug Utilization Review

Ketorolac utilization. Christina A. Petrykiw, PharmD provided an overview of ketorolac dosage form availability and dosing, black box warnings, and treatment considerations. The DUR board members previously noted concerns about longer duration ketorolac use with prescriptions at the pharmacy and recommended reviewing use in the Medicaid population. Treatment duration of ketorolac therapy should not exceed a total of 5 days due to significant increased risk for bleeding. Increased risk is associated with age, excessive daily dose or duration, concomitant NSAID use, and multiple co-prescribers. Pharmacy claims of Medicaid participants filling ketorolac between September 1, 2017 and September 1, 2018 were reviewed. At least 9629 unique participants filled ketorolac during the evaluation time period (3.9% Fee-for-Service coverage only, 72% managed care coverage only, 22% FFS and managed care coverage during year, 2.4% other third party insurance and FFS or managed care coverage). Only 8 participants filled injectable ketorolac 14 times on an outpatient basis. None of these patients filled oral ketorolac, but 50% did fill other NSAIDs either before, during, or after the month ketorolac injection was filled. One patient filled monthly for 3 months, while another filled intermittently every 1-3 months. The FFS only patients had 415 fills of oral ketorolac. About 63% of these patients only filled ketorolac, while the rest also filled other NSAIDs. At least 11% of patients filling oral ketorolac only had 2-8 refills. Approximately 30% of patient filling ketorolac were children ages 7-17 years and one participant was over age 65. The DUR Board members questioned whether the ketorolac prescribers were specialists. This detail was not discernable in the data pulled, but could be identified if the National Provider Identifier (NPI) Registry database is up-to-date. Claims review noted that 8% of participants filled oral daily doses > 40 mg, approximately 6% filled for a quantity that exceeded 5-day use (>20 tablets), about 15% received prescriptions written for a 6- to 30-day supply, and 6% had more than one risk present. Repeated courses of therapy occurred within 3 to 17 days in 5.5% of participants, while 7% of participants had repeated courses of therapy spaced 1 to 9 months apart. Only one participant filling monthly. Two participants had multiple prescribers for ketorolac, but not in the same month. Concomitant NSAIDs can increase risk of adverse events. Concomitant NSAID in the same month occurred in 3% of participants. At least 36% of patients filling ketorolac in the same year, also filled a NSAID that year, most commonly ibuprofen, meloxicam, or naproxen on an intermittent basis. It appeared that most ketorolac use may be acute rather than part of ongoing chronic NSAID use. Potential need for prescriber education identified regarding excessive daily dose, excessive days of therapy, multiple repeated courses of therapy in the same month, and overlapping concomitant NSAID use. The DUR Board members questioned whether patients with repeated courses of therapy had sickle cell disease. An opportunity to educate participants about which analgesics belong to the NSAID class is present because they may unknowingly take multiple NSAIDs. The DUR Board members asked whether it is possible to see

adverse outcomes with ketorolac therapy. Staff noted medical claims can be submitted up to 6 months after date of service, thus time delay would not facilitate immediate action if needed. Prescribers may increasingly turn to ketorolac for moderate to severe pain due pain relief comparable to opioids. The DUR Board members discussed potential edits for age, restriction to a specialist (hematology-oncology), and duplicate therapy with other NSAIDs. Currently a duplicate therapy edit exists for NSAIDs. Dr. Nikocevic noted that long duration and multiple fills are most troublesome. Dr. Tulley noted that edits that help prescribers avoid problems identified by black box warnings are helpful. Dr. Schriever made a motion, seconded by Dr. Tulley, and the DUR Board approved restricting ketorolac to 5 days and a maximum of 20 mg daily to help assure appropriate use. Exceeding the edit will require prior authorization and thus allow for prescriber education. Dr. Goyal recommended also reviewing MCO data to provide the MCOs with potential guidance regarding ketorolac.

Prescriber interventions – metformin underdosing. Christina Petrykiw, PharmD noted that the RetroDUR 300 studies 4-7 had identified 170 participants with potential metformin underdosing. Staff have considered less than 2000 mg daily as potential underdosing. Pharmacist review confirmed underdosing in 109 participants. Prescribers were contacted to determine last 2 glycosylated hemoglobin levels, the glomerular filtration rate, artherosclerotic cardiovascular disease (ASCVD) history, changes in metformin regimens, and were informed regarding their patient's metformin adherence. As needed, recommendations regarding the diabetes therapy were made and prescribers educated regarding the American Diabetes Association-European Association for the Study of Diabetes 2018 treatment recommendations. Of the 109 participants identified with metformin underdosing, 3.7% no longer had Medicaid eligibility, 36.7% were now covered by Medicaid Managed Care, and for 8.3% Medicaid was the secondary insurance. At least 6.4% of prescribers could not be located due to changes in practice sites. For almost 26% of participants, information provided by the prescriber allowed the pharmacist reviewer to deem therapy appropriate because glycosylated goals were met. Treatment recommendations with fax follow-up were made in 14.7% of participants and to date 37.5% responses have been received from prescribers. Prescribers who agreed with recommendations noted implementation will occur with the next visit. In some cases, previous patient history led prescribers to continue current dosing. In situations where glycosylated hemoglobin results were available, glycemic control as evidenced by a glycosylated hemoglobin of 6-7% was noted in one patient filling metformin 500 mg daily, seven participants filling metformin 1000 mg daily, and one patient filling 1500 mg daily. Metformin underdosing identified by the algorithm did not necessarily require dose adjustment. Dr. Goyal noted that prescribers may decrease the dose to help decrease gastrointestinal side effects. He recommended not evaluating underdosing.

RetroDUR 300 study. An overview of the RetroDUR 300 study of medications filled through August 2018 was provided. The most common issue was again underdosing, followed by duplicate therapy, potential inappropriate therapy, and drug interactions. Pharmacist review noted that 22% of the potential problems warranted prescriber follow-up, particularly almost 50% of the duplicate therapy and inappropriate therapy problems, and 75% of the drug interactions. Medications identified for each type of problem were noted for the DUR Board. Prescriber follow-up recommended for incorrect bupropion dosing based on immediate-release vs extended-release formulations, drug interactions between potassium and spironolactone or lithium and hydrochorothiazide, more than 3 antidepressants, more than 2 stimulants or antipsychotics, and benztropine use with second-generation antipsychotics.

Education

Opioid analgesics REMS patient counseling guide. Christina Petrykiw, PharmD shared the Opioid Analgesics REMS Patient Counseling Guide which should be provided to patients in addition to

medication guides specific to a particular product. Dr. Nikocevic made a motion, seconded by Dr. Schriever and the DUR Board approved posting a link to the Counseling Guide on the DUR Website.

Future agenda items. Tim Lehan, BSPharm, suggested that the next meeting date be added to the agenda. For future reference, the next meetings for 2019 are May 15th, September 18th, and November 20th. This information is posted on the DUR Board Website under the Meeting Schedule tab (https://www.illinois.gov/hfs/About/BoardsandCommisions/DUR/Pages/MeetingSchedule.aspx).

Public comments. Dr. Laff noted that public comments should pertain to the day's agenda. Russ Giaimo, PharmD, from BlueCrossBlueShield, asked if there was any guidance from HFS regarding newly approved Epidiolex® (cannabidiol) since cannibis coverage differed between federal and state coverage in states that have already approved medical cannibis use. Patty Steward, BSPharm, noted that for FFS, since Epidiolex® is a FDA-approved drug that is rebatable, it is covered for the seizure indication. Dr. Goyal requested more information so that he could share it with the MCOs.

Adjournment. Dr. Laff adjourned the DUR Board meeting at 9:41am.

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

Approved May 29, 2019 by the Illinois Drug Utilization Review Board.