HFS
Illinois Department of
Healthcare and Family Services

We improve lives.

Illinois Drug Utilization Review
Advisory Board Meeting Minutes
August 8, 2024

I. Call to order, Roll call

A. Call to order
   1. Meeting conducted via Webex webinar format.
   2. The meeting was recorded in accordance with the Open Meetings Act. Guests wishing to speak during public comments were requested to type name and affiliation in the Webex Chat. Phone-in attendees were instructed to email Jen DeWitt with full name, title, and affiliation.
   3. Dr. Stevens called the meeting to order at 8:31am.

B. Roll call
   1. Roll call was taken, and a quorum was established. Present: Drs. Stevens, Schriever, Aziz, Nikocevic, Sreedhar. Not present: Drs. Ahluwalia, Wheat

II. Agenda, conflict of interest review, approval of April 25, 2024 meeting minutes, and destruction of past recorded records.

A. No DUR Advisory Board members had conflicts of interest pertinent to the agenda. Dr. Stevens reminded DUR Advisory Board members to recuse themselves from discussion if conflicts of interest are present and to provide an updated *Conflict of Interest* form if new conflicts arise.

B. Motion to approve August 8, 2024 meeting agenda and April 25, 2024 meeting minutes- No changes or additions. Motion to approve both made by Schriever, seconded by Dr. Aziz.
   1. Vote: In favor- 5; Against- 0; Absentations-0. Motion passes. April 25, 2024 meeting minutes and August 8, 2024 agenda approved.

C. Motion to destroy recorded records greater than 18 months old (January 2023 and older) made by Dr. Nikocevic, seconded by Dr. Schriever.
   2. Vote: In favor- 5; Against- 0; Absentations-0. Motion passes.

III. Board Updates – Claudia Colombo, PharmD

A. DUR Advisory Board Bylaws have been looked at by legal, then will go to the HFS Director for approval.

IV. Retrospective DUR

A. Concomitant opioid therapy SUPPORT Act edits – Christina Petrykiw, CDCES
   1. Recommendations/requirements for concomitant opioid therapy reviewed.
      a. FDA drug safety communication
      b. Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)
      c. Current hard and soft edit parameters as of September 1, 2020
   2. Utilization
      a. Time periods compared: pre-edit (9/1/2019 – 8/31/2020) and the most recent state fiscal year post-edit time period (7/1/2023 – 6/30/2024)

b. Overall outcomes for concomitant opioid-benzodiazepine therapy:
    i. At least 57% fewer patients are filling concomitant opioid-benzodiazepine therapy.
    ii. Overall top 3 benzodiazepine pre- and post-edit: alprazolam, lorazepam, diazepam
    iii. Overall top 3 opioids pre-edit: hydrocodone-acetaminophen, tramadol, and acetaminophen with codeine, while post-edit third top opioid was oxycodone.
    iv. Percent of patients > 50 morphine milligram equivalents (MME) pre-edit was 3.3% and post-edit 4.4% of patients were filling opioids at > 50 MME.
c. Overall outcomes for concomitant opioid-antipsychotic therapy:
    i. At least 21% fewer patients are filling concomitant opioid-antipsychotic therapy.
    ii. Overall top 3 antipsychotics pre- and post-edit were quetiapine, olanzapine, and aripiprazole products.
    iii. Overall top 3 opioids pre-edit were hydrocodone-acetaminophen, tramadol, and morphine, while post-edit the third top opioid was oxycodone.
    iv. Percent of patients > 50 morphine milligram equivalents (MME) pre-edit was 3% and post-edit 4% of patients were filling opioids at > 50 MME.

3. Discussion:
    a. MME slightly higher in the post-edit periods.
4. DUR Advisory Board recommendations:
    a. Maintain hard edit for concomitant opioids and benzodiazepines.
    b. Motion made to evaluate utilization of concomitant clonazepam-opioid therapy. Determine how many clonazepam participants receiving concomitant opioid-benzodiazepine therapy had a seizure diagnosis made by Dr. Sreedhar, seconded by Dr. Nikocevic.
        i. Vote: In favor- 5; Against- 0; Absentations-0. Motion passes.
    c. Motion to review utilization of concomitant opioid and antipsychotic therapy for calendar year 2024 to better assess whether a change from an informational safety edit to a hard safety edit is warranted made by Dr. Sreedhar, seconded by Dr. Aziz.
        i. Vote: In favor- 5; Against- 0; Absentations-0. Motion passes.

V. Prospective DUR

A. Review of Pharmacy Benefit Management System (PBMS) safety edits – Jen DeWitt, BSPharm
1. ProDUR category:
    a. Age-State configured
    b. Daily dose- Medispan, state configured
    c. Gender-state configured
    d. Pregnancy- state configured
    e. Therapeutic duplication- Medispan, state configured
    f. Drug interaction- Medispan, state configured, vendor programmed
2. Other:
    a. Duration of therapy- state configured, vendor programmed
    b. Group accumulation- state configured, vendor programmed
    c. MME- Medispan, state configured, vendor programmed
    d. Initial days supply- state configured, vendor programmed

B. Ergocalciferol (vitamin D_2) 50,000 units utilization – Christina Petrykiw, PharmD, CDCES
   1. Guidelines/recommendations reviewed:
      a. Recommended Dietary Allowance (RDA) for vitamin D
      b. Endocrine Society clinical practice guideline: vitamin D for the prevention of disease.
      c. Kidney Disease Improving Global Outcomes (KDIGO) clinical practice guideline update: Diagnosis, evaluation, prevention, and treatment of chronic kidney disease-mineral and bone disorder (CD-MBD)
      d. Current therapy recommendations for FDA-approved indications for ergocalciferol 50,000 units (hypoparathyroidism, hypophosphatemia, or refractory Rickett's, familial hypophosphatemia)
      e. Off label vitamin D use in cystic fibrosis
   2. Utilization review with focus on duration of therapy
      a. Time period: calendar year 2023
      b. No significant seasonal variation in usage (monthly fills range from 8,518 claims to 10,089 claims during year)
      c. Average number of fills per patient: 3.8 (range 1-52)
      d. Range of days-supply prescribed per prescription: 4 days to 120 days
      e. Several patterns of vitamin D fills/days-supply prescribed
      f. Duration of therapy: 12 weeks or less, over 12 weeks, > 6 months, and a year
      g. Duration of therapy exceeding 12 weeks of therapy: 53% of patients
   3. Discussion:
      a. Currently, there is a limited role for ergocalciferol 50,000 units
      b. Limited support for use of vitamin D levels, except in certain indications
      c. Since Endocrine Society updated guidelines for vitamin D therapy and levels were published within the last 2 months, prescribing practices have likely not yet changed.
   4. DUR Advisory Board recommendations:
      a. Motion made to send a Provider Notice educating about the new vitamin D guidelines. Also send to pharmacy organizations, for example, Illinois Pharmacists Association (IPhA) by Dr. Sreedhar, seconded by Dr. Nikocevic.
         i. Vote: In favor- 5; Against- 0; Absentations-0. Motion passes.

VI. Education – Maurice Shaw, PharmD

A. DUR education website: Asthma education materials
   1. Dr. Shaw presented the following links be added to the asthma section of the DUR education website.
      a. Global Initiative for Asthma (GINA)
         i. https://ginasthma.org
         ii. https://ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf
         iii. https://ginasthma.org/gina-slide-set/
      b. National Asthma Education and Prevention Program (NAEPP) Asthma Management Guidelines: Focused Updates 2020:
         i. https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates
      c. Motion to add the links above to the asthma section of the DUR website made by Dr. Sreedhar, seconded by Dr. Schriever.
         i. Vote: In favor- 5; Against- 0; Absentations-0. Motion passes.

VII. Quarterly Reports – Maurice Shaw, PharmD

A. Top 10 spend Fee-for-service (FFS) drugs (2024Q1)
   1. Board requested utilization data for Januvia (sitagliptin).
B. Top 10 script count FFS- Prescription only (2024Q1)
C. Top 10 script count FFS- OTC only (2024Q1)
   1. Board requested utilization data for loratadine, cetirizine, and intranasal fluticasone.
   2. Board also questioned whether ferrous sulfate and aspirin were being used correctly.
D. Disease-specific reports not presented at this meeting due to data not being available secondary to Change Healthcare cyberattack.

VIII. Public Comments – No public comments were made.

IX. Announcements, Updates

A. Follow-up: Naloxone and other states – Claudia Colombo, PharmD
   1. Board had requested research on how other states are becoming more compliant with naloxone prescribing.
   2. An email was sent to the American Drug Utilization Review Society (ADURS) list serve, asking states 1) if they have a point-of-service (POS) edit that identified participants at risk of overdose that may need naloxone, 2) if they do have a POS edit, is it based on MME? 3) what is their MME trigger number?
      a. Missouri has a clinical edit that requires the presence of an opioid emergency reversal agent when a claim for an opioid has been identified. Claims for opioids will require prior authorization (PA) unless the participant has received at least 1 claim for an opioid emergency reversal agent in the past 2 years or if the claim has an MME > 50 and the participant does not have an opioid emergency reversal agent claim within the last 2 years.
      b. Indiana does not have a POS edit, but they have done a retrospective outreach to prescribers for MME > 90.
      c. West Virginia has POS edit based on a daily MME of 50. If a participant has prescriptions that are $\geq$ 50 MME per day, they are referred to a management of pain program and their prescriptions require a PA. Part of the PA requirement is for the prescriber to talk with the patient about the dangers of overdose and naloxone.
      d. California does not have a POS edit but has legislation that requires an offer of naloxone if MME $\geq$ 90, or if an opioid is prescribed within a year of a benzodiazepine.
      e. Arizona has POS edit that requires naloxone to be dispensed for prescriptions with an MME $\geq$ 90.
   3. There was discussion about what the current Illinois legislation says, is naloxone required to be dispensed with opioid prescriptions or is an offer of naloxone to patients receiving an opioid prescription sufficient?
   4. Motion made to clarify the current Illinois legislation on naloxone prescribing and to reassess the data on how often naloxone was prescribed with opioids at the next DUR Advisory Board meeting. Based on that data, the Board will decide about any edits needed for naloxone made by Dr. Sreedhar, seconded by Dr. Nikocevic.
      a. Vote: In favor- 5; Against- 0; Absentations-0. Motion passes.

B. Announcements- 2025 DUR Advisory Board meeting dates – Claudia Colombo, PharmD
   1. Proposed DUR Advisory Board meeting dates for 2025. All meetings will take place from 8:30am-10:30am via Webex format.
      a. Thursday, January 30, 2025
      b. Thursday, April 24, 2025
      c. Thursday, July 31, 2025
      d. Thursday, October 30, 2025
   2. Motion to approve meeting dates for 2025 made by Dr. Schriever, seconded by Dr. Aziz.
      a. Vote: In favor- 5; Against-0; Absentations-0. Motion passes.

C. Department update – Jose Jimenez, Bureau Chief

X. Adjournment

A. Next DUR Board meeting- Thursday, October 31, 2024, 8:30am – 10:30am
B. Motion made to adjourn the meeting at 10:08am by Dr. Stevens, seconded by Dr. Sreedhar.
   1. Vote: In favor- 5; Against-0, Absentations-0. Meeting adjourned.

Meeting Attendance

DUR Board Members
Erica Stevens, PharmD, BCGP, Chair
Christopher Schriever, PharmD, MS, AAHIVP, Vice-Chair
Ihab Aziz, MD, ABFM, FAAFP
Bedrija Nikocevic, PharmD, BCACP
Radhika Sreedhar, MD, MS, FACP

Staff/Panelists
Claudia Colombo, PharmD – UIC Springfield
Melissa Davis – BPAS
Jen DeWitt, BSPharm – UIC Springfield
Sheri Dolan, BSPharm – UIC Springfield
Thomas Dorn, PharmD – UIC
Arvind Goyal, MD, MPH, MBA - Medical Director, HFS
Brianna Hudak, PharmD, BCACP, MHPE – UIC
Jose Jimenez – Bureau Chief, BPAS
Mary Moody, BSPharm – UIC
Christina Petrykiw, PharmD, CDCES – UIC
Maurice Shaw, PharmD – UIC Springfield

Guests/Attendees
Kimbra Brooks
John Bullard
Dan Calloway
Jesus Gonzalez
Doug Johnson
Jeff Knappen
Phil Lohec
Daphne Ni
Keith O'Hara
Nichole Palusinski
Heather Pezewski
Gary Parenteau

Kenneth Ring
Ryan Segroves
Priti Shah
David Shee
Michele Shirley
Stefanie Toomey
Thomas Vayalil
Jon Vlasnik
Michael Welton
Madison Zeltwanger
Call-in user (630926****)

Approved on October 31, 2024 by the Illinois Drug Utilization Review Advisory Board