Illinois Drug Utilization Review
Advisory Board Meeting Minutes
April 25, 2024

I. Call to order, Roll call

a. Call to order
   i. Meeting conducted via Webex webinar format.
   ii. The meeting was recorded in accordance with the Open Meetings Act. Guests wishing to speak during public comment 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.
   iii. Dr. Stevens called the meeting to order at 8:31am.

b. Roll call
   i. Roll call was taken, and a quorum was established. Present: Drs. Stevens, Ahluwalia (in at 9:11am), Aziz, Nikocevic, Sreedhar, Wheat (left at 9:39am). Not present: Dr. Schriever.

II. Agenda, conflict of interest review, and approval of January 25, 2024 meeting minutes

a. No DUR Board members had conflicts of interest pertinent to the agenda. Dr. Stevens reminded DUR 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. April 25, 2024 meeting agenda and January 25, 2024 meeting minutes- No changes or additions. Motion to approve both made by Dr. Nikocevic, seconded by Dr. Aziz.

c. Vote: In favor- 5; Against- 0; Absentions-0. January 25, 2024 meeting minutes and April 25, 2024 agenda was approved.

III. Board Updates – Claudia Colombo, PharmD

a. Dr. Sam An resigned from the DUR Board on March 29, 2024. We thank Dr. An for his 3 years of service.

b. DUR Bylaws changes/updates
   i. Article II, section I: Board composition, point D. Point regarding ex-officio members counting towards a quorum was voted to be removed by the Board at the January 25, 2024 meeting.
   ii. Article II, section II: Membership, points A and B. Term end date for current DUR Board members and members who have served a total of 48 months or longer changed from September 30, 2024, to September 30, 2025. Deadline of October 1, 2024 for raising Board membership to 12 members removed.
      1. Motion to change term end and remove deadline made by Dr. Nikocevic, seconded by Dr. Wheat.
      2. Vote: In favor- 5; Against-0, Absentions-0. Motion passes.
   iii. Article II, section II: Membership, point E. Motion made to add language: “The members AND OFFICERS with expired terms will be eligible for reappointment after a hiatus of 2 years” made by Dr. Aziz, seconded by Dr. Nikocevic.
      1. Vote: In favor-5; Against-0, Absentions-0. Motion passes.

iv. Article VIII: Minutes, point B. Language changed to include specific length of time (18 months) that meeting recordings must be kept. After 18 months, the Board will vote to destroy the recording.
    1. Motion to approve change of language made by Dr. Nikocevic, seconded by Dr. Wheat.
    2. Vote: In favor-5, Against-0, Abstentions-0. Motion passes.
v. Article IX: Quorum. Language updated to remove ex-officio Board members from counting towards a quorum. Deadline of October 1, 2024 for raising Board membership to 12 removed.
    1. Motion to update language made by Dr. Aziz, seconded by Dr. Nikocevic.
    2. Vote: In favor-5, Against-0, Abstentions-0. Motion passes.
vi. Motion to approve final version of Bylaws made by Dr. Stevens, seconded by Dr. Aziz.
    1. Vote: In favor-5, Against-0, Abstentions-0. Motion passes.

IV. Quarterly Reports – Maurice Shaw, PharmD

a. Top 10 spend Fee-For-Service (FFS) drugs (2024Q1)
    i. Board requested utilization data for empagliflozin, canagliflozin, and sitagliptin.
b. Top 10 script count FFS- Prescription only (2024Q1)
    i. Board requested checking the length of therapy of vitamin D that participants are receiving, and what demographic of participants are receiving vitamin D therapy.
c. Top 10 script count FFS-OTC only (2024Q1)
    i. Board requested a data run for multivitamin utilization to check the age range, pregnancy status, and what plan participants are on.
d. Top 5 script count by disease state: Diabetes (FFS and managed care organization (MCO), 2023Q4)
    i. Dr. Shaw presented glipizide utilization as requested by the Board.
        1. Glipizide utilization: age $\geq$ 65: 27.2%, 55-64: 31.4%, 45-55: 36%, $\leq$ 44: 5.4%, chronic kidney disease (CKD) or dialysis: 7.1%.
        2. Based on the high incidence of glipizide utilization, Board requested the following:
            a. Academic Detailing outreach to review current guidelines with top providers prescribing glipizide and those with patients with concomitant diabetes and CKD or dialysis.
            b. Data run on number of hospitalizations due to hypoglycemia for participants filling glipizide.
            c. Check to see if glipizide script count has been declining.
e. Top 5 script count by disease state: Hypertension (FFS and MCO, 2023Q4)
    i. Dr. Shaw presented the utilization of hydralazine in participants with CKD or heart failure (HF) as requested by the Board.
        1. Out of 744 FFS and 8,151 MCO participants filling hydralazine:
            a. CKD: FFS= 40.7%, MCO= 38.3%
            b. HF: FFS=33.6%, MCO=36.6%
    ii. The Board requested to know the percentage of participants receiving hydralazine that are pregnant.
f. Top 5 script count by disease state: Depression (FFS and MCO, 2024Q4)

g. Top 5 script count by disease state: Asthma (FFS and MCO, 2023Q4)
    i. Board requested a data run to see if montelukast and albuterol script counts have been decreasing. Requested age range of participants receiving montelukast.

V. Retrospective DUR

a. RetroDUR 300 – Christina Petrykiw, PharmD, CDCES
    i. Study 38: Reviewed 300 patients with algorithm and pharmacist-identified issues related to medications filled between 6/28/2023 and 1/3/2024.
    ii. Study 38: algorithm-identified issues= 910
        1. Subtherapeutic daily dose issues= 88%
        2. Duplicate therapy= 10%
        3. Drug interaction= 1%
        4. Inappropriate therapy= 1%
    iii. Pharmacist-identified potential issues= 2,144
        1. Lack of guideline-recommended therapy: diabetes, first-line asthma inhalers, naloxone, first-line SSRI/SNRI for chronic anxiety
        2. Prolonged high-dose vitamin D therapy.
        3. Multiple prescribers for same medication class.
    iv. Of the 1,224 chronic medications still being taken: adherence is 96% of medications.
    v. Overall: 183 issues warranted prescriber outreach for 43 participants.
        1. Many instances of subtherapeutic dosing were due to reduced renal function.
        2. Several duplicate therapies during the review period were due to temporary drug shortages.
        3. Guideline education/reinforcement warranted.
b. Fee-for-service (FFS) Naloxone Prescriber Outreach – Christina Petrykiw, PharmD, CDCES
    i. Intervention was conducted to increase naloxone utilization in participants with risk factors for opioid overdose.
    ii. High-dose opioid fills (>50 MME) between September 2022 and December 2023
        1. 86 participants filling at least one high-dose MME opioid.
            a. Ongoing opioid therapy: 79 participants
            b. Filling different opioids currently: 5 participants
            c. Naloxone filled or administered per ILPMP: 24 participants (16%)
        2. 55 participants warranted prescriber outreach since no naloxone per ILPMP review.
            a. 75 prescriber calls made, and 28 faxes sent.
            b. History of naloxone discussion or prescription per prescriber: 21 patients (38%)
            c. Post-intervention discussion or prescription will be written: 16% of participants.
                i. 3 patients filled naloxone to date.
    iii. Discussion
        1. 53 patients filled buprenorphine monotherapy in the first quarters of 2023.
            a. Switched to buprenorphine-naloxone therapy: 5 participants.
            b. Naloxone filled or administered per ILPMP within last 2 years: 23%
                i. Prior to intervention: 23% had naloxone filled. Of the remaining participants, 26% had a naloxone discussion, 13% had naloxone prescribed, but no evidence of a fill.

c. After the intervention: 43% of participants will have a naloxone discussion or will be prescribed naloxone, 23 participants filling ongoing monotherapy warranted prescriber outreach since no naloxone per ILPMP review and concomitant medications and/or medical conditions that increase overdose risk present.
    i. 49 prescriber calls made, and 35 faxes sent.
    ii. History of naloxone discussion or prescription per prescriber: 9 participants (39%)
    iii. Post-intervention discussion or prescription will occur: 43% of participants.

c. Single-Ingredient Buprenorphine – Tom Dorn, PharmD
    i. FFS participants filling single-ingredient buprenorphine from 1/1/2023 to 6/20/2023 were identified. Prescribers with participants filling monotherapy were contacted to get more insight into why the prescriber chose to prescribe single-ingredient buprenorphine.
    ii. Responses from 35 providers contacted uncovered no issues with single-ingredient buprenorphine prescribing.

VI. Prospective DUR – Maurice Shaw, PharmD

a. SMART = Single-inhaler Maintenance And Reliever Therapy
    i. The SMART therapy approach recommends that instead of using two separate controller and reliever inhalers, a single inhaler containing inhaled corticosteroid (ICS)-formoterol for both daily controller and reliever therapy be used.
    ii. Benefits of SMART therapy includes quick relief of symptoms, ease of use (single inhaler vs two separate inhalers), reduction in risk of severe exacerbations, lower total ICS dose, safety, and tolerability.
    iii. Budesonide-formoterol is the only ICS-formoterol combination available in the United States that has been studied as SMART.
    iv. FFS has no quantity limits on budesonide-formoterol. The MCOs do have quantity limits, ranging from one inhaler per 20 days or one inhaler per 30 days or two inhalers per 30 days, or three inhalers per 30 days.
    v. Motion made to discuss removing quantity limits from ICS-formoterol inhalers with the MCOs at the next quarterly IAMHP/HFS meeting made by Dr. Nikocevic, seconded by Dr. Sreedhar.
    vi. Vote: In favor-5, Against-0, Abstentions-0. Motion approved.

VII. Public Comments – No public comments were made.

VIII. Announcements, Updates

a. American Drug Utilization Review Society (ADURS) 2024 summary – Claudia Colombo, PharmD
    i. Symposium was from February 22-24, 2024, in San Diego, CA. Illinois delegate: Christina Petrykiw, PharmD, CDCES. Alternate delegates: Claudia Colombo, PharmD, Tom Dorn, PharmD.
    ii. Topics, poster, and state roundtable sessions that were discussed at ADURS that may be of interest in Illinois are utilization of butalbital, concomitant gabapentin and pregabalin usage, concomitant buprenorphine and benzodiazepine therapy, optimizing asthma SMART therapy, use of gabapentin and the incidence of opioid overdose, and using prescription monitoring program data to monitor opioid utilization.

b. Department update – Jose Jimenez, Bureau Chief
    i. Illinois General Assembly is still in session, and there are multiple bills regarding prior authorizations. When the legislative session is over, a summary of bills enacted will be provided.
    ii. HFS has also received approval from federal CMS to enter into value-based purchasing agreements with drug manufacturers. More updates will follow.

IX. Adjournment

a. Next DUR Board Meeting- Thursday, August 8, 2024, 8:30am – 10:30am
b. Motion made to adjourn the meeting at 10:25am by Dr. Sreedhar, seconded by Dr. Nikocevic.
c. Vote: In favor-5; Against- 0; Abstentions- 0. Meeting adjourned.

Meeting Attendance

DUR Board Members
Erica Stevens, PharmD, BCGP, Chair
Aneet Ahluwalia, MD
Ihab Aziz, MD, ABFM, FAAFP
Bedrija Nikocevic, PharmD, BCACP
Radhika Sreedhar, MD, MS, FACP
Santina Wheat, MD, MPH, FAAFP, AAHIVS

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

Guests/Attendees
Mark Baldridge
Jenna Doerr
Kevin Hall
Kelly Hamilton
Jeffrey Hayes
Mary Kaneaster
Jeff Knappen
Phil Lohec
Huzefa Master

A Meizlik
Patrick Murphy
Kara Naydyhor
Nichole Palusinski
Cathy Paulson
Kenneth Ring
Ryan Segroves
Priti Shah
Howard Thomas
Stefanie Toomey
Thomas Vayalil
Chase Williams
Call-in User (630544****)
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Call-in User (217402****)
Call-in User (501337****)

Approved August 8, 2024 by the Illinois Drug Utilization Review Advisory Board