ILLINOIS DEPARTMENT OF Healthcare and Family Services

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Drug Utilization Review Board
Meeting Summary
February 14, 2018

The Drug Utilization Review (DUR) Board met on Wednesday, February 14, 2018, 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; Rachel Caskey*, MD; Bedrija Nikocevic, PharmD; Christopher Schriever, PharmD, MS.

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

Interested parties: Joe Cirrincione, Otsuka; Sunny Gahlen, AstraZeneca; Chris Gillette, Pfizer; Randy Huetsch, Kite; Michael LaFond, Abbvie; David Large, Supernus Pharmaceuticals; Danielle Leonard, Johnson & Johnson; Peter Lio, MD; Kelly Mroczka, Novartis Oncology; Rachel Mueller, Sanofi Genzyme; Brenda Nunally, AstraZeneca; Donna Osterlund, Genzyme; Janet Ritter, Sanofi Genzyme; Chris VanWynen, Sarepta.

*Attendance via teleconference

Call to Order. Stacie Laff, MD called the meeting to order on February 14, 2018 at 8:35 am. Dr. Laff called for a vote to allow Dr. Caskey to call into the meeting because she had another commitment. The DUR members approved attendance via telephone at this meeting.

Agenda, conflict of interest review, and approval of November 15, 2017 meeting minutes. Illinois DUR Board members had no changes to the November 15, 2017 minutes or the February 14, 2018 agenda. Christopher Schriever, PharmD, made a motion, seconded by Bedrija Nikocevic, PharmD, and the DUR Board unanimously approved the November 15, 2017 minutes.

DUR Board meeting schedule 2018. Christina Petrykiw, PharmD, reminded DUR Board members that the meeting schedule for 2018 is posted on the HFS DUR Board Webpage at https://www.illinois.gov/hfs/About/BoardsandCommisions/DUR/Pages/MeetingSchedule.aspx .

DUR Annual Report Table 1. Christina Petrykiw, PharmD reviewed Table 1 from the DUR Annual Report for Federal Fiscal Year (FFY) 2016, which was submitted in June of 2017 to the Centers for Medicare and Medicaid Services (CMS). The FFY covers October 1st through September 30th of the following year. The reports are posted on the CMS Website at https://www.medicaid.gov/medicaid/prescription-drugs/drug-utilization-review/annual-reports/index.html. Table 1 provides information about claims data for FFY16, including the Top 10 prior authorization (PA) requests by name and drug class, the top 5 claim denial reasons, and the top 10 medications by claim count and by spend. Information for FFY16 and FFY15 were compared. The top 10 drug classes for which prior authorization requests were received remained the same. In FFY16 hydrocodone with acetaminophen and gabapentin had more PA requests compared with FFY15. The stimulants, alprazolam, venlafaxine, and trazodone remained in the top 10 drugs for which PA was requested in FFY16, while muscle relaxants, fluticasone nasal spray, montelukast, vitamin D, fluoxetine, and ranitidine no longer were among the top 10 medications for which requests were received. For six of the top 10 drugs by name, more are approved than denied, while more denials than approvals occur for alprazolam, mixed amphetamine salts, trazodone and aripiprazole. Prior authorization requests for Refill-too-soon and non-preferred medications exceeded the number of

requests for the Four Prescription Policy for the first time. In terms of number of claims, generic Norco, albuterol inhaler, and vitamin D 50,000 IU remained the top 3 medications for which claims were received. The greatest amount in claims paid continued to be for insulins, Symbicort, and albuterol inhaler, while Humira, Harvoni, and Enbrel spend increased compared to previous years. Dr. Goyal asked whether the data reflected medication use in the managed care organizations. At this time, since MCO data was not required to be submitted for the report, the data only reflects Fee-for-Service participants. The DUR Board members thought it was interesting that anticonvulsants were the top requested drug class for prior authorization. Donna Clay, BSPharm noted that anticonvulsants will go through without a prior authorization requirement if the participant has a seizure diagnosis in Medicaid medical claims. These requests reflect the use of anticonvulsants such as gabapentin for pain indications and other anticonvulsants that are used for migraine prophylaxis or adjunctive therapy of bipolar disorder.

Prospective Drug Utilization Review

Preferred Drug List (PDL) status updates. Christina Petrykiw, PharmD, informed DUR Board members about recent PDL changes. Medications that have changed to preferred status include ribavirin (October 20, 2017), rosuvastatin (November 22, 2017), and Advair Diskus (January 1, 2018). Lyrica strengths 82.5 mg, 165 mg, 330 mg that are indicated for postherpetic neuralgia are not preferred effective January 12, 2018.

Quantity limit update. The daily dose limit for benzodiazepines is 3 tablets effective January 19, 2018, which would be a maximum quantity of 90 for a 30-day supply. Dr. Goyal noted that even 90 tablets per month seemed to be a lot, especially if patients were taking concomitant therapy.

Atopic dermatitis – Eucrisa prescriber criteria discussion. Donna Clay, BSPharm, noted that upon further review HFS determined that a dermatologist or allergist will be required to obtain Eucrisa if the participant is 12 years of age or older. This is reflective of practice, the expectation that children grow out of atopic dermatitis by adolescence, and the potential lack of specialists in many rural areas. For children 12 years of age and older, a consult with a specialist may only be needed once, with further management by the pediatrician or family medicine practitioner. A child that has been receiving Eucrisa who has turned 12 would require a consult if their atopic dermatitis remains uncontrolled. Dr. Laff noted that many pediatricians will support the criteria. Dr. Goyal suggested informing caregivers a year before they turn 12 that a specialist review will be needed, since it may take time to schedule the consult due to limited access in some areas. Mary Lynn Moody, BSPharm, stated that HFS will explore if there is a way to notify participants electronically. A note may be added to the Preferred Drug List about the specialist requirement for children 12 years of age and older.

Benzodiazepine plan - review. Christina Petrykiw, PharmD, reviewed the DUR Board recommendations for management of benzodiazepines and provided HFS comments regarding potential feasibility and implementation status, given the PBMS functionality. Dr. Schriever asked whether there were many participants receiving 90 tablets and whether patients were taking benzodiazepines on a scheduled rather than as-needed basis. Mary Lynn Moody, BSPharm noted that many patients were taking benzodiazepines on a scheduled basis chronically. Prescribers often struggle with decisions about maintaining therapy in patients who have been taking benzodiazepines chronically that are inherited from other prescribers. The best method to get prescribers to decrease usage and provide patient safety is not clear. These patients may be benzodiazepine dependent, but not demonstrating drug-seeking behavior as seen with addiction. It has been time-consuming and difficult for prescribers to work with these patients to decrease the usage. Dr. Caskey echoed the concerns, noting that it is a very slow process to wean the patient off benzodiazepines. Dr. Goyal noted that it has been very eye-opening for members of the executive Opioid Task Force to see the overdose maps in Illinois and to become aware of the potential toll of concomitant therapy. To date, the benzodiazepines, which are preferred generics, did not require prior authorization for Four Prescription Policy for pediatric patients because pediatric patients were exempt from this policy. Dr. Goyal noted that the state may mandate that for all benzodiazepine and opioid prescriptions prescribers and pharmacists must check the Illinois Prescription Monitoring Program database before a prescription is written or filled. A smaller quantity can help decrease use. The DUR Board members noted that there is not a problem when legitimate prescriptions are written. Drug seekers will figure out innovative ways to work around the system to get the medications. Mary Lynn Moody, BSPharm, agreed, noting that the number of pills that HFS covers may be limited, but the patient will pay cash for the balance to get the higher quantity of medication left on the prescription. DUR Board members discussed how best to potentially address this via days supply of 1 week or 30 days, without the prescribers complaining that their authority to write prescriptions is being usurped. We need to have prescribers stop writing for 30-day benzodiazepine prescriptions initially. Bedrica Nikocevic, PharmD, noted that patients who are drug seeking will bring in veterinary prescriptions for benzodiazepines for their pets weekly and that there is seemingly no way to control

this mechanism if it is for a legitimate medical diagnosis. Mary Lynn Moody, BSPharm, stated that for participants who are not seeking, but dependent, in some cases the prescriber has not initiated first-line SSRI-SNRI therapy or struggles to keep patient on therapy since these medications take longer to take effect, unlike the fast-acting benzodiazepines. At present the max number of fills cannot be controlled within the PBMS. One option may be to restrict all benzodiazepines, staggering implementation by starting with the most used agent, alprazolam. This will be discussed with HFS. Dr. Laff asked whether a peer-to-peer consult with DocAssist can be offered for prescribers that may need assistance with benzodiazepine prescribing. Mary Lynn Moody, BSPharm, reminded everyone that unfortunately the DocAssist program is currently only for children and adolescents. Other ways to reach prescribers of adult participants are needed. The prescribers may not have sufficient tools and resources to manage de-escalating these patients' benzodiazepine use. Bedrica Nikocevic, PharmD, suggested requiring a specialist consult. The National Provider Identifier (NPI) registry is not always up-to-date to help determine if the prescriber is a specialist. Perhaps the pharmacy can code the specialty in their system from the received prescription. If the there is a discrepancy within the NPI database, they can work with the prescriber to have the NPI database updated. The DUR Board members liked the idea of maximizing PBMS capability and the ILPMP data link.

Retrospective Drug Utilization Review – ADHD medications in children ages 9 to 18. Christina Petrykiw, PharmD, reminded DUR Board members of the adjusted Washington age-based medication daily dose limits being used by HFS to help determine which prescribers may benefit from a peer-to-peer consult with DocAssist. Similar to the review conducted for children 6 to 8 years of age, claims for children 9 to 18 years of age who had medications for attention deficit hyperactivity disorder (ADHD) filled between April 1, 2017 and December 31, 2017 were reviewed. Approximately 27,000 children filled these medications. About 39% of children were 9 to 11 years of age and the rest were 12 to 18 years of age. At least 72 participants age 9 to 11 years of age and 46 participants who were 12-18 years of age exceeded the age-based criteria. Ten percent of the children received 2 strengths of the same medication, but only 25% of these children got both strengths in the same month. About 6% of children received immediate-release and extended-release formulations of the same medication, while 8% of children received different formulations of different medications, for example Adderall and mixed amphetamine salts. Dose changes were evident in almost 24% of children who received different quantities of medications during the year, but only 2 children received different quantities in the same month. Almost 8% of children were taking 2 different medications to manage their ADHD, for example, Vyvanse and mixed amphetamine salts or methylphenidate or atomoxetine and Concerta. HFS will request DocAssist review of the cases that exceeded dosing criteria. Drug Utilization Review Board members agreed that DocAssist review and peer-to-peer outreach will be beneficial.

Future agenda items. Dr. Laff suggested a review of asthma medications.

Public comments. Janet Ritter from Sanofi Genzyme provided an overview of Dupixent. Dr. Lio, a dermatologist, commented that patients with moderate to severe atopic dermatitis do not necessarily improve with topical medications. He noted that although Dupixent is not for everyone, HFS should consider fewer different required medication trials before allowing Dupixent use.

Adjournment. Dr. Laff adjourned the DUR Board meeting at 9:49 am.

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

Approved May 16, 2018 by the Illinois Drug Utilization Review Board.