ILLINOIS DEPARTMENT OF Healthcare and Family Services

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# Drug Utilization Review Board
# Meeting Summary

## September 19, 2018

The Drug Utilization Review (DUR) Board met on Wednesday, September 19, 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; Tim Lehan*, BSPharm; Bedrija Nikocevic, PharmD; John Tulley, MD (until 9:35 am).

Illinois Department of Healthcare and Family Services (HFS) Representatives: Nerissa Caballes, PharmD, Prior Authorization, University of Illinois at Chicago (UIC); Donna Clay, BSPharm, UIC; Arvind K. Goyal*, MD, Medical Director, Medical Programs, HFS; Mary Lynn Moody, BSPharm, UIC; Chintan Patel, PharmD, UIC; Christina Petrykiw, PharmD, CDE, UIC; Linda Schuh*, BSPharm, HFS Bureau of Professional and Ancillary Services (BPAS); Patricia Steward*, BSPharm, BPAS; Lori Uildriks, PharmD, BCPS, CGP, UIC.

Interested parties: Joe Cirrincione, Otsuka; Casey Johnson, Viiv HC; Danielle Leonard, Johnson & Johnson; Keith McCoy, Pfizer; Shannon Meece, Pfizer; Kelly Mroczka, Spark Therapeutics; Brenda Nunnally, AstraZeneca; Marina Sagalovich, Pfizer; Hannah Seo, PharmD candidate, UIC College of Pharmacy; Aaron Shaw, Boehringer Ingelheim; Shelley Somrock, Alexion; Chris Stanfield, Supernus Pharmaceuticals; Kim Witte, Avexis.

*Attendance via teleconference

**Call to Order.** Due to technical difficulties for Dr. Laff, Christina Petrykiw, PharmD, called the meeting to order on September 19, 2018 at 8:37 am. Dr. Petrykiw called for a vote to allow Dr. Lehan to call into the meeting due to commitment that precluded travel to Chicago. The DUR members approved attendance via telephone at this meeting.

**Agenda, conflict of interest review, and approval of May 16, 2018 meeting minutes**. No changes to the May 16, 2018 minutes were requested. Christina Petrykiw, PharmD requested removal of the agenda item, *Group quantity accumulation edit for topical creams*, from the September 19, 2018 agenda. Tim Lehan, BSPharm, made a motion, seconded by Dr. Nikocevic, and the May 16, 2018 minutes and updated September 19, 2018 agenda were approved.

**DUR Annual Report Table 1.** Christina Petrykiw, PharmD, reviewed Table 1 of the DUR Annual Report submitted for June 30, 2018. The report covered the time period of October 1, 2016 to September 30, 2017. The report will be posted by CMS at https://www.medicaid.gov/medicaid/prescription-drugs/drug-utilization-review/annual-reports/index.html. Table 1 addresses the Fee-for-Service top prior authorization requests for federal fiscal year 2017 (FFY17) by drug name and drug class, the top 5 claim denial reasons, and the top drug claims data FFY17 by claim count and amount paid. The majority of the top 10 medications and drug classes were for medications requiring prior authorization for the Four Prescription Policy. Stimulants and Humira were the top other prior authorization requests. Comparisons between FFY17, FFY16, and FFY15 were provided. Changes in the top medications may reflect a shift of participants to Medicaid Managed Care coverage. Dr Goyal asked if there was oversight for Refill-too-Soon prior authorization. He was surprised that Proair was a top drug per claim count and insulins were top drugs by amount paid. Refill-too-Soon requests for these medications are often due to dose changes that require more medication.

### Prospective Drug Utilization Review

**Drug search for Illinois Medicaid Fee-for-Service covered drugs.** Donna Clay, BSPharm, informed the DUR Board members that the search engine for Illinois Medicaid Fee-for-Service covered drugs is available at https://ilpriorauth.com. The search engine provides information about medications that are preferred and those that

require prior authorization. It does not provide patient specific information and is not plan specific, for example, LTC coverage may have different coverage rules. The search engine is meant to be used as a reference, not for claim payment verification. Information included is preferred status, lists of alternatives, and whether the medication is a brand or generic preparation. If a medication has a special edit, for example, age edit requiring prior authorization for pediatric participants filling codeine-containing products, this is signified with an exclamation point in a circle next to the preferred status. Chintan Patel, PharmD noted links from the search engine page to prior authorization criteria and forms which are viewable via Internet Explorer only. The general information tab links to the Preferred Drug List (PDL), Pharmacy Home page, and Illinois RxPortal (PBMS) home page.

**Lofexidine (Lucemyra) edit.** Christina Petrykiw, PharmD, provided an overview of Lucemyra, a central alpha-2 adrenergic agonist, indicated for the mitigation of opioid withdrawal symptoms in adults who abruptly discontinue opioids. The dosing is three 0.18 mg tablets four times daily for up to 14 days. The maximum number of tablets per day is 16. Gradual discontinuation is needed. Renal and hepatic dose adjustments depend on level of insufficiency. Effective June 1, 2018, an accumulation quantity edit allows 224 tablets for 12 days. To date no claims have been received.

**Retrospective Drug Utilization Review**

**Asthma medication adherence.** Christina Petrykiw, PharmD, CDE reviewed adherence with asthma medications based on pharmacy claims from January 1, 2017 to June 4, 2018 for patients with asthma and no COPD who filled albuterol inhalers, and no or limited first-line steroid inhaler therapy. Participants were contacted to confirm knowledge of their asthma diagnosis, determine current asthma control, understanding of role of inhalers used, frequency of albuterol and steroid-containing inhaler use, and reasons for lack of controller inhaler adherence. If deemed necessary, the participant was notified of the need to contact the prescriber regarding their asthma care and asked whether they were willing to have HFS reach out to the prescriber. Approximately 5,100 participants' claims were reviewed. The number of albuterol product fills (inhaler and/or nebulization solution) ranged from 1 to 36. At least 43% of reviewed participants filled 1 albuterol product, 26% filled 2 products, 19% filled 3-4 products, 9% filled 5-8 products, 2% filled 9-12 products and 1% filled 13-36 products. The majority of participants had unspecified (43%) or mild, intermittent asthma (38%) with or without exacerbations. Other types of asthma included mild persistent asthma (8%), exercise-induced asthma (5%), moderate persistent asthma (3%), other (2%) or cough-variant asthma (1%). Severe persistent asthma was noted in less than 1% of participants. Primarily the 591 participants who filled 5 or more inhalers were contacted. In 16% of cases the patient was no longer eligible for Fee-for-Service Medicaid. In 8% of cases messages were left for the participant or prescriber, but no response was received. At least 3 attempts were made to reach the participant, but were not successful in 4% of cases. The phone number available to HFS was disconnected or the patient refused to talk with HFS in 3% of the cases. At least 5% of patients had comorbidities such as cerebral palsy, tracheostomy, paralysis, or cystic fibrosis that required non-asthma related albuterol use. In 45% of cases, albuterol was the sole inhaler used and in at least 3% of cases the inhaled corticosteroid (ICS) was recently started. About 7% of patients were asymptomatic at the time of contact. During prescriber calls, the current participant symptom severity was explained, rescue inhaler overuse was noted, the treatment plan was confirmed, recommendations for use of ICS-containing medications were made, and education about HFS Fee-for-Service preferred medications was given if needed. At least 8% of prescribers were not reached despite 3 call attempts. In 1% of cases, the patient, but not the prescriber were reachable. In 9% of cases, the prescriber was told about adherence and therapy recommendations given whether or not participant contact was successful. Four participant cases were reviewed in detail with the DUR Board. The adult participant filling albuterol inhalers 34 times and nebulization solutions 3 times controlled asthma with ProAir use multiple times daily. The prescriber was unaware until got simultaneous messages from the pharmacy and HFS regarding albuterol overuse. The HFS pharmacist recommended an ICS and the participant saw the prescriber. At follow-up, MRAD learned that the patient did not fill the ICS and had not told the prescriber about symptoms. Pharmacy contact revealed that the inhaler strength prescribed required prior authorization so did not get filled. Per HFS request, the pharmacy informed the prescriber about covered steroid inhalers. In all cases, the prescribers were unaware of current participant symptoms, rescue inhaler overuse, and lack of controller inhaler use. Dr. Laff noted that if providers do not ask patients questions, they may not be aware of lack of adherence or presence of symptoms. Dr. Laff mentioned that often lists of patients on panels and letters with telephone numbers received from HFS have incorrect numbers. Mary Lynn Moody, BSPharm, stated that the HFS section responsible for eligibility information is reviewing how to improve accuracy participant contact info. Bedrija Nikocevic, PharmD, mentioned that most frequent patient contact is with the pharmacy, and the pharmacies may be able to help provide correct information. Board members inquired whether prescriptions had multiple refills and where patients were getting more refills. Unlimited refills lead to overuse without the prescriber's

knowledge. In Dr. Laff's practice she often gives a prescription for 1 inhaler without refills and must educate the patient and caregiver that one should suffice if use is as-needed. Patient and caregiver education addresses the need for notifying the prescriber if rescue inhaler use is increased so that evaluation and therapy adjustment can be made if needed. Dr. Tulley noted that patients and even prescribers may not know appropriate inhaler use. A spacer device can help make the inhaler more effective. Also, misdiagnosis may perpetuate rescue inhaler use. Dr. Nikocevic mentioned that current mandatory counseling with the first prescription may help ensure appropriate technique is used with inhalers. Pediatric patients in school should have an inhaler at school and at home. Pharmacy outreach regarding inhaler use and spacer devices should be targeted before winter, during which time asthma exacerbations may occur with infections. Education can include appropriate number of refills and appropriate inhaler use. Dr. Caskey noted that many educational sites online are available for patients/ families, so Website resources may be helpful to include. The DUR Board members noted that the system failed patients like the non-preferred Advair strength case. Once the Prior Authorization Group adjudicates a claim, review does not occur to see if subsequently the correct medication was filled. Medical visits spaced out quarterly also do not facilitate communication or treatment success. Mr. Lehan informed the DUR Board members regarding on ongoing indefinite shortage of the Asmanex Twisthaler 110 mcg and 220 mcg inhalation units. The Asmanex HFA inhaler is available. The HFS staff noted that Asmanex HFA is not preferred, but other steroid-containing inhalers remain available.

**Adherence with cystic fibrosis medications.** Donna Clay, BSPharm, provided information regarding adherence with cystic fibrosis medications for July 2017 through June 2018. Cystic fibrosis medications reviewed were Kalydeco, Orkambi, and Symdeco. Initial prior authorization requests are approved for 3 months and renewal requests are approved for 6 months. Prescribers are asked for supporting clinical information for approval and 3 weeks prior to renewal prescribers receive a notice detailing information needed for renewal. Medication fill history information for patients who are non-adherent with pharmacy fills is provided. For the review time period 68 patients were taking medications to treat cystic fibrosis: 35% were initially filling Kalydeco, 60% were filling Orkambi, and 4% filled Symdeco. Throughout the review year, 22% of patients were switched to Symdeco. Adherence was an issue for 17% of patients taking Orkambi who missed between 1-6 months of therapy and 16.7% of patients filling Kalydeco who missed 1-2 months of therapy. Almost 12% of patients did not fill medications, although a prior authorization was on file, while about 4% did not have a prior authorization on file due to prescriber failure to provide clinical information needed for approval. Barriers to adherence included lack of timely submission of information for review, not filling medications in a timely manner, lack of perceived efficacy by patients, occurrence of adverse events, and lapses in eligibility. The DUR Board members discussed potential improvements to the current process. At present, HIPAA allows faxes. Dr. Caskey noted that fax machines may be contributing to prescribers not getting the forms requesting more information. Dr. Laff also noted that specialists usually have a central fax location and it takes a while to make it to the specialist's office. Secure portals cannot be guaranteed at the prescriber site. The use of EMR faxes is more reliable. The DUR Board recommended a follow-up call on a weekly or biweekly basis to ensure that fax received. Reaching out more than 3 weeks before renewal information needed could be helpful. Chintan Patel, PharmD, noted that specialty pharmacies prepare some of these medications and paperwork and can be notified to reach out to the prescriber so everything is ready for renewal.

**RetroDUR 300.** Christina Petrykiw, PharmD, informed DUR Board members about the RetroDUR Web-based survey tool for managing documents, tracking provider inquiries, and recording responses to RetroDUR studies. The tool helps manage tasks related to creating, distributing, and collating responses to issues identified in participant profiles. It has available two features – a participant review study (RetroDUR 300) and problem review study (focused drug study). The RetroDUR 300 study is a computer-generated list of 300 participants that have potential drug-related issues in pharmacy claims. The categories of issues include dose (higher or lower than daily dose), duplicate therapy, drug-drug interactions, drug-gender, and inappropriate therapy. The review includes diagnoses for the last 3 years. The MRAD pharmacists review the identified issue to determine if a prescriber letter is warranted. Prescribers to receive fax with identified patient issue and the pharmacy and medical claims. Prescriber responses are faxed back and tracked as survey responses. Sample comments to prescribers were reviewed for non-optimal drugs, drug-drug interactions, and duplicate therapy. Checklist of potential prescriber responses addressing next steps was presented. Findings for the RetroDUR 300 study addressing medication use for the 6-month period from October 2017 to April 2018 was reviewed. Of the total 1930 issues identified, 80.5% addressed daily dose below recommended daily dose for age or dosage form, 16% addressed duplicate therapy, 2% noted inappropriate therapy, and approximately 1% addressed drug-drug interactions. Pharmacist review confirmed that 8.4% of total issues may require prescriber letters. Examples of the medications for each identified issue were shared with the DUR Board members. The DUR Board members did not have any comments.

**RetroDur focused drug studies.** Christina Petrykiw, PharmD, explained the parameters for a RetroDUR focused drug study. After the DUR Board, Prior Authorization, or HFS Pharmacy Services identify an issue for evaluation, an HFS data run is conducted. The results are incorporated into the RetroDUR database to generate prescriber letters. Prescriber responses are faxed back and tracked as survey responses. The DUR Board members did not have any comments.

**Education. Asthma educational item for prescribers.** Nerissa Caballes, PharmD, presented the *Asthma therapy: Quick reference guide for prescribers*. Information covered includes information about asthma, asthma classification, assessment and monitoring, non-pharmacologic interventions, stepwise asthma management incorporating status of Medicaid preferred agents, medication adherence and related barriers, comparison of asthma and COPD symptoms, and the role of montelukast and theophylline in asthma management. The DUR Board members noted the visual appeal of the informational handout. Comments included review of the adherence section to ensure adherence, not just guideline information is presented, and clarification of why COPD is included. Issues raised earlier in discussion of the asthma adherence project, such as too many SABA refills, SABA overuse, and spacers, could be added. It was noted that some inhalers may not be usable with a spacer, such as the Respiclick ready use inhaler. Children and elderly have difficulty using the device. Additionally, with the availability of the HFA inhalers, the open mouth inhaler technique is no longer taught. Patients who have used inhalers a long time may need to have their inhaler technique reassessed. Dr. Nikocevic recommended links to training videos/ patient handouts for appropriate inhaler, for example to the Aerochamber website.

**Future agenda items.** Dr. Laff asked if the DUR Board members had any suggestions for future agenda items. No suggestions at this time from Board members. Mary Lynn Moody, BSPharm, mentioned that staff will be participating in an opioid prescriber academic detailing study in Southern Illinois to address appropriate use and misuse of opioids. Upon completion, Todd Lee, PharmD, PhD, one of the primary investigators can be asked to present findings.

**Public comments.** Dr. Laff noted that public comments should pertain to the day's agenda. No public comments made.

**Adjournment.** Bedrija Nikocevic, PharmD made a motion, seconded by Rachel Caskey, MD, and Dr. Laff adjourned the DUR Board meeting at 10:02 am.

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

**Approved November 14, 2018 by the Illinois Drug Utilization Review Board.**