

# Connecticut Medical Assistance Pharmacy Program Drug Utilization Review (DUR) Program DUR Board Meeting



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## March 2019 DUR Board Meeting Minutes

Thursday, March 14, 2019 at 6:30 PM  
Connecticut Pharmacists Association Office  
Rocky Hill, CT

### ATTENDEES

**Board Members Present:** Kenneth Fisher, R.Ph. (Chair), Keith Lyke, R.Ph., Carol Druvva R.Ph., Bhupesh Mangla, MD, Richard Gannon, Pharm.D., Ram Illindala, MD, Dennis Chapron, Pharm.D., Angela Boggs, Pharm.D. BCPP, Damian Dos Santos, MD

**Ex-Officio Non-Voting Member Present:** Heather Kissinger, Pharm. D. (HID), Jason Gott, R.Ph. (DSS), Joseph Morasutti, Pharm.D. (DXC)

**Guests:** Alan Bundy (Novo Nordisk), Tarah Bowen (Acadia), Mark Golick (Pfizer), Tricia Mulcahy (Dexcom), Donna Bischoff (Indivior)

### 1. INTRODUCTORY BUSINESS

- Ken Fisher called the meeting to order at 6:39 p.m.

### 2. Previous Meeting Minutes

- The December 2018 DUR meeting were approved with the following changes:
  - Agenda item #9 change to "Top 50 Prescribers of Controlled Substances"
  - Change "Quarterly Opioid Utilization Trends" from agenda item #9 to agenda item #10
  - Change "Quarterly Newsletter" from agenda item #10 to agenda item #11

### 3. Follow-Up from Previous Meeting

- The Board reviewed section 3 titled "Follow-up from the December DUR Board Meeting."
- Follow-up 1, a request was made to table the lurasidone-therapeutic appropriateness criteria to review the negating diagnoses.
- Heather stated that the information requested and amended criteria is included in section 8, page 20 and this criterion would be reviewed later in the meeting.
- Follow-up 2, a request was made to table the opioid/naloxone criteria to discuss if all patients who receive any opioids should be targeted by the intervention.
- Heather referred the Board to attachments 3A-3D which illustrated 3 options for targeting prescribers of opioids in the absence of naloxone, with additional information for how to administer naloxone.
- The Board discussed the options and voted to approve a specialty mailer targeting prescribers of opioids without a naloxone prescription in the most recent 6 months. It was requested to include a patient name list (attachment 3B) of the patients receiving opioids in the most recent 3 months for those prescribers. Specific parameters were requested by the Board to include the following when targeting patients and their prescribers for the specialty mailer:
  - Patients receiving  $\geq 90$  MME per day for  $\geq 90$  days
  - Patients with the following:
    - Respiratory disease (COPD, obstructive sleep apnea)

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- Concurrent benzodiazepine utilization
  - Substance abuse, alcohol abuse, alcohol dependence, mental health disorders
  - Poisoning by opioids, legend drugs, illicit drugs, mental and behavioral disorders due to psychoactive drugs, and drug abuse
  - Using heroin, illicit synthetic opioids or misusing prescription opioids.
  - Using other illicit drugs such as stimulants, including methamphetamine and cocaine, which could potentially be contaminated with illicit synthetic opioids like fentanyl.
  - Receiving treatment for opioid use disorder, including medication-assisted treatment with methadone, buprenorphine, or naltrexone.
- Heather stated the specialty mailer would need approval from the DSS legal department prior to mailing.
  - The Board requested to include a link or recommendation for patient specific information regarding proper administration of nasal naloxone to reduce the instance of priming of nasal devices prior to administration.
  - Heather stated that once the specialty letter was finalized, she would send the information to the Board via email.
  - Follow-up 3, a request was made to show the breakdown of brand and generic products for the long and short acting opioid report for 4<sup>th</sup> QTR 2018.
  - Heather referred the Board to attachment 3E of the DUR meeting packet for discussion.
  - Rich commented on the utilization of Duragesic® patches and stated that the brand name Duragesic® patches have a higher incidence of misuse compared to the generic fentanyl products. The generic fentanyl patches have a matrix formulation that deter misuse that Duragesic® patches do not.
  - Rich requested to investigate the specific patients utilizing Duragesic® patches, brand name Percocet®, brand name Fentora®, and fentanyl citrate.
  - Heather stated she would follow up.
  - Follow-up 4, a request was made to table the benzhydrocodone – muscle relaxant criteria to review the negating diagnoses.
  - Heather stated the information and amended criteria is included in section 8, page 20 and would be reviewed later in the meeting.

#### 4. Criteria Trend Summary

Heather discussed the criteria trend analyses tables included in the DUR Board meeting packet. The tables list the number of criteria exceptions found before and after DUR intervention letters are mailed. Criteria are suppressed for patients who are selected for intervention for 6 months after letters are mailed so that prescribers do not receive the same letter for the same patient month after month. In almost all cases the number of criteria exceptions noted 7 months after DUR letters were mailed was reduced as compared to the number of exceptions prior to letters being mailed.

- Dennis requested to know if the polypharmacy specialty mailer patients were reviewed via a drug interaction screening tool.
- Heather stated they were not.

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### 5. Program Summary Review

- The Board reviewed the program summary for 4<sup>th</sup> quarter 2018.
- Heather stated that compared to the 3<sup>rd</sup> QTR 2018 prescription claims cost decreased by approximately \$1 million, the number of prescriptions decreased by approximately 72,000, the number of unique recipients receiving a prescription increased by approximately 14,000 and the average paid per prescription decreased by approximately \$4.00 during 4<sup>th</sup> QTR 2018.

### 6. Top 50 Medications by Utilization and by Total Cost

- The Board reviewed the top 50 medications by utilization and by total cost for 4<sup>th</sup> quarter 2018.
- Dennis requested to know the breakdown of prescribers of vitamin D2 and questioned why utilization for this medication would be greater than utilization for vitamin D3.
- Heather stated she would follow-up in during the June DUR meeting.
- Bhupesh commented that vitamin D2 works well to bring up the levels in patients and he uses it in his practice.

### 7. Intervention Activity Report

- Heather reviewed the Intervention Activity Report included in the DUR Board packet. It was stated that the Intervention Activity Report is a monthly summary of the distribution of letters mailed to prescribers, summarizing the targeted interventions reviewed during 4<sup>th</sup> QTR 2018.

#### **In October 2018, 2,827 profiles were reviewed, and 1,936 letters were sent.**

The main intervention(s) reviewed for the adult population:

- Underutilization of lipid lowering medications (479 letters)
- Lock-in criteria (367 letters)

The main intervention(s) reviewed for the pediatric population:

- Concurrent guanfacine and CNS depressants (364 letters)

#### **In November 2018, 2,836 profiles were reviewed, and 1,666 letters were sent.**

The main intervention(s) reviewed for the adult population were:

- Triple antipsychotic therapy (179 letters)
- Lock-in criteria (400 letters)

The main intervention(s) reviewed for the pediatric population were:

- Duplicate antidepressant therapy (393 letters)

#### **In December 2018, 2,829 profiles were reviewed, and 1716 letters were sent.**

The main intervention(s) reviewed for the adult population were:

- Low dose quetiapine used off label for sleep/sedation (674 letter)

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- Lock-in criteria (324 letters)

The main intervention(s) reviewed for the pediatric population were:

- The effects of prolonged use of atypical antipsychotics in the pediatric population are unknown (427 letters)

### 8. RetroDUR Criteria New Criteria

- The following criteria as written in the DUR Board packet were approved by the DUR Board
  2. Cannabidiol / Nonadherence
  3. Cannabidiol / Moderate & Strong CYP3A4 & CYP2C19 Inhibitors
  4. Cannabidiol / Strong CYP3A4 & CYP2C19 Inducers
  5. Cannabidiol / Clobazam
  6. Cannabidiol / Sensitive CYP2C19 Substrates
  8. Cannabidiol / Pregnancy / Pregnancy Negating
  9. Cannabidiol / Lactation
  10. Fluoroquinolones / Therapeutic Appropriateness
  11. Fluoroquinolones / Blood Glucose Disturbances
  13. Fluoroquinolones / Psychiatric Adverse Reactions
  14. Fluoroquinolones / Myasthenia Gravis
  15. Delafloxacin / Overutilization
  16. Delafloxacin / Therapeutic Appropriateness
  17. Doxylamine/Pyridoxine / Overutilization
  18. Doxylamine/Pyridoxine / MAO Inhibitors
  19. Doxylamine/Pyridoxine / CNS Depressants
  20. Doxylamine/Pyridoxine / Certain Disease State
  21. Tezacaftor/Ivacaftor; Ivacaftor / Overutilization
  22. Tezacaftor/Ivacaftor; Ivacaftor / Nonadherence
  23. Tezacaftor/Ivacaftor; Ivacaftor / Therapeutic Appropriateness (0-11 yoa)
  24. Tezacaftor/Ivacaftor; Ivacaftor / Strong CYP3A4 Inducers
  25. Tezacaftor/Ivacaftor; Ivacaftor / Strong CYP3A4 Inhibitors
  26. Tezacaftor/Ivacaftor; Ivacaftor / Moderate CYP3A4 Inhibitors
  27. Tezacaftor/Ivacaftor; Ivacaftor / Moderate to Severe Hepatic Impairment
  28. Tezacaftor/Ivacaftor; Ivacaftor / P-gp Substrates w/ NTI
  29. Amantadine ER / Overutilization
  30. Amantadine ER / Overutilization Moderate Renal Impairment
  31. Amantadine ER / Overutilization Severe Renal Impairment
  32. Amantadine ER / End Stage Renal Disease
  34. Amantadine ER / Drugs Decreasing Urinary pH
  35. Amantadine ER / Drugs Increasing Urinary pH
  36. Dexlansoprazole / Therapeutic Appropriateness - Age
  37. Dexlansoprazole / Overutilization
  38. Proton Pump Inhibitors / Fundic Gland Polyps

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39. Elagolix / Overutilization
41. Elagolix / Severe Hepatic Impairment
42. Elagolix / Pregnancy / Pregnancy Negating
43. Elagolix / Osteoporosis
44. Elagolix / Strong OATP1B1 Inhibitors
45. Elagolix / Digoxin
46. Elagolix 200 mg / Strong CYP3A Inhibitors
47. Elagolix / CYP3A Inducers
48. Elagolix 200 mg / Rifampin
50. Elagolix / Rosuvastatin
51. Elagolix / Estrogen-Containing Contraceptives
52. Elagolix / Therapeutic Appropriateness
53. Ramelteon / Donepezil
54. Ramelteon / Doxepin

The following criteria were approved as amended by the Board during the March DUR meeting:

1. Cannabidiol / Therapeutic Appropriateness – Add in Angie’s sentence
7. Cannabidiol / Valproate – Add in Angie’s sentence
12. Fluoroquinolones / Antidiabetic Medications – Add diabetes into Util B
40. Elagolix / Overutilization – Add “(Child-Pugh) to the first sentence following “Moderate hepatic impairment.”

The following criteria were tabled by the Board during the March DUR meeting with requested follow-up:

33. Amantadine ER / Alcohol Dependence – The Board questioned whether alcohol abuse should be added to Util B

The following criteria were rejected by the Board during the March DUR meeting:

49. Elagolix / Midazolam

The following criteria were tabled by the Board during the December DUR meeting and approved as amended during the March 2019 DUR meeting:

- Lurasidone/ Therapeutic Appropriateness – Added schizophrenia to Util C  
Benzhydrocodone/Acetaminophen / Muscle Relaxants – removed wording regarding neuromuscular blocking potential

The following criteria were tabled by the Board during the December DUR meeting and rejected during the March 2019 DUR meeting:  
Chronic Opioid Use / Naloxone (Negating)

### 9. Top 50 Prescribers of Controlled Substances

- The Board reviewed and discussed the top 50 prescribers of controlled substances report for 4<sup>th</sup> QTR 2018.

### 10. Quarterly Opioid Utilization Trends

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- The Board reviewed the Opioid Utilization Report for 4<sup>th</sup> QTR 2018.

**11. Quarterly Newsletter**

- The Board reviewed the March 2019 DUR newsletter and approved with no changes.
- The Board recommended the following as topics for the June DUR newsletter:
  - Overview and treatment of tick-borne illnesses
  - Complications and considerations of asplenic patients

**New Business**

**2019 DUR meeting dates**

- The remainder of the 2019 DUR Board meeting dates were confirmed as the following:
  - June 13<sup>th</sup>
  - September 19<sup>th</sup> - changed from September 12<sup>th</sup>
  - December 12<sup>th</sup>
- The meeting was adjourned at 8:12 pm.