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

September 2018 DUR Board Meeting Minutes

Thursday, September 13, 2018 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

ATTENDEES

Board Members Present: Kenneth Fisher, R.Ph. (Chair), Keith Lyke, R.Ph., Bhupesh Mangla, MD, Richard Gannon, Pharm.D., Ram Illindala, MD, Dennis Chapron, Pharm.D.

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

Guests: Maryann May (Connecticut Hemophilic Society), Donna Bischoff (Indivor)

1. INTRODUCTORY BUSINESS

- Ken Fisher called the meeting to order at 6:48 p.m.

2. Previous Meeting Minutes

- The June 2018 DUR meeting were approved as written.

3. Follow-Up from Previous Meeting

- The Board reviewed section 3 titled "Follow-up from the June DUR Board Meeting."
- Follow-up 1, a request was made to look into the interaction between triptans and safinamide and report back during the next meeting to determine if triptans should be added to Util B before approving.
- Heather referred the Board to section 8, and stated that the prescribing information for safinamide does not list all serotonergic agents as contraindicated with safinamide and there is no discussion of possible triptan interaction in the FDA Medical Review or the Clinical Pharmacology Biopharmaceutics Review for safinamide. It was recommended to create a separate criteria regarding the potential interaction between safinamide and the triptans, rather than adding the triptans to the current serotonin syndrome criteria for safinamide, if the Board agreed that a criteria should be created for the potential drug-drug interaction.
- The Board voted to approve the original criteria for safinamide/serotonergic agents and to reject the safinamide/triptans criteria.
- Follow-up 2, a request was made during the June meeting to table the ertugliflozin criteria and provide clarification regarding Util C and the CKD stages listed.
- Heather referred the Board to section 8, and stated that the intention of the criteria was to not only hit on patients with CKD 3 and inform the prescriber that initiation of the drug is not recommended in this patient population but also to alert the prescriber to monitor patients with earlier stages of CKD for progression and that the continued use of the agent is not recommended if the eGFR is persistently between 30 to < 60 mL/min/1.73m^2.
- The Board voted to approve the criteria for ertugliflozin as written.

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- Follow-up 3, a request was made for DSS to look into the possibility of using "history of substance abuse" in util B while removing all listed drug classes from the pregabalin and gabapentin criteria.
- Heather referred the Board to section 8 of the DUR meeting packet to review the criteria and commented that per the DSS legal department, it is recommended to continue to follow Federal law which prohibits including information about substance abuse history in DUR letters.
- The Board voted to amend the pregabalin and gabapentin criteria by removing all medication classes and diagnoses of history of substance abuse, and to add the diagnosis of poisoning by controlled substances and illicit substances to Util B.
- Dennis stated that a recent article was published in *Science* that studied prescribing patterns of opioids after an overdose resulted in the death of a patient. The study looked at the effect of a personal letter from the medical examiner sent to the prescribers of opioids of the deceased patients which ultimately resulted in decreases of opioids prescribed. The study was performed in California.
- Dennis stated he would send the article to the group after the meeting.
- Follow-up 4, a request was made to include the Top 50 medications by claims count along with the Top 50 medications by total price report going forward.
- Heather referred the Board to section 6 of the DUR meeting packet and stated this information would be included in future meetings going forward.
- Follow-up 5, a request was made to include a review of patients (≥ 65 years of age) who were found to be receiving ≥ 15 regularly prescribed medications during 2nd quarter 2018 and to include a screen shot of their drug interactions from an interaction screening tool, for discussion during the September DUR Board meeting.
- Heather stated that she would follow up with this information when possible.
- Follow-up 6, a request was made for information about the MTM pilot program for the Connecticut Medical Assistance Program from 2009-2010 and why MTM services aren't performed for FFS Medicaid currently.
- A response from DSS stated that there is no plan in place to contract with pharmacists in the community to perform MTM services as it is not funded at this time.

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 there is a disadvantage to using gabapentin over pregabalin in certain patients.
- Keith stated that an advantage to using gabapentin over pregabalin is the cost associated with pregabalin use.
- Rich added that pregabalin has a long acting formulation, whereas gabapentin does not.

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- Dennis questioned the absorption of gabapentin and commented that as the dose increases, the bioavailability decreases and wondered if the microbiome of the intestines is affected by this.
- The Board discussed the recent article published in the Annals of Internal Medicine where pregabalin was shown to increase the risk of death when used concurrently with opioids.

5. Program Summary Review

- The Board reviewed the program summary for 2nd quarter 2018.
- Heather stated that compared to the 1st QTR 2018 prescription claims cost decreased by approximately $4 million, the number of prescriptions decreased by approximately 46,000, the number of unique recipients receiving a prescription decreased by approximately 12,000 and the average paid per prescription increased by approximately $1.00 during 2nd QTR 2018.
- The Board requested to compare the program summary for the December meeting (3rd quarter 2018) to the program summary from 3rd quarter 2008.
- Heather stated she would follow up during the December meeting.

6. Top 50 Medications by Utilization and by Total Cost

- The Board reviewed the top 50 medications by utilization and by total cost for 2nd quarter 2018.
- The Board questioned the cost saving associated with the use of the HCV (Hepatitis C Virus) antivirals and the impact on the Medicaid population with regard to use of the medications.
- Ram stated that in his practice he has seen a decrease in issues associated with HCV complications and most patients who receive treatment do not go on to develop costly medical related complications as they previously would prior to the HCV antivirals coming to market.
- The Board requested to compare the top medications by cost for the December meeting (3rd quarter 2018) to the top medications by cost when the HCV antivirals were first available on the market.
- Heather stated she would follow up in December.

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 and also summarizes the main criteria that were reviewed during 2nd QTR 2018.

In April 2018, 2,833 profiles were reviewed and 2,411 letters were sent.

The main intervention reviewed for the adult population was:

- Additive anticholinergic effects (660 letters)
- Lock-in criteria (566 letters)

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The main intervention reviewed for the pediatric population was:

- Inappropriate pediatric criteria (530 letters)

In May 2018, 2,843 profiles were reviewed and 2,412 letters were sent.
The main intervention reviewed for the adult population was:

- Concurrent use of benzodiazepines and opiates (1,291 letters)
- Lock-in criteria (381 letters)

The main intervention reviewed for the pediatric population was:

- Additive sedation, opioid use in the pediatric population, benzodiazepine use in the pediatric population, and therapeutic duplication of benzodiazepines (504 letters)

In June 2018, 2,093 profiles were reviewed and 645 letters were sent.
The main intervention reviewed for the adult population was:

- Polypharmacy specialty mailer (2902 letters)
- Hypnotics used in hepatic impairment (1 letter)
- Lock-in criteria (350 letters)

The main intervention reviewed for the pediatric population was:

- DCF psychotropic medication monitoring for atypical antipsychotics (22 letters)
- Heather stated that due to the lack of letters for the hypnotics used in hepatic impairment intervention and the DCF psychotropic medication monitoring for atypical antipsychotics during the June cycle, those interventions were repeated during the July cycle (in addition to the targeted interventions for July). Review of those interventions and number of letters mailed would be presented during the December meeting.

8. RetroDUR Criteria New Criteria
   - The following criteria as written in the DUR Board packet were approved by the DUR Board
     1. Glycopyrrolate / Overutilization
     3. Glycopyrrolate / Non-adherence
     4. Glycopyrrolate / Narrow Angle Glaucoma
     5. Glycopyrrolate / Urinary Retention, Prost Hyperplasia/Bladder Neck Obst.
     6. Glycopyrrolate / Therapeutic Appropriateness
     7. Abemaciclib / Overutilization
     8. Abemaciclib / Overutilization
     9. Abemaciclib / Severe Hepatic Impairment
     10. Abemaciclib / Ketoconazole
     11. Abemaciclib / Strong CYP3A4 Inhibitors
     12. Abemaciclib / Strong CYP3A4 Inducers
     13. Abemaciclib / Pregnancy / Pregnancy Negating

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September 2018 DUR Board Meeting Minutes

Thursday, September 13, 2018 at 6:30 PM
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14. Neratinib / Overutilization
15. Neratinib / Diarrhea
16. Neratinib / Therapeutic Appropriateness-Hepatotoxicity
17. Neratinib / Pregnancy / Pregnancy Negating
18. Neratinib / Therapeutic Appropriateness
19. Neratinib / Therapeutic Appropriateness
20. Neratinib / Proton Pump Inhibitors
21. Neratinib / H2-Receptor Antagonists
22. Neratinib / Antacids
23. Neratinib / Moderate & Strong CYP3A4 Inhibitors
24. Neratinib / Moderate & Strong CYP3A4 Inducers
25. Neratinib / Digoxin
26. Neratinib / P-gp Substrates
27. Arnuity Ellipta / Overutilization (5-11 yoa)
28. Tofacitinib IR / Overutilization
29. Tofacitinib XR / Moderate, Severe Renal Insufficiency & Hepatic Impair.
30. Tofacitinib XR / Strong CYP3A4 Inhibitors & Potent CYP2C19 Inhibitors
31. Asenapine / Therapeutic Appropriateness
32. Alectinib / Overutilization – Hepatic Impairment
33. Deutetrabenazine / Tetrabenazine
34. Dexlansoprazole / Therapeutic Appropriateness – Age
35. Dexlansoprazole / Overutilization

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

2. Glycopyrrolate / Anticholinergic Agents – The Board requested to know the systemic absorption of glycopyrrolate

The following criteria was tabled during the June 2018 DUR meeting and approved during the September 2018 DUR meeting:

Ertugliflozin / Mild to Moderate Renal impairment
Ertugliflozin-Metformin / Mild to Moderate Renal impairment
Ertugliflozin-Sitagliptin / Mild to Moderate Renal impairment

The following criteria were tabled during the June meeting and approved as amended during the September DUR meeting:

Pregabalin / Therapeutic Appropriateness
Gabapentin / Therapeutic Appropriateness

The following criteria was tabled during the June meeting and rejected by the Board during the September DUR meeting:

Safinamide / Serotonergic agents

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9. Top 50 Pharmacies and Prescribers of Controlled Substances

- The Board reviewed and discussed the top 50 pharmacies and prescribers of controlled substances report for 2nd QTR 2018.

11. Quarterly Opioid Utilization Trends

- The Board reviewed the Opioid Utilization Report for 2nd QTR 2018. It was mentioned that cost and utilization continue to trend downward.
- It was requested to present buprenorphine utilization and naloxone utilization during the December meeting.
- Rich suggested a new criteria and letter type be created to target prescribers of patients receiving opioids with the recommendation that naloxone be prescribed concurrently with the opioid.
- Heather stated she would follow-up in December.

12. Quarterly Newsletter

- The Board reviewed the September 2018 DUR newsletter and approved with no changes.
- Dennis commented that bacteria are generally dependent on iron. Metals such as iron, zinc, and even titanium oxide have been found to increase the risk of clostridium difficile infections (in animal models) because the bacteria thrive off of those substances.

New Business

2018 DUR meeting dates

- Heather announced that Charlie Caley would be resigning his position from the Board. He would aid in making a recommendation for his replacement and Heather would follow up with the Board regarding potential candidates.
- The remainder of the 2018 DUR Board meeting dates were confirmed as the following:
    - December 13th
- The meeting was adjourned at 7:48 pm.

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