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

June 2017 DUR Board Meeting Minutes

Thursday, June 8th, 2016 at 6:30 PM
Connecticut Pharmacists Association Office
Rocky Hill, CT

ATTENDEES

Board Members Present: Carol Drufva, R.Ph., Kenneth Fisher, R.Ph. (Chair), Keith Lyke R.Ph., Bhupesh Mangla, MD, Richard Gannon, Pharm.D., Ram Illindala, MD, Charles Caley, Pharm.D., Jennifer Schwab, MD

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

Guests: Paul Liberty (Bristol Myers Squibb), Mark Bukuras (Lexicon Pharmaceuticals), George Rodriguez (Lexicon Pharmaceuticals), Ron Poppel (Sunovion)

1. INTRODUCTORY BUSINESS

- Ken Fisher called the meeting to order at 6:29 p.m.

2. Previous Meeting Minutes

- The March 2017 DUR meeting were approved as written.

3. Follow-Up from Previous Meeting

- The Board reviewed section 3 titled "Follow-up from the March DUR Board Meeting."
- Follow-up 1, a request was made to know what the exact legislation from July 1, 2016 said with regard to limiting opioid prescriptions to a 7 days' supply.
- Heather stated that the exact legislation said: b) When issuing a prescription for an opioid drug to an adult patient for the first time for outpatient use, a prescribing practitioner who is authorized to prescribe an opioid drug shall not issue a prescription for more than a seven-day supply of such drug, as recommended in the National Centers for Disease Control and Prevention's Guideline for Prescribing Opioids for Chronic Pain. (c) A prescribing practitioner shall not issue a prescription for an opioid drug to a minor for more than a seven-day supply of such drug at any time. When issuing a prescription for an opioid drug to a minor for less than a seven-day supply of such drug, the prescribing practitioner shall discuss the risks associated with use of an opioid drug, including, but not limited to, the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants, and the reasons why the prescription is necessary with (1) the minor, and (2) the custodial parent, guardian or other person having legal custody of the minor if such parent, guardian or other person is present at the time of issuance. And (d) Notwithstanding the provisions of subsections (b) and (c) of this section, if, in the professional medical judgment of a prescribing practitioner, more than a seven-day supply of an opioid drug is required to treat an adult patient's or minor patient's acute medical condition, as determined by the prescribing practitioner, or is necessary for the treatment of chronic pain, pain associated with a cancer diagnoses or for palliative care, then the prescribing practitioner may issue a prescription for the quantity needed to treat the acute medical condition, chronic pain, pain associated with a

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cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering the prescription of an opioid drug for more than a seven-day supply shall be documented in the patient's medical record and the practitioner shall indicate that an alternative to the opioid drug was not appropriate to address the medical condition.

- Follow-up 2, a request was made to report on the top 50 medications by claims count for 1st QTR 2017 during the June DUR meeting.
- Heather referred to attachment 3B for those figures.
- Follow-up 3, a request was made to query the utilization of Hepatitis C medications during 1st QTR 2017 in patients who have a concurrent diagnosis of drug/alcohol disorder.
- Heather stated that During 1st QTR 2017 767 patient received a medication for one of the newer Hepatitis C medications (Victrelis, Incivek, Olysio, Sovaldi, Daklinza, Harvoni, Viekra Pak, Viekira XR, Technivie, Zepatier, or Epclusa). 469 (61%) of those patients had at least 1 occurrence of a diagnosis of an alcohol disorder (ICD-10 F10) or an opioid related disorder (ICD-10 F11) during 1st QTR 2017..
- Follow-up 4, a request was made to know what the standard rate in reduced prescribing was of the top 50 prescribers from the top 50 prescribers of CSRX Report compared to the group of APRNs the Board has been monitoring through the report.
- Heather referred to attachment 3C for those numbers.
- Follow-up 5, a request was made to table 4 criteria from the March meeting and to follow-up with requested information.
- Heather referred the Board to the explanations for more information and also stated the tabled criteria would be reviewed in section 4 of the DUR packets.
- Follow-up 6, a request was made to change the September DUR meeting to Thursday September 7th or Thursday September 21st.
- The Board voted to keep the September meeting on Thursday, September 14th.

4. RetroDUR Criteria New Criteria

- The following criteria as written in the DUR Board packet were approved by the DUR Board
    1. Tramadol - All / Therapeutic Appropriateness
    2. Tramadol - All / Obesity & Severe Breathing Problems
    3. Tramadol - All / Lactation
    4. Codeine - All / Obesity & Severe Breathing Problems
    5. Codeine - All / Lactation
    6. Codeine - All / Therapeutic Appropriateness (< 12 yoa)
    7. Saxagliptin - All / Pancreatitis
    8. Saxagliptin – All / Heart Failure
    9. Hydroxychloroquine / Visual Disturbances
    10. Benzodiazepines / Opioids
- Charlie requested to know if we have criteria for opioids alone and how they increase the risk of respiratory depression.
- Rich commented that the criteria we currently have is sufficient.
    11. Paclitaxel / Gemfibrozil

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12. Paclitaxel / CYP3A4 Inhibitors
13. Synjardy XR / Overutilization
14. Synjardy XR / Mod to Sev. Renal Impairment, ESRD & Dialysis
15. Synjardy XR / Therapeutic Appropriateness (Age 0-17 yoa)
16. Synjardy XR / Insulin & Sulfonylureas
17. Synjardy XR / Nonadherence
18. Venetoclax / Overutilization
19. Venetoclax / Strong CYP3A4 Inhibitors
20. Venetoclax / Moderate & Strong CYP3A4 Inducers
21. Venetoclax / Moderate CYP3A4 Inhibitors & P-gp Inhibitors
22. Venetoclax / P-gp Substrates w/ Narrow Therapeutic Indexes
23. Venetoclax / Therapeutic Appropriateness – Pediatric Patients
24. Venetoclax / Therapeutic Appropriateness *Why does this criteria include negating diagnoses but criteria 31 does not*
25. Idelalisib / Overutilization
26. Idelalisib / Hepatic Impairment
27. Idelalisib / Diarrhea & Colitis
28. Idelalisib / Pneumonitis
29. Idelalisib / GI Perforation
30. Idelalisib / Neutropenia
31. Idelalisib / Therapeutic Appropriateness
32. Idelalisib / Strong CYP3A4 Inducers
33. Idelalisib / Strong CYP3A4 Inhibitors
34. Ivacaftor / Overutilization (≥ 6 yoa)
35. Ivacaftor / Overutilization- (2 – 5 yoa)
36. Ivacaftor / Therapeutic Appropriateness
37. Ivacaftor / Overutilization – Hepatic Impairment (≥ 6 yoa)
38. Ivacaftor / Overutilization – Hepatic Impairment (2 - 5 yoa)
39. Ivacaftor / Strong CYP3A4 Inducers
44. Ivacaftor / Sensitive CYP3A4 or P-gp Substrate
45. Ivacaftor / Nonadherence
46. Lisdexamfetamine / Therapeutic Appropriateness
47. Terbinafine / Hepatic Impairment
48. Lurasidone / Overutilization Bipolar Depression
49. Lurasidone / Overutilization (13 – 17 yoa)
50. Hydroxychloroquine / Digoxin
51. Hydroxychloroquine / Antidiabetic Medications
52. Metronidazole / Disulfiram
53. Pylera / Severe Renal Disease
54. Repaglinide / Cyclosporine
55. Repaglinide / Clopidogrel

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56. Repaglinide - All / CYP3A4 & CYP2C8 Inhibitors
57. Osimertinib / BCRP Substrates
58. Tiotropium / Therapeutic Appropriateness
59. Tiotropium / Therapeutic Appropriateness
60. Terbinafine / Hepatic Impairment – duplicate of #47
61. Dabigatran / Lovastatin & Simvastatin
62. Molindone / Max Dose (>12 yoa)

The following criteria were tabled during the March 2017 DUR meeting and approved during the June DUR meeting:

17. Methylnaltrexone / Reduction in GI Wall Integrity

- Approved as amended with the change of Irritable Bowel Syndrome to Irritable Bowel Disease

20. Vandetanib / QT Prolongation
37. Soliqua / Drugs That Increase Risk of Hypoglycemia
49. Xultophy / Drugs That Increase Risk of Hypoglycemia

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

40. Ivacaftor / Strong CYP3A4 Inhibitors (≥ 6 yoa)
41. Ivacaftor / Strong CYP3A4 Inhibitors (2 – 5 yoa)
42. Ivacaftor / Moderate CYP3A4 Inhibitors (≥ 6 yoa)
43. Ivacaftor / Moderate CYP3A4 Inhibitors (2 – 5 yoa)

- The Board requested additional information regarding criteria 40-43 and clarification on discrepancy between alert message dosing and max dose dosing.

5. 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.

6. FFY 2016 CMS Report Review

- The Board reviewed the FFY 2016 CMS Annual Report and requested the following changes:
  - Page 12, question 3, change no to yes
- Once the changes to the report were complete, the Board voted unanimously to submit the report to CMS prior to the due date of June 30th.
- Rich commented that there has been a legislative change to electronic prescribing of controlled substances.
- Keith and Jenny commented that the change has made prescribing and receiving of those prescriptions much easier and is a very secure process.

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7. Program Summary Review

- The Board reviewed the program summary for 1st quarter 2017.
- Heather stated that compared to the 4th QTR 2016 prescription claims cost increased by approximately $19 million, the number of prescriptions increased by approximately 130,000, the number of unique recipients receiving a prescription increased by approximately 18,000 and the average paid per prescription did not change during 1st QTR 2017.

8. Top 50 Medications by Total Cost

- The Board reviewed the Top 50 medications by total price for 1st quarter 2017.

9. 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 1st QTR 2017.

In January 2017, 2,836 profiles were reviewed and 1,955 letters were sent.
The main intervention reviewed for the adult population was:

- Underutilization of Antidepressants (820 letters)
- Lock-in criteria (497 letters)

The main intervention reviewed for the pediatric population was:

- Pediatric Psychotropic Medication Monitoring – SSRIs (459 letters)

In February 2017, 1,827 profiles were reviewed and 1,760 letters were sent.
The main intervention reviewed for the adult population was:

- Long Acting Opioid PA Specialty Mailing (3,400 Patients targeted and 1,721 prescribers targeted)
- Lock-in criteria (519 letters)

The main intervention reviewed for the pediatric population was:

- Additive Sedation (213 letters)

In March 2017, 1,827 profiles were reviewed and 1,301 letters were sent.
The main intervention reviewed for the adult population was:

- Long Acting Opioid PA Specialty Mailing (3,400 Patients targeted and 1,721 prescribers targeted)
- Lock-in criteria (463 letters)

The main intervention reviewed for the pediatric population was:

- Pediatric Psychotropic Medication Monitoring - Atypical Antipsychotics (731 letters)

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10. Top 50 Pharmacies and Prescribers of Controlled Substances

- The Board reviewed the top 50 pharmacies and prescribers of controlled substances report for 1st QTR 2017.
- Rich mentioned there was a new pain clinic in Hartford, Charter Oak, which opened on May 1, 2017.

11. Quarterly Opioid Utilization Trends

- The Board reviewed the Opioid Utilization Report for 1st QTR 2017.

12. Quarterly Newsletter

- The Board reviewed the June 2017 DUR newsletter and approved with the following changes:
  - Page 1, 2nd paragraph, change heroin/morphine to heroin or morphine
  - Page 1, 3rd column, 1st paragraph, change "Response" to "REsponse"
  - 2nd page, 3rd column, last paragraph, change superscript font to [16] at the end of the quotation.

New Business

2017 DUR meeting dates

- The remainder of the 2017 DUR Board meeting dates were confirmed as the following:
  - September 14, 2017
  - December 14, 2017
- The meeting was adjourned at 8:12 pm.

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