Office of Pharmacy Services
Medicaid Pharmacy Program
Drug Utilization Review (DUR)
Board
Thursday, December 2, 2021
Meeting Minutes

DUR Board Members: M. Healy, B. Hose, C. Lefebvre, M. McDonald, M. McPherson, J. O'Leary, C. Onyewu, S. Papesh, B. Shaw, N. McGarvey
Office of Pharmacy Services (OPS): A. Alexandrou, I. Frank, M. Joglekar, L. Karanja, A. Kim (Solomon), K. Rogers, D. Shah
Provider Synergies: K. Delaney
Conduent State Healthcare: T. Lyons, C. Ogunremi
Health Information Designs, LLC (HID): L. Frendak, S. Donald
Owl Creek Consulting: L. Adelhardt

The Maryland Medicaid Drug Utilization Review (DUR) Board virtual meeting was called to order at 9:25 a.m. on Thursday, December 2, 2021, by Sarah Papesh. Chair of the Board.

Introductions

The virtual meeting format and participation instructions were presented. A roll call of DUR Board members, affiliated staff, and presenters in attendance was taken.

Minutes

The minutes from September 2, 2021, DUR Board meeting were approved as presented.

Office of Pharmacy Services

The Office of Pharmacy Services (OPS) sincerely thanked the DUR Board members for taking the time to meet in this seventh virtual meeting. As vaccinations ramp up, and with the approval of boosters, the Program strongly hoped to achieve normalcy soon. The Program extended sincere gratitude and appreciation to all those battling this Pandemic on the frontlines.

Per Governor Hogan's announcement on June 15th for ending some emergency mandates and restrictions as of July 1st of this year, with a 45-day administrative grace period, the Medicaid Fee-for-Service Pharmacy Program rescinded all those pharmacy-related emergency mandates as of August 15, 2021. For additional details, visit the Provider Advisories section of the Maryland Medicaid Pharmacy Program's website at https://health.maryland.gov/mmcp/pap/Pages/Provider-Advisories.aspx.

To comply with federal regulations delineated in the final rule published on December 31, 2020, under CMS 2482-F, the OPS implemented a 7-day supply limit for initial fill for both short and long-acting opioids for opioid naïve patients.

Effective October 18, 2021, the OPS also implemented prospective edits to address concurrent use of opioids and Medication-Assisted Treatment (MAT) drugs.

1. If a patient has MAT drug on file (within 45 days) and an Opioid claim is adjudicated, the Point of Sale Claims Processing system would look back for 30 days, and if no opioid on file, then allow up to a 7-day supply. Regardless of the day's supply of the incoming claim for opioids, if there is the utilization of opioids within the last 30 days, the incoming opioid claim will deny and require Prior Authorization.
2. Patients requiring both an Opioid medication for greater than 7 days while undergoing MAT drug will require Prior Authorization.
3. Patients will have access to MAT drugs regardless of history or current therapy with opioid medication.

These day supply limits would not apply to Medicaid participants who are currently receiving an opioid, as well as any participant who has a diagnosis of Hospice Care, Palliative Care, Cancer or Sickle Cell Disease.

Congratulations were given to Dr. Lynn Frendak who was recently promoted and appointed as the Clinical Account Manager for the Drug Use Review (DUR) vendor Kepro.

Also acknowledged and recognized were Dr. Joseph O'Leary, Child and Adolescent Psychiatrist, Dr. Karin Dodge, Internal Medicine Physician, and Dr. Mary Lynn McPherson, Professor and Vice-Chair of Univ. of Maryland School of Pharmacy (UMSOP), Palliative Care and Pain Management, for their impeccable services on the Drug Utilization Review Board. The Department is in the process of filling these positions on the Board as well as recruiting the Corrective Managed Care (CMC) Pharmacist.

Since the implementation of the Unified Corrective Managed Care lock-in Program, the Department is actively monitoring the questionable usage of controlled substances by enrollees under the State plan. This Program is working as anticipated and facilitating to improve appropriate practices. As of November 5, 2021, a total of 354 participants are locked in with 311 providers, out of which only 16 participants are in the Fee-for-Service (FFS) program. The Department's goal always has been the well-being of its members and to provide utmost cost-effective care to all the participants in a timely manner.

The OPS provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. The Department successfully provided a two-hour live program on October 16, 2021, on "Challenges in Management of Post-COVID Syndrome". A four-hour live program is being planned for April/May of next year. Stay tuned for additional information.

Conduent presented a summary of therapeutic duplication alerts for the use of benzodiazepine and clonazepam, a summary of Preferred Drug List (PDL) prior authorization requests, and a summary of prospective drug utilization review (ProDUR) edits for the third quarter of 2021.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 13,001 alerts, for which 86% were overridden at the point of sale by the pharmacy providers during the third quarter of 2021, which is consistent with previous quarters of rates between 85-90%.

Summary of PDL Prior Authorization Requests

For the third quarter of 2021, 3,338 new PDL prior authorization (PA) approvals were authorized. The top ten therapeutic categories accounted for 82% of the new PDL PAs. Stimulants and related agents represented the highest number of requests this quarter. The number of requests was an increase compared to the second quarter of 2021. A full listing of all PDL PA requests for the third quarter of 2021 was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for the third quarter of 2021. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (51%). For early refills, antidepressants (59%) continued at the top of all alerts. Most drug-drug interaction alerts (60%) involved antidepressants, an increase from 49% last quarter. A summary by DUR conflict, intervention, and the outcome was reported. Cost avoidance estimates were presented. The Call Center experienced a slight increase in faxes and call volume compared to the previous quarter. Abandoned calls were under 1% across all months.

Kepro

Kepro presented a review of action items from the September 2021 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the third quarter of 2021, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the third quarter of 2021 were presented**.** The intervention outcomes process is initiated during the profile review by a clinical pharmacist. Participants who are identified as having a therapeutic issue are flagged and educational intervention letters are sent to both prescribers and pharmacy providers. The identified participants are reassessed after a six-month suppression period to determine if there has been a change in prescribing behaviors for the identified therapeutic issue.

For the intervention that identifies therapeutic duplication of sedative/hypnotic agents, those who remained active appear to be switching to new agents. Overall, 86*%* of those in the intervention group

had a prescribing change and no longer have claims for concurrent therapy. The participant numbers were lower for the reporting period, reflecting the effectiveness of the intervention. It was recommended, and the board approved, that the intervention continue but change the timeframe to quarterly versus monthly to avoid flagging people who are converting from one therapy to another.

For concurrent use of gabapentin and pregabalin, an 81% reduction in duplicate therapy was noted, which is similar to previous quarters. This is a strong and effective educational effort and is recommended for continuation on a quarterly basis.

The results of concurrent use of a stimulant for ADHD and a sedative for insomnia showed a 29% reduction in concurrent use among patients. While this intervention is complete, monitoring will continue should it be appropriate to repeat in the future.

Summary of Active Interventions

Active, ongoing interventions for the third quarter of 2021 include: 1) duplicate sedative use, which has been monthly but will change to quarterly based on Board decision at December 2021 meeting, 2) concurrent use of an opioid, benzodiazepine, and carisoprodol (bi-annual), 3) concurrent use of gabapentin and pregabalin (quarterly), and 4) opioid and med-high dose gabapentin (quarterly). Intervention outcomes for all active interventions will continue to be shared at quarterly meetings as results become available.

Initiated in August, the six-month interventions for naloxone, concurrent use of an opioid and benzodiazepine, and concurrent use of an opioid and antipsychotic will be complete in March with reporting at the June meeting. The CGRP Antagonist overutilization has had no profile alerts to date.

Retrospective DUR Quarterly Summary

During the third quarter of 2021, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) opioid and medium-high dose gabapentin use, and 3) naloxone utilization. It was noted that third-quarter responses to the intervention letters increased this quarter.

The intervention for duplicative sedative use saw a total of 31 participants flagged for intervention and 80 intervention letters mailed, with an average response rate of 15% (prescribers) and 26% (pharmacies). The top responses were “Prescriber discontinued medication(s)” and “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of opioid and med-high dose gabapentin, a total of 48 participants were selected for intervention and 166 letters were mailed, with a response rate of 9% (prescribers) and 27% (pharmacies). The top responses were “Prescriber discontinued medication(s)” and “Prescriber will reassess and modify drug therapy” and “Pharmacist spoke to prescriber, no change in therapy”.

A total of 50 participants were flagged for naloxone, and 108 intervention letters were mailed, with a response rate of 21% (prescribers) and 19% (pharmacies). The top prescriber responses were “Patient has appointment to discuss drug therapy” and “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of opioid and benzodiazepine, a total of 116 participants were selected for intervention and 408 letters were mailed, with a response rate of 5% (prescribers) and 13% (pharmacies). The top responses were "Patient never under prescriber's care" and "Pharmacist will counsel patient at next visit."

The intervention for concurrent opioid and antipsychotic use saw a total of 113 participants flagged for intervention and 394 intervention letters mailed, with an average response rate of 5% (prescribers) and 11% (pharmacies). The top responses were "Patient never under prescriber's care" and "Pharmacist will counsel patient at next visit".

Follow-up occurred for those providers responding with "Provider did not prescribe drug attributed to him/her" and no fraudulent activity was identified.

Future Retrospective DUR Intervention

The following new criteria were recommended for monthly monitoring under clinical criteria maintenance:

- *Ponvory™ (ponesimod)*
    - Overutilization, Underutilization
- *Karendia® (finerenone)*
    - Overutilization, Underutilization
- *Trikafta® (elexacaftor/tezacaftor/ivacaftor)*
    - Overutilization, Underutilization
- *Bafiertam® (monomethyl fumarate)*
    - Overutilization, Underutilization, Drug-Drug Interaction
- *Azstarys™ (serdexmethylphenidate/dexmethylphenidate)*
    - Overutilization
- *Perseris® (risperidone extended release subcutaneous injection)*
    - Overutilization, Underutilization

Following discussion, the motion was made to add all criteria recommended to monthly monitoring. Motion passed.

Other Business

Elections occurred for the leadership of the DUR Board. The slate of officers unanimously elected to serve were Sara Papesh, Chairperson of DUR Board, Neal McGarvey, Vice-Chairperson for DUR Board, and Billina Shaw, Chairperson for CMC Advisory Committee.

Recognition and thanks were given to outgoing DUR Board members Karin Dodge, MD, Mary Lynn McPherson, PharmD, and Joseph O'Leary, MD.

The continuing education seminar, "Challenges in the Management of Post-Covid Syndrome", conducted October 16, 2021, was recorded and is now available to view online at www.mmppi.com.

The next meeting of the DUR Board will be on March 3, 2022, at 9:15 a.m. Further dates in 2022 are June 2, September 1, and December 1 with further details to be provided.

DUR Board members were thanked for their service to the State of Maryland and the Maryland Department of Health.

There being no additional business, the meeting was adjourned at 10:23 a.m.