Office of Pharmacy Services Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, December 1, 2022
Meeting Minutes

DUR Board Members: B. Gayle, M. Healy, B. Hose, C. Lefebvre, M. McDonald, N. McGarvey, J. Merrey, O. Onyewu, S. Papesh, M. Poplawski, B. Shaw
Office of Pharmacy Services (OPS): A. Alexandrou, I. Frank, M. Joglekar, L. Karanja, D. Shah
Maryland Department of Health: L. Burgess
Magellen Medicaid Administration, Provider Synergies: K. Delaney
Conduent State Healthcare: T. Lyons, C. Ogunremi
Kepro: S. Donald, L. Frendak
Owl Creek Consulting: L. Adelhardt

The Maryland Medicaid Drug Utilization Review (DUR) Board virtual meeting was called to order at 9:17 a.m. on Thursday, December 1, 2022, by Dr. Papash.

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 1, 2022, DUR Board meeting were approved as presented.

Office of Pharmacy Services

The Federal Public Health Emergency (PHE) ending announcement has been changed to April 11, 2023, set back from the original November date. For additional details, visit the Provider Advisories' section of the Office of Pharmacy Services Medicaid Program's website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx.

The Office of Pharmacy Services (OPS) is actively addressing the aberrant use of control substances by enrollees through the Unified Corrective Managed Care lock-in Program. As of November 7, 2022, 307 participants are locked in the Program across nine Managed Care Organizations with 255 providers. The number of participants (19) stayed consistent for the Fee-for-Service (FFS) program when compared to the September 2022 report.

Dr. Carla Lefebvre was presented with a certificate of appreciation in recognition of her six years of dedicated service to the citizens of Maryland as a member of the Fee-for-Service (FFS) Medicaid Drug Use Board (DUR) and as a Chairperson of the Corrective Managed Care (CMC) Advisory Committee from 2020 to 2021. The Board was asked to send potential candidates to Dr. Frendak to fill the pharmacist position that will be vacated by Dr. Lefebvre.

Kepro, in collaboration with the Department, is in the process of hiring a new CMC Pharmacist lead following the voluntary resignation of Dr. Patel.

The OPS provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. A four-hour CME/CE program will be conducted in late spring next year. Board members were encouraged to take advantage of this program to earn continuing education credits.

DUR board members were thanked for their expertise and dedication of time to participate on this Board.

Conduent State Healthcare, LLC

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 2022.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 14,269 alerts for 1,190 participants, for which 80% were overridden at the point of sale by the pharmacy providers during the third quarter of 2022, which is similar to previous quarters of rates between 80-85%.

Summary of PDL Prior Authorization Requests

For the third quarter of 2022, 4,027 new PDL prior authorization (PA) approvals were authorized. The top ten therapeutic categories accounted for 86% of the new PDL PAs. Stimulants and related agents represented the highest number of requests this quarter. The number of requests was consistent with the second quarter of 2022. A full listing of all PDL prior authorization requests for the third quarter was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for the third quarter of 2022. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (49%). For early refills, antidepressants (59%) continued at the top of all alerts, with a decrease of 8% over last quarter.

Most drug-drug interaction alerts (61%) involved antidepressants. A summary by DUR conflict, intervention, and outcome was reported. Cost avoidance estimates were presented. The Call Center experienced a decrease 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 2022 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the third quarter of 2022, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the third quarter of 2022 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.

Summary of Active Interventions

1) Duplicate sedative use (quarterly)
   The intervention that identifies therapeutic duplication of sedative/hypnotic agents had another strong quarter. Seven recipients identified on the initial profile review met the criteria for duplicate therapy in the follow-up period. This continues to be a successful intervention and is recommended for continuation.
2) Concurrent use of gabapentin and pregabalin (quarterly)
   Results for the concurrent use of gabapentin and pregabalin showed high effectiveness. 20 recipients were identified on the initial profile review to meet the criteria for concurrent therapy in the follow-up period. Concurrence rate averaged 21%. This is a strong and effective educational effort and is recommended for continuation on a quarterly basis.
3) Concurrent use of an opioid and medium-high dose gabapentin (quarterly)
4) Results showed a 77% reduction in concurrent use of opioid and medium-high dose gabapentin. This was reflected by discontinuation of an opioid, lowered dose of gabapentin, or discontinuation of gabapentin in the six months after the educational intervention letters were sent. It is recommended to continue this intervention quarterly.
5) Concurrent use of an opioid benzodiazepine and carisoprodol (biannual)
   There were no participants identified for the triple therapy intervention. Monitoring will be continued.

The following interventions are mandated by the Support Act and were all initiated in August of 2021. Since then, interventions have continued quarterly.

1) Naloxone intervention (quarterly)
   Results showed a 63% reduction rate for recipients identified who are on chronic opioid therapy, have a history of substance use disorder, or who have a history of overdose and do not have a naloxone prescription on file.
2) Concurrent opioid and benzodiazepine use (quarterly)
   Results showed a 50% recurrence rate for recipients identified as using both an opioid and a benzodiazepine. This means that half of patients saw concurrent therapy discontinued during the post-intervention period.
3) Concurrent use of an opioid and antipsychotic (quarterly)
   Results saw recurrence rates for concurrent use of an opioid and antipsychotic at 38%. This was a slight increase from the previous intervention, however similar to the first quarter.

Retrospective DUR Quarterly Summary

During the third quarter of 2022, 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) concurrent gabapentin and pregabalin use. The number of participants who were selected for intervention this quarter continued to trend up slightly, similar to last quarter. Response rates for prescribers and pharmacies generally remained consistent to previous quarters.

The intervention for duplicative sedative use saw 103 participants flagged for intervention and 93 intervention letters mailed, with an average response rate of 17% (prescribers) and 2.5% (pharmacies). The top responses were “Prescriber tried to modify therapy, symptoms recurred” and “Spoke to prescriber; no change in therapy”.

For the intervention for concurrent use of opioid and medium-high dose gabapentin, a total of 250 participants were selected for intervention and 636 letters were mailed, with a response rate of 8% (prescribers) and 19% (pharmacies). The top responses were “Benefits outweigh the risks” and “Pharmacist will counsel patient at next visit”.

A total of 167 participants were flagged for concurrent gabapentin and pregabalin, and 309 intervention letters were mailed, with a response rate of 11% (prescribers) and 25% (pharmacies). The top responses were “Provider did not prescribe drug attributed to them” and “Spoke to prescriber; no change in therapy”.

For the intervention for naloxone, a total of 33 participants were selected for intervention and 57 letters were mailed, with a response rate of 0% (prescribers) and 0% (pharmacies).

For the intervention for concurrent use of an opioid and benzodiazepine, a total of 150 participants were selected for intervention and 481 letters were mailed, with a response rate of 1% (prescribers) and 1% (pharmacies). The top responses were “No change recommended; problem insignificant” and “Spoke to prescriber; no change in therapy.”

The intervention for concurrent opioid and antipsychotic use saw a total of 143 participants flagged for intervention and 479 intervention letters mailed, with an average response rate of 8% (prescribers) and 17% (pharmacies). The top responses were “No change recommended” and “Spoke to prescriber; no change in therapy”.

Follow-up occurred for those providers responding with “Provider did not prescribe drug attributed to him/her” and no fraudulent activity was identified. One was a hospital discharge prescription. In the remaining situations, the responding prescriber did prescribe at least one of the interacting medications but used that response to indicate that they only prescribed one of the two interacting medications.

Future Retrospective DUR Intervention

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

- Rinvoq™ (upadacitinib)
  Overutilization, underutilization
- Verquvo™ (vericiguat)
  Overutilization, underutilization, coadminstration of PDE-5 inhibitors
- Sotyktu™ (deucravacitinib)
  Overutilization, underutilization

The motion was made to add the criteria recommended to monthly monitoring. Motion passed.

As requested at the last meeting, staff investigated the possibility of conducting Covid-related therapeutic interventions. While the Federal Public Health Emergency is in place, the Office of Pharmacy Services defers to the State of Maryland Covid dashboard.

Other Business

The “Deprescribing: Goal-Concordant Prescribing in Serious Illness” continuing education seminar presented by Dr. McPherson in October was well-received. The next seminar will be a 4-hour event in the spring. Details will be shared at the March meeting.

Work on updating the CMS and DUR policies and procedures continues. Changes will be sent to Board members prior to the next meeting.

The next meeting of the DUR Board will be on March 2, 2023, at 9:15 a.m. Additional dates for the coming year are June 1, September 7 and December 7, 2023.

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 10:00 a.m.