Office of Pharmacy Services Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, June 2, 2022
Meeting Minutes

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

The Maryland Medicaid Drug Utilization Review (DUR) Board virtual meeting was called to order at 9:18 a.m. on Thursday, June 2, 2022, by Dr. Shaw.

Introductions

Dr. Shaw noted that she was serving as chairperson for the meeting due to the absences of the DUR Board chairperson and vice chairperson. 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 March 3, 2022, DUR Board meeting were approved as presented.

Office of Pharmacy Services

The Office of Pharmacy Services (OPS), Maryland Department of Health (MDH) is working to address the latest pandemic and medical challenges while continuing to provide optimum and cost-effective care to Marylanders with the support, guidance, and expertise of the DUR Board. The Board was encouraged to monitor 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 for the latest news and additional details.

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 and this Program is working as anticipated and facilitating to improve appropriate practices. As of May 6, 2022, a total of 289 participants are locked in with 251 providers, out of which only 19 participants are in the Fee-for-Service (FFS) program. This represents a slight increase of 5% (7 participants) as compared to last quarter. This could be a result of some participants under one of the Managed Care Organizations (MCOs) care may have been transferred to one of the Long-Term Cares (LTCs) and when discharged, were auto transferred to direct FFS coverage. The Department's goals are the well-being of its members and providing the utmost cost-effective care to all the participants in a timely manner.

The Centers for Medicare and Medicaid Services (CMS) mandated several new initiatives concerning Sections 5041 and 5042 of the SUPPORT ACT related to the Prescription Drug Monitoring Program (PDMP). The MDH PDMP and Chesapeake Regional Information System for Our Patients (CRISP) teams have been working diligently to develop new, specific reporting logic to collect the necessary data for the CMS Annual reporting for the FFS and MCOs. For the first time, all MDH programs and every state Medicaid program will be consistent in providing FY23 data to the CMS, which is then provided to Congress.

The OPS provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. On April 30, 2022, a 4-hour live CME/CE program titled "Substance Use Disorders and Treatments" was conducted with 215 professionals attending. Please visit mmppi.com to view the presentation recording and download handouts. The Department is planning another 2-hour live program this fall.

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 first quarter of 2022.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 13,567 alerts for 2,172 participants, for which 83% were overridden at the point of sale by the pharmacy providers during the first quarter of 2022, which is lower than previous quarters of rates between 85-90%.

Summary of PDL Prior Authorization Requests

For the first quarter of 2022, over 4,000 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 an increase compared to the fourth quarter of 2021. A full listing of all PDL prior authorization requests for the first quarter of 2022 was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for the first quarter of 2022. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (49%). For early refills, antidepressants (57%) continued at the top of all alerts. Most drug-drug interaction alerts (61%) involved antidepressants. A summary by DUR conflict, intervention, and the outcome was reported. Cost avoidance estimates were presented. The Call Center experienced a significant increase in faxes and an increase in 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 March 2022 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the first quarter of 2022, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the first 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.

The intervention that identifies therapeutic duplication of sedative/hypnotic agents, had another strong quarter. Only one recipient 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 on a quarterly basis.

Results for the concurrent use of gabapentin and pregabalin showed high effectiveness, as no recipients identified on the initial profile review met the criteria for concurrent therapy in the follow-up period. This is a strong and effective educational effort and is recommended for continuation on a quarterly basis.

The results of concurrent use of an opioid and medium-high dose gabapentin showed a 57% reduction, a decrease since the last reported rate of 90%. 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.

Three Support Act Interventions were initiated in August 2021 with a six-month review occurring in March. The first result addresses naloxone prescribing. These are patients who are on chronic opioid therapy, have a history of a substance use disorder, or who have a history of overdose and do not have a naloxone prescription on file. This was a successful intervention, with 88% of patients identified as not having a naloxone prescription showing a new claim during follow-up.

The second intervention addresses concurrent opioid and benzodiazepine use. There was a 33% recurrence rate for recipients identified as using both an opioid and a benzodiazepine, which means that two-thirds of patients saw concurrent therapy discontinued during the post-intervention period.

The third intervention addresses concurrent use of an opioid and antipsychotic. Recurrence rates were like the previous intervention with concurrent therapy discontinued in about two-thirds of patients during the post-intervention period. A review of available responses from providers includes comments related to things such as the "benefits of therapy outweigh risks, symptoms reoccurred when one agent was reduced or discontinued, and the patient has been on long-term treatment with both agents".

These interventions are mandated by the Support Act and were all initiated in August of 2021. Since then, interventions have continued quarterly. A motion was made to continue these interventions quarterly with six-month outcomes data reported quarterly to the DUR Board. Motion passed.

Summary of Active Interventions

Active, ongoing interventions for the first quarter of 2022 include: 1) duplicate sedative use (quarterly), 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 are now active with the first reporting at this meeting.

The CGRP Antagonist overutilization has had no profile alerts since the intervention was initiated in August 2021. This is likely due to strong prospective measures that are in place including clinical criteria, prior authorization requirements, and quantity limits on these drugs. A motion was made to discontinue this intervention but consider re-activating it should monitoring find any patients that meet the criteria. Motion passed.

Retrospective DUR Quarterly Summary

During the first 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. Response rates for prescribers remained similar this quarter, while response rates from pharmacies increased slightly back to average after a small decrease last quarter.

The intervention for duplicative sedative use saw a total of 8 participants flagged for intervention and 22 intervention letters mailed, with an average response rate of 15% (prescribers) and 33% (pharmacies). The top responses were “Prescriber discontinued medication(s)” and “Benefit of the drug outweighs the risks”, and “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of opioid and medium-high dose gabapentin, a total of 105 participants were selected for intervention and 363 letters were mailed, with a response rate of 17% (prescribers) and 24% (pharmacies). The top responses were “Problem is insignificant, no change in therapy” and “Pharmacist will counsel patient at next visit”.

A total of 93 participants were flagged for concurrent gabapentin and pregabalin, and 276 intervention letters were mailed, with a 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 naloxone, a total of 22 participants were selected for intervention and 45 letters were mailed, with a response rate of 9% (prescribers) and 14% (pharmacies). The top responses were “Problem is insignificant, no change in therapy and Patient has appointment to discuss drug therapy” and “Spoke to prescriber, expect modification in therapy”.

For the intervention for concurrent use of an opioid and benzodiazepine, a total of 135 participants were selected for intervention and 457 letters were mailed, with a response rate of 11% (prescribers) and 19% (pharmacies). The top responses were “Prescriber discontinued medication(s)” and “Pharmacist will counsel patient at next visit.”

The intervention for concurrent opioid and antipsychotic use saw a total of 135 participants flagged for intervention and 462 intervention letters mailed, with an average response rate of 12% (prescribers) and 18% (pharmacies). The top responses were “Benefits of the drug therapy outweigh the risk” 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. In all 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 were recommended for monthly monitoring under clinical criteria maintenance:

- *Tarpeyo™ (budesonide ER)*
    - Overutilization
- *Seglentis® (celecoxib/tramadol)*
    - Overutilization, Duplication with other celecoxib or tramadol products
- *Tymlos® (abaloparatide)*
    - Overutilization

Dr. Shaw suggested adding monitoring for *Seglentis®* and any other opioid. Following discussion, the motion was made to add all criteria recommended to monthly monitoring. Motion passed.

The Board discussed other potential interventions and voted to have the MDH/Kepro team research potential interventions for 1) overutilization of PPI and 2) frequently prescribed skeletal muscle relaxants and opioids use. Motion passed.

Other Business

The Board was reminded that the substance use disorders and treatments presentations from the April 30 CE event are available to download and a recording of the event may be viewed on the website at mmppi.com. The next CME event will be in the fall.

Work on the CMS DUR annual surveys is currently underway. Information is being provided on the FFS program as well as reviewing the MCO DUR programs and survey responses. Results of the survey will be shared with the Board once they become available from CMS.

The next meeting of the DUR Board will be on September 1, 2022, at 9:15 a.m. The final meeting for 2022 is 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 10:13 a.m.