Office of Pharmacy Services, Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, June 1, 2023
Meeting Minutes

DUR Board Members: C. Dowd-Green, B. Gayle, M. Healy, B. Hose, M. McDonald, N. McGarvey, J. Merrey, O. Onyewu, S. Papesh, M. Poplawski, B. Shaw
Office of Pharmacy Services (OPS): M. Joglekar, L. Karanja, N. Purohit, K. Rogers
Magellan Medicaid Administration, Provider Synergies: K. Delaney
Conduent State Healthcare: J. Paul
Kepro: S. Donald, L. Frendak, S. Zuby
Owl Creek Consulting: L. Adelhardt

The Maryland Medicaid Drug Utilization Review (DUR) Board virtual meeting was called to order at 9:20 a.m. on Thursday, June 1, 2023, by Dr. Papesh.

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 March 2, 2023, DUR Board meeting were approved as presented.

Office of Pharmacy Services

As announced by the Biden administration, the nation is now out of the COVID-19 pandemic, and the federal PHE (Public Health Emergency) expired on May 11, 2023. Gratitude and appreciation were extended to all those who have been battling this Pandemic on the frontlines. Attendees were encouraged to visit the Program's Provider Advisories' section of the Office of Pharmacy Services (OPS) Medicaid Program's website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx to stay up to date with the upcoming and latest announcements for additional details that are being planned.

Regarding the Unified Corrective Managed Care (CMC) Lock-in Program, the Department is actively monitoring the aberrant usage of controlled substances by enrollees under the State plan. This program is working as anticipated and facilitating to improve appropriate practices.

As of May 5, 2023, a total of 307 participants are locked in the CMC Program across nine Managed Care Organizations and the Fee-for-Service (FFS) program, with the total of 255 providers. These numbers have been consistent since the December 2022 DUR Board meeting report. The program's goal always has been the well-being of its members and to provide utmost clinically appropriate and cost-effective care to all the participants in a timely manner.

Dr. Nisha Purohit was congratulated for her appointment to the Advanced Practice Pharmacist's position with the OPS, MDH, and welcomed to the team. Dr. Purohit has taken over the responsibilities that were previously managed by Dr. Angela Solomon.

The OPS provided one 4-hour live continuing medical education (CME) and continuing education (CE) program on Saturday, May 6, 2023, virtually on "Exploring Antipsychotics" with a focus on updates on antipsychotics, use of antipsychotic in pediatric population, and pharmacogenomics in psychiatry. There was a record number of participants and meeting attendees were encouraged to take advantage of such programs that are provided twice every year to earn 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 first quarter of 2023.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 7,464 alerts and 1,232 overrides, with 67% of participant claim overrides during the first quarter of 2023. This is lower than previous quarters.

Summary of PDL Prior Authorization Requests

For the first quarter of 2023, 5,163 new PDL prior authorization (PA) approvals were authorized. The top ten therapeutic categories accounted for 88% 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 fourth quarter of 2022. A full listing of all PDL prior authorization requests for the first quarter was presented to the Board.

Summary of Therapeutic Duplications

Regarding top 20 therapeutic duplications, Conduent reported 5,416 alerts and 14,380 overrides, with 25.43% of total in conflict during the first quarter of 2023, slightly lower than

previous quarter.

Summary of Early Refill Drugs

Regarding top 20 drugs for early refill, Conduent reported 35,823 alerts and 1,444 overrides, with 28.87% of total in conflict during the first quarter of 2023. This is lower than previous quarters.

Summary of Drug-Drug Interactions

Regarding drug-drug interactions, Conduent reported 20,808 alerts and 6,686 overrides, with 34.93% of total in conflict during the first quarter of 2023. This is lower than previous quarters of rates.

A summary by DUR conflict, intervention, and outcome was reported. Cost avoidance estimates were presented. The Call Center experienced an increase in faxes and decreased call volume compared to the previous quarter. Abandoned calls were at 1% across all months. Extended data collection on call actions will be reported at the next meeting.

Kepro

Kepro presented a review of action items from the March 2023 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the first quarter of 2023, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the first quarter of 2023 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. Only 13 of the 31 recipients identified on the initial profile review that met criteria for duplicate therapy met the criteria again in the follow-up period. The other 18 patients had one or more of the duplicate medications discontinued. 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. Only 16 recipients of the 82 identified on the initial profile review met the criteria in the follow-up period. This quarter the recurrence rate was 15%, falling well within the average rate of 15-20%. This is a strong and effective educational effort and is recommended for continuation on a quarterly basis.

3) Concurrent use of opioid and medium-high dose gabapentin (quarterly)
   Results for the intervention involving opioid and medium-high dose gabapentin showed a 59% reduction in concurrent use. This was reflected by the discontinuation of an opioid, lower 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.

The following active interventions are mandated by the SUPPORT ACT and initiated in August 2021. At the June meeting, outcomes were reviewed, and the Board voted to continue intervening quarterly with six-month outcome data also reported to the board quarterly.

1) Naloxone use (quarterly)
   Results of the intervention addressing naloxone prescribing were successful with 83% identified as not having a naloxone prescription showing a new claim during follow up. These are patients who are on chronic opioid therapy, have a history of substance use disorder, or have a history of overdose and do not have a naloxone prescription on file.

2) Concurrent use of opioid and benzodiazepine (quarterly)
   Results showed a 50% recurrence rate for recipients identified as using both an opioid and a benzodiazepine, which means that half of the patients saw concurrent therapy discontinued during the post-intervention period. This is consistent with past quarters. Interventions are conducted quarterly with six-month outcome data reported.

3) Concurrent use of an opioid and antipsychotic (quarterly)
   Results saw recurrence rates for concurrent use of an opioid and antipsychotic at 48%, which is consistent with previous quarters of Support Act recurrence rates around 50%.

Retrospective DUR Quarterly Summary

During the first quarter of 2023, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) concurrent use of opioid benzodiazepine and carisoprodol, 3) concurrent gabapentin and pregabalin use, and 4) opioid and med-high dose gabapentin.

The triple therapy intervention was changed to biannual last year. There was one participant identified, however a letter was not mailed therefore there are no outcomes to report for the 1st quarter 2023. The intervention will continue to be monitored and six-month results will be

reported as appropriate.

The number of participants who were selected for intervention this quarter was like last quarter. Response rates for prescribers and pharmacies remained consistent to previous quarters on average.

The intervention for duplicative sedative use saw 33 participants flagged for intervention and 89 intervention letters mailed, with an average response rate of 18% (prescribers) and 35% (pharmacies). Two responses shared the top response for prescribers, “Prescriber will reassess and modify therapy” and “Prescriber tried to modify therapy; symptoms reoccurred”. For pharmacists, the top response was “Pharmacist will counsel patient on the next visit”.

For the intervention for concurrent use of opioid and medium-high dose gabapentin, a total of 141 participants were selected for intervention and 448 letters were mailed, with a response rate of 9% (prescribers) and 17% (pharmacies). The top response for prescribers was “Prescriber tried to modify therapy; symptoms reoccurred”. For pharmacists, the top response was “Pharmacist will counsel patient at next visit”.

A total of 94 participants were flagged for concurrent gabapentin and pregabalin, and 274 intervention letters were mailed, with a response rate of 19% (prescribers) and 28% (pharmacies). The top response for prescribers was “Provider did not prescribe drug attributed to them”. For pharmacists, the top response was “Pharmacist will counsel patient at next visit”.

The following are response rates for interventions under the SUPPORT ACT criteria. Response rates are slightly higher than last quarter. These interventions are primarily educational in nature and do not require a response, which is why SUPPORT ACT response rates fall within average but tend to trend slightly lower compared to other interventions overall.

For the intervention for naloxone, a total of 18 participants were selected for intervention and 35 letters were mailed, with a response rate of 6% (prescribers) and 17% (pharmacies). The top response for providers was “Prescriber will reassess and modify drug therapy”. For pharmacists, three responses shared the top response, “Spoke to prescriber, expect modification in therapy”, “No change recommended; problem insignificant,” and “Spoke to prescriber, no change in therapy”.

For the intervention for concurrent use of an opioid and benzodiazepine, a total of 110 participants were selected for intervention and 366 letters were mailed, with a response rate of 10% (prescribers) and 15% (pharmacies). The top response for prescribers was “Prescriber will reassess and modify drug therapy”. For pharmacists, the top response was “Spoke to prescriber, no change in therapy”.

The intervention for concurrent opioid and antipsychotic use saw a total of 133 participants flagged for intervention and 451 intervention letters mailed, with an average response rate of 7% (prescribers) and 20% (pharmacies). The top response for prescribers was “Patient is no

longer under this provider's care". For pharmacists, the top response was "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 confirmed that all providers responding that they did not prescribe the drug attributed to them, did in fact prescribe at least one of the concurrent medications. The interventions resulted in reduced prescriptions overall, showing the effectiveness of the intervention program.

Future Retrospective DUR Intervention

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

- *Bylvay® (odevixibat)*
    - *Overutilization*
- *Hetlioz® LQ (tasimelteon LQ)*
    - *Overutilization*

Following discussion of the criteria, the motion was made to add the criteria recommended for monthly monitoring. The Board passed the motion.

By request of the Board at the March meeting, interventions targeting skeletal muscle relaxants were investigated. There currently are two maintenance criteria built where interventions could be conducted, 1) therapeutic duplication of skeletal muscle relaxants, which will flag patients who are prescribed more than one skeletal muscle relaxant, and 2) concurrent use of an opioid and skeletal muscle relaxant. Without clinical review, last month the interventions would flag 128 patients and 116 patients, respectively. After discussion, a motion was made and passed to explore an intervention for more than one skeletal muscle relaxant with concurrent use of an opioid. Results are to be presented to the Board at the next meeting for determination of continuing with an intervention.

Other Business

The spring continuing education event on antipsychotics was held on Saturday, May 6, 2023. The next event will be held in the fall.

To maintain compliance with SUPPORT ACT, a new report is reviewed on non-controlled drug use which is being incorporated into quarterly program reporting.

Planning for new Board member recruitment for 2024 is underway. Six positions will be available starting January 2024. The Board was asked to encourage colleagues to apply and send names of pharmacists or physicians that may be interested in serving to Lynn Frendak who will contact them to provide details of service.

The next meeting of the DUR Board will be on September 7, 2023, at 9:15 a.m. The final meeting for 2023 will be held on 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 10:30 a.m.