Office of Pharmacy Services, Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, March 2, 2023
Meeting Minutes

DUR Board: C. Dowd-Green, B. Gayle, M. Healy, B. Hose, M. McDonald, N. McGarvey, J. Merrey, O. Onyewu, M. Poplawski, B. Shaw
Office of Pharmacy Services (OPS): A. Alexandrou, I. Frank, M. Joglekar, L. Karanja, D. Shah
Magellan Medicaid Administration, Provider Synergies: K. Delaney
Conduent State Healthcare: T. Lyons, C. Ogunremi
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 9:15 a.m. on Thursday, March 2, 2023, by Dr. McGarvey.

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

Office of Pharmacy Services

Based on the recent announcement by President Biden's Administration, the Federal Public Health Emergency (PHE) is projected to end on May 11, 2023. It has not yet been determined if future meetings will be in-person meetings or remain virtual. The Board is encouraged to visit the Program's Provider Advisories section of the Office of Pharmacy Services Medicaid Program's website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx to keep up-to-date with the latest announcements for additional details.

Unified Corrective Managed Care (CMC) lock-in Program Update: 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 February 7, 2023, 307 participants are locked in the CMC Program across nine Managed Care

Organizations and the Fee-for-Service (FFS) program, with 255 providers remaining exactly the same as reported at the December 2022 meeting. The goal of this Program remains the well-being of members and providing the utmost clinically appropriate and cost-effective care to all the participants in a timely manner.

Dr. Samantha Zuby was introduced as the new CMC Clinical Pharmacist Coordinator, replacing Dr. Devi Patel. A welcome was also extended to new DUR Board member, Dr. Caitlin Dowd-Green, a specialized ambulatory care clinical pharmacist, working at Johns Hopkins Hospital. She has multiple presentations and clinical publications under her name and has led multiple clinical projects. She received the Innovations in Clinical Excellence – The After Care Clinic at Johns Hopkins Hospital in 2016.

The recent American Drug Utilization Review Society (ADURS) conference was attended by Mangesh Joglekar and Lynn Frendak. Vital details were presented regarding the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) ACT mandates, protocols, timelines, new and innovative gene therapies underway, and details on the Inflation Reduction Act (IRA) of 2022.

Several important highlights presented on the SUPPORT ACT include:

- Section 1003 authorizes the Secretary of the Department of Health and Human Services to conduct a 54-month project designed to increase the capacity of Medicaid providers to deliver Substance Use Treatment (SUD) or recovery services. Several features are provided, including improved reimbursement for and expansion of SUD providers.
- Section 1003 requires four Reports to Congress (RTC). The initial RTC is to be released in July 2023 highlighting State Medicaid DUR program information and data for the FFS and MCO programs reported in the annual DUR Survey.
- Section 1004 regarding RTC includes recommendations to help States and Managed Care Entities (MCE) programs more effectively implement prospective safety edits and retrospective claims reviews as follows:
    - States should employ system-accumulation safety edits.
    - States should use clinical indications and dosing schedules to establish quantity limits of opioids.
    - States should upgrade existing systems from manual to automated retrospective claim reviews to increase compliance and detect high doses of opioids in a timely and efficient manner.
    - States should further develop prospective and automated retrospective claim reviews consistent with the medical practice patterns and clinical considerations to limit opioids to only when necessary.
- Section 5042 has mandatory reporting of PDMP information in annual DUR submissions to the CMS for the FFS and MCO DUR programs starting for the federal fiscal year 2023, with data reporting required by June 30, 2024, to be included in the RTC.

The Maryland Medicaid programs (FFS and MCO) are all compliant with the SUPPORT ACT mandates.

The OPS provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. The next 4-hour Live CME/CE program will be held on Saturday, May 6, 2023, virtually. All are encouraged to take advantage of this program 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 fourth quarter of 2022.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 8,961 alerts for 1,003 participants, for which 75% were overridden at the point of sale by the pharmacy providers during the fourth quarter of 2022, which is lower than previous quarters of rates between 80-85%.

Summary of PDL Prior Authorization Requests

For the fourth quarter of 2022, 4,549 new PDL prior authorization (PA) approvals were authorized. The top ten therapeutic categories accounted for 87% 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 third quarter of 2022. A full listing of all PDL prior authorization requests for the fourth quarter was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for the fourth quarter of 2022. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (50%). For early refills, antidepressants (56%) continued at the top of all alerts, with a decrease of 3% over the 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 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 December 2022 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the fourth quarter

of 2022, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the fourth 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. Only 15 recipients identified on the initial profile review met the criteria for duplicate therapy again in the follow-up period, resulting in over 2/3 of cases having either one, or both, 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 18 recipients identified on the initial profile review met the criteria for concurrent therapy in the follow-up period. This quarter the recurrence rate was 16%, 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 58% 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.
4) Concurrent use of opioid, benzodiazepine and carisoprodol (biannual)
   For this intervention, there were no participants identified and no outcomes to report for the 4th quarter 2022. Monitoring will continue with a report of results as appropriate.

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 intervention (quarterly)
   Results of the intervention addressing naloxone prescribing were successful with 96%, or all but one patient, 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 opioid and benzodiazepine use (quarterly)
   Results showed a 53% 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. 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 40%, which is consistent with previous quarters.

Retrospective DUR Quarterly Summary

During the fourth 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 was similar to last quarter. Response rates for prescribers and pharmacies remained consistent in previous quarters.

The intervention for duplicative sedative use saw 82 participants flagged for intervention and 93 intervention letters mailed, with an average response rate of 6% (prescribers) and 16% (pharmacies). Three responses shared the top response for prescribers, “Patient has appointment to discuss therapy”, “Provider did not prescribe the drug attributed to them”, and “Patient is under the prescriber’s care, but not seen recently”. For pharmacists, the top response was “Spoke to prescriber; no change in therapy”.

For the intervention for concurrent use of opioid and medium-high dose gabapentin, a total of 257 participants were selected for intervention and 501 letters were mailed, with a response rate of 10% (prescribers) and 20% (pharmacies). The top responses were “Benefits outweigh the risks” and “Spoke to prescriber; no change in therapy”.

A total of 175 participants were flagged for concurrent gabapentin and pregabalin, and 302 intervention letters were mailed, with a response rate of 16% (prescribers) and 27% (pharmacies). The top responses were “Provider did not prescribe drug attributed to them” and “Pharmacist will counsel patient at next visit”.

The following are response rates for interventions under the SUPPORT ACT criteria. After below-normal response rates last quarter, rates have returned to average this 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 39 participants were selected for intervention and

51 letters were mailed, with a response rate of 8% (prescribers) and 4% (pharmacies). The top responses were two for providers, “Provider did not prescribe drug attributed to them” and “Patient has appointment to discuss therapy”. Top pharmacists’ response was, “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of an opioid and benzodiazepine, a total of 150 participants were selected for intervention and 457 letters were mailed, with a response rate of 6% (prescribers) and 14% (pharmacies). The top responses were “Provider did not prescribe drug attributed to them” and “Pharmacist will counsel patient at next visit”.

The intervention for concurrent opioid and antipsychotic use saw a total of 150 participants flagged for intervention and 460 intervention letters mailed, with an average response rate of 5% (prescribers) and 14% (pharmacies). The top responses were “Provider did not prescribe drug attributed to them” and “Patient no longer uses pharmacy”.

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.

Future Retrospective DUR Intervention

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

- *Venbysi XR™ (venlafaxine besylate)*
    - *Overutilization, underutilization*
- *Triumeq® PD (abacavir, dolutegravir, lamivudine)*
    - *Overutilization, underutilization*

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

The Board requested that combinations with muscle relaxers be investigated, and information brought to the next board meeting for discussion.

Other Business

The spring continuing education event is scheduled for Saturday, May 6, 2023. The program theme is antipsychotics. Details and registration information will be forwarded to Committee members who were encouraged to attend.

Mangesh Joglekar and Lynn Frendak represented Maryland at the American Drug Utilization Review Society (ADURS) conference in February. There was a lot of good information sharing regarding drug use reviews.

Planning for new Board member recruitment for 2024 has begun. Six positions will be open starting January 2024. The Board was asked to encourage colleagues to apply and send any 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 June 1, 2023, at 9:15 a.m. Additional dates for the coming year are 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 10:03 a.m.