MARYLAND
Department of Health

Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR)Board
Thursday, September 6, 2018
Meeting Minutes

Drug Use Review (DUR) Board Members: **M. Healy, B. Hose, C. Lefebvre, M. McDonald, J. O'Leary, C. Onyewu, F. Osotimehin, S. Papesh, B. Shaw**
Maryland Medicaid Pharmacy Program (MMPP): **A. Alexandrou, M. Closson, P. Holly, M. Joglekar, K. Rogers, D. Shah, S. Singh**
Maryland Department of Health (MDH)/Behavioral Health Administration (BHA): **K. Jackson, S. Roberson**
Provider Synergies, LLC: **H. Peltier**
Conduent State Healthcare, LLC: **K. Farrakhan, J. Lafranchise**
Health Information Designs, LLC (HID): **R. Boyer, N. Osei-Boateng**

The Maryland Drug Utilization Review (DUR) Board was called to order at 9:20 a.m. on Thursday, September 6, 2018, by the Vice-Chairperson of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

The minutes from the June 7, 2018 DUR Board meeting were approved as presented with no changes.

Maryland Medicaid Pharmacy Program (MMPP)

As discussed at previous meetings, the Department implemented the Unified Corrective Managed Care (CMC) program which addresses participant's aberrant use of controlled substances, regardless if the participant is enrolled under the Fee-For-Service (FFS) program or Managed Care Organization (MCO). Under this program there are uniform lock-in criteria which allow the program to keep participants locked-into CMC when they meet the criteria. The criteria used is the use of six control prescriptions obtained from three different prescribers and filled at three different pharmacies in a one month period. Participants remain locked-in even if they move from FFS to MCO or from one MCO to another. As of August 7, 2018, 1,010 members have been locked-in with a total of 794 providers. This represents a decrease of 3% (31 members) compared to the

number reported at the June DUR Board meeting. This could be a result of some participants graduating from the program and/or some being ineligible. However, these numbers represent the program's success. The decisions taken and measures implemented by the Department in 2016 have been proven to be appropriate and the Department will continue to work towards a common goal which is the well-being of our members.

As previously mentioned at the June meeting regarding opioids, the Department implemented minimum standards for opioid prescribing on July 1, 2017 that apply to both the FFS and the MCOs, in order to combat the overdose epidemic which affects our participants and included coverage of non-opioids to be considered first-line treatment for chronic pain, and prior authorizations for all long-acting opioids, fentanyl, methadone for pain and any opioid prescription that results in a dose exceeding 90 morphine milligram equivalents per day. In addition, a standard 30-day quantity limit for all opioids is set at or below 90 morphine milligram equivalents per day. Exceptions to these standards include participants with a diagnosis of cancer, sickle cell anemia or those receiving palliative care. These standards also do not apply to patients who are in hospice care. The program is progressing as anticipated and facilitating to improve appropriate prescribing of opioids.

It was also noted that on February 1, 2018, the Department went live with the new online formulary hosting service. Formulary Navigator, an online resource provided by Managed Markets Insight and Technology (MMIT), is available through the newly designed website www.mmppi.com as well as via the Maryland Medicaid website. The Department recommends all providers use this valuable and resourceful tool.

Lastly, it was announced that the Program, with assistance from HID, provides a four hour live Continuing Medical and Pharmacy Education (CME/CE) once every year in October. The Department requested assistance by the Board members in disseminating information regarding the free program among their practices and colleagues in the Maryland healthcare field.

The DUR Board members were thanked for their service on the Board and to the Maryland Medicaid Program.

At the end of the MMPP updates, the DUR Board discussed other diagnoses that could be considered an excluded disease state for the Minimum Standards for Opioid Prescribing Program, specifically a diagnosis of Interstitial Pulmonary Fibrosis (IPF). It was determined this diagnosis would fall under the palliative care exclusion for this program. Discussion also occurred regarding the ease of obtaining an approval through the prior authorization process and the Department stated that the process is not designed to prevent all utilization of opioids; it is meant to facilitate the clinical evaluation and rationale for appropriate use of higher doses of opioids.

Conduent State Healthcare, LLC

Conduent presented a summary of therapeutic duplication edits for the use of benzodiazepines and clonazepam, a summary of Preferred Drug List (PDL) new prior authorizations (PA) requests and a summary of prospective drug utilization review (ProDUR) edits for the second quarter of 2018. Before providing the summary of PDL PAs and ProDUR edits' information, Conduent briefly described the algorithm used to gather reporting data for the DUR conflicts, interventions and

outcomes that are presented at the Board meetings.

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported that 88% of these alerts were overridden at the point of sale by the pharmacy provider during the reporting period, which is consistent with previous quarters. Pharmacy providers are required to input the correct ProDUR codes at point of sale (POS) to override the therapeutic duplication alert.

Antidepressants (other) had the highest number of new PDL PA requests for the second quarter of 2018. It was clarified that this class does not include antidepressants that are selective serotonin reuptake inhibitors (SSRI) or tricyclic antidepressants (TCA). This increase, in part, was attributed to an increase in utilization of Viibryd®, Trintellix and desvenlafaxine succinate. Opiate dependence treatment agents continue to be in the top ten PA requests, with an increase in the number of requests for Sublocade™. It was reported that 89% of the new PDL PAs for the second quarter of 2018 fell into ten therapeutic classes. Two PDL therapeutic classes were new to the top 10 list for the reporting period: phosphate binders and related agents, and neuropathic pain. The information reviewed is the number of PDL PA requests approved and does not include the number of requests or denials.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the second quarter of 2018. Regarding therapeutic duplications, anticonvulsants and antidepressants represented the majority of therapeutic duplication alerts which is consistent with previous quarters. Antidepressants represented over one third of the early refill alerts this quarter. Additionally, it was noted that number of early refill alerts for antianxiety medications decreased while the number for gabapentin increased during the reporting period. Denied claims for early refills require the provider to contact the Conduent call center for an override. The majority of drug-drug interaction alerts involved an antidepressant, with 39% involving a selective serotonin reuptake inhibitor (SSRI). A summary of intervention codes related to therapeutic duplications, early refills and drug-drug interactions was provided.

Information regarding the PDL PA requests, therapeutic duplication, early refill and drug-drug interactions alerts were provided to the DUR Board members prior to the meeting.

Reports were presented on cost avoidance estimates and call center volume for the second quarter of 2018.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the March 2018 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the first quarter of 2018 and future retrospective DUR interventions for the Maryland Medicaid fee-for-service population.

<u>Review of Action Items from March 2018 DUR Board meeting:</u>

Two options were presented to the Board regarding updating the RDUR intervention letters to help those receiving the letter easily identify the prescription claims that are attributed to him/her. The first option inserts the provider identification (ID) number for the provider that the letter is

addressed to. This option is relatively easy to implement and would not change the letter length. The second option is to input the provider name and phone number associated with the provider ID number instead of using a number in the patient profile portion of the letter. This option would take time to implement and would likely significantly increase the length of the patient profile as more lines will be added for each prescription claim. The Board discussed each option with input from the Department. The Board ultimately requested that the provider and pharmacy name be displayed in the patient profile only. It was recommended that this option be tested and examples be provided for review.

Other action items reviewed included outcomes of RDUR interventions for the second quarter of 2018. The intervention outcomes process is initiated during 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. These 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, a 91% overall decrease in duplicate use was reported. It was recommended that this intervention continue based on successful results and expected decreased adverse effects to participants. The DUR Board agreed with the recommendation.

Outcomes of the RDUR intervention that identifies participants utilizing an opioid, benzodiazepine and carisoprodol-containing product were reported as well. The number of participants identified by this criterion continues to be low, potentially due to previous interventions that addressed the use of opioids and muscle relaxants taken concurrently and risk of additive adverse effects. For the reporting period (2nd quarter of 2018), there was a 67% reduction in triple-therapy. It was recommended that this intervention continue for another quarter to further assess outcomes. The DUR Board discussed this recommendation as the number of participants identified is very low, but overall agreed that the significant reduction in triple therapy makes it a worthwhile intervention. This intervention will continue.

Finally, outcomes from the RDUR intervention focusing on appropriate antilipemic therapy were presented. This intervention focused on non-adherence to a prescribed antilipemic agent as well as therapeutic appropriateness of an antilipemic agent. For the latter, participant profiles were reviewed and flagged to identify those who may be eligible for antilipemic therapy based on concomitant medications or diagnoses but were not prescribed an agent. Similar to other interventions, after the suppression period there was a significant decrease in the identified therapeutic problem. For the non-adherence portion of the intervention, 91% of those participants identified were no longer non-adherent to the prescribed antilipemic agent. Additionally, 57% of participants who were not prescribed an antilipemic agent prior to the intervention were now receiving therapy.

Summary of Active Interventions:

Active interventions for the second quarter of 2018 include: therapeutic duplication of sedative/hypnotic agents; concurrent use of an opioid, benzodiazepine and carisoprodol; therapeutic duplication of tricyclic antidepressants; sub-therapeutic use of quetiapine; and, concurrent use of a stimulant and sedative/hypnotic agent.

Retrospective DUR Quarterly Summary:

During the second quarter of 2018, educational intervention letters were sent to prescribers and pharmacy providers for duplicate sedative/hypnotic use and concurrent use of an opioid, benzodiazepine and carisoprodol-containing product. A total of 114 participants were flagged for intervention this quarter. Overall, 31% of prescribers and 26% of pharmacy providers responded to the educational outreach, which is voluntary. Many prescribers noted that the participant would be contacted to discuss the drug therapy issue identified or that the therapeutic issue would be resolved, while the majority of pharmacy providers indicated that the participant would be counseled concerning the therapeutic issue identified.

Future Retrospective DUR Intervention Discussion:

New clinical criteria available from HID was presented to the Board for addition to the monthly claims data analyses performed by HID. The Board agreed to add the following criteria: overutilization of Arnuity™ Ellipta; and, Austedo™ and Ingrezza® drug to drug interaction. These will be monitored for potential future interventions. An additional criterion was recommended to add to the monthly claims analyses: education regarding increased risk of fundic gland polyps with long-term proton pump inhibitor therapy. After discussion, the Board requested more information regarding the strength of clinical research behind this recommendation. This information will be provided to the Board for further evaluation of this criteria.

The following intervention topics were discussed by the Board:

1. Concurrent use of gabapentin and pregabalin

2. Concurrent use of medium-high dose gabapentin and an opioid

These interventions were discussed at the previous meeting and created by HID as requested by the Board. An overview of each intervention was provided. The Board approved the initiation of both interventions.

Other Business

Two guest speakers were invited to the DUR Board meeting to provide information related to the Prescription Drug Monitoring Program (PDMP). Kate Jackson, Director of PDMP, and Sarah Roberson, Assistant Director of PDMP, provided information related to the new regulations regarding provider monitoring using the PDMP. Recent updates include mandatory registration by providers with the Chesapeake Regional Information System for our Patients (CRISP), which is where the PDMP data is electronically available. Both pharmacists and prescribers are now required to access the PDMP via CRISP in conjunction with the prescribing and dispensing of all controlled substances. Multiple resources are available for providers that detail the specifics of monitoring. The Board was able to ask clarifying questions regarding the PDMP use mandate. Ms. Jackson and Ms. Roberson were thanked by the Board for attending the meeting and participating in a discussion regarding the PDMP.

The Department provided details regarding the annual live CME/CE program which will be held on October 27, 2018 at St. Agnes Hospital Alagia Auditorium. The presenters will provide updates for the management of HIV, including therapeutic guideline updates, new developments in antiretroviral therapy, overview of medication safety concerns with antiretrovirals and mental health concerns in this population. Once continuing education credits are approved the Board will be provided information on how to register for the program.

There being no additional business, the meeting was adjourned at 11:27 a.m.