Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, September 5, 2019
Meeting Minutes

Maryland Drug Utilization Review (DUR) Board: **M. Healy, B. Hose, C. Lefebvre, M. McDonald, N. McGarvey, J. O'Leary, C. Onyewu, S. Papesh, B. Shaw**
Maryland Medicaid Pharmacy Program (MMPP): **A. Alexandrou, M. Closson, P. Holly, M. Joglekar, L. Karanja, K. Rogers, D. Shah, S. Singh**
Office of Prescription Drug Monitoring Program (PDMP) and Overdose Prevention Applied Data Program: **A. Gribble, S. Roberson**
Provider Synergies, LLC: **H. Peltier**
Conduent State Healthcare, LLC: **J. Lafranchise, S. Kapur**
Health Information Designs, LLC (HID): **R. Boyer, N. Osei-Boateng**
Owl Creek Consulting: **L. Adelhardt**

The Maryland Medicaid Drug Utilization Review (DUR) Board was called to order at 9:15 a.m. on Thursday, September 5, 2019, by the Vice Chair of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

The minutes from the June 6, 2019 DUR Board meeting were approved as presented.

Maryland Medicaid Pharmacy Program (MMPP)

Since the implementation of the Unified Corrective Managed Care Lock-in Program, the Department is actively monitoring the questionable controlled drug substance usage patterns of enrollees under the State plan and facilitating an improvement of appropriate practices. As of August 7, 2019, a total of 745 members have been locked in with 616 providers, which represents a decrease of around 5% (43 members) as compared to the number reported in June.

Based on the regulations under the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT ACT), the Department is expanding the program to include health care providers prescribing medications to enrolled individuals and pharmacies dispensing medications to enrolled individuals. The SUPPORT ACT

requires State Medicaid Programs, and Managed Care Organizations (MCOs), to have in place:

- Claims Review Requirements such as Safety Edits including Early, Duplicate, and Quantity Limits for subsequent fills for opioids prospectively and a claim review automated process.
- Prospective Maximum Daily Morphine Milligram Equivalent (MME) Safety Edits and a claim review automated process.
- Concurrent Utilization Alerts that requires states to have an automated process for claims review that monitors when an individual enrolled under the State plan is concurrently prescribed opioids and benzodiazepines or opioids and antipsychotics.

New federal regulations and requirements also mandate that all MCOs form a Committee, for example, a DUR Board similar to the one Maryland Fee-for-Service (FFS) Program has, to provide oversight of DUR activities. A report of DUR activities are to be submitted to the Centers for Medicare & Medicaid Services (CMS), as Maryland FFS Program has been doing.

Effective July 1, 2019, the Department expanded the Hepatitis C coverage and started treating patients with a fibrosis score of F1 and children under 21 years old with fibrosis score of F0. Effective January 1, 2020, the Department is further expanding the coverage criteria and will start treating patients with Fibrosis score of F0 with a diagnosis of Chronic Hep C.

Extensive planning is underway to launch a statewide anti-diabetic campaign in the near future. This campaign will direct action across the State to prevent the onset and consequences of diabetes.

The Department re-procured the Drug Utilization Review contract this year, continuing services with Health Information Designs, LLC. (HID). Effective July 2018 HID became a fully owned subsidiary of KEPRO (Keystone Peer Review Program).

The DUR Board members were thanked for their expertise and participation on the 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 second quarter of 2019.

Prospective Drug Utilization (ProDUR Alerts)

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported that 86% of these alerts were overridden at the point of sale by the pharmacy provider during the second quarter of 2019, which is consistent with previous quarters.

Eighty-nine percent (89%) of new Preferred Drug List prior authorizations (PDL PA) fell into ten therapeutic categories. Antidepressants (other) had the highest number of new PDL PA requests for the second quarter of 2019, although the number of requests had decreased compared to the previous quarter reported. A full listing of all PDL PA requests for the second quarter of 2019 was

presented to the Board.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the second quarter of 2019. Regarding therapeutic duplications, antidepressants, other represented nearly half of all therapeutic duplication alerts (49%), which is consistent compared to previous quarters. The Board was reminded that pharmacy providers are required to input the correct ProDUR codes at point of sale to override the therapeutic duplication alerts. For the reporting period, the most frequent reported intervention and outcome code was that the prescriber was consulted and approved the prescription. For early refills, antidepressants also represented most (53%) of all alerts, which is a slight increase from the previous quarter. Any early refill alert requires the pharmacist to contact the claims processor to obtain an override. Most drug-drug interaction alerts (34%) involved selective serotonin reuptake inhibitor (SSRI), which is a decrease from last quarter, followed by antidepressants, other. The most frequent reported intervention and outcome code for drug-drug interactions was that the prescriber was consulted and approved the prescription. A summary of intervention codes related to therapeutic duplications, early refills, and drug-drug interactions was provided.

Cost avoidance estimates were also presented. The call center saw an increase in volume in the second quarter of 2019 over the previous quarter.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the June 2019 meeting, an overview of active interventions, a retrospective DUR intervention summary for the second quarter of 2019, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

A new provider letter was distributed for review and approval which provides more options for improved screening tools and provider references for substance use disorders. Comments included to change substance abuse to substance use, add link to the Maryland Addiction Consultation Service (MACS) – the University of Maryland program to assist with substance use treatment, and update the URL for PDMP information. The DUR Board approved the letter with the noted changes.

Outcomes of RDUR interventions for the second quarter of 2019 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. 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, 87% of the intervention cohort discontinued use of more than one agent, which is consistent with previous quarters. It was recommended that this intervention continue based on successful results and expected decreased adverse effects on 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. 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 second quarter of 2019, there was a 50% reduction in triple-therapy. It was recommended that this intervention continue even though the number of participants identified continues to be low. The DUR Board agreed that the significant reduction in triple therapy makes it a worthwhile intervention and it should continue.

Results of the concurrent use of an opioid and medium-high dose gabapentin were presented. This intervention identified participants concurrently using an opioid and greater than 900mg gabapentin and the additive risk of adverse effects, including overdose and death. A 45% reduction was seen based on discontinued concurrent use or reduced dose of gabapentin. It was recommended to repeat the intervention quarterly based on the level of reduction and the severity of the problem. The DUR Board approved continuation of this intervention.

A report was presented on the intervention addressing concurrent use of gabapentin and pregabalin. An overall reduction of 77% was seen. It was recommended that this intervention be repeated quarterly. Discussion cited that the intervention letter empowers providers to speak with patients regarding medication concerns. The DUR Board approved continuation of this intervention.

Summary of Active Interventions

Active interventions for the second quarter of 2019 include: duplicative sedative/hypnotic use, concurrent use of opioid, benzodiazepine and carisoprodol, and high dose benzodiazepine.

Retrospective DUR Quarterly Summary

During the second quarter of 2019, educational intervention letters were sent to prescribers and pharmacy providers for duplicate sedative use and high dose benzodiazepine. A total of 630 participants were flagged for intervention this quarter and 1,355 intervention letters were mailed. Overall response rates, which are voluntary, remain consistent with previous quarters (20-25%). The top prescriber responses were that a medication would be discontinued or drug therapy would be reassessed/modified, while pharmacist responses indicated the patient would be counseled and the drug therapy problem was discussed with the provider. While no fraudulent activity was apparent, follow up will be conducted on nine responses to verify that there is no fraudulent activity

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. The DUR Board voted to add all recommended criteria for monitoring as follows:

- Emgality® (galcanezumab-gnlm): Overutilization and Non-adherence
- Aimovig® (erenumab-aooe): Overutilization and Non-adherence
- Ajovy® (fremanezumab-vfrm): Overutilization and Non-adherence
- Spravato™ (esketamine): Drug/disease interactions

- Symfi™ and Symfi Lo™ (efavirenz/lamivudine/tenofovir disoproxil): Non-adherence and Therapeutic Appropriateness – complete regimen
- Dovato® (dolutegravir/lamivudine): Non-adherence and Therapeutic Appropriateness – complete regimen

As previously mentioned regarding the changes to the federal Support for Patients and Communities Act (HR6) amended Section 1902 of the Social Security Act pertaining to drug utilization review requirements for all Medicaid plans, criteria was presented to monitor the concurrent use of opioids and benzodiazepines and the concurrent use of opioids and antipsychotics. The DUR Board voted to add to monthly monitoring both criteria. Board members also requested a full list of the benzodiazepines that are included in the criteria.

The potential interventions suggested by the DUR Board members at the June 2019 meeting were researched and a summary of the results was presented. After discussing the potential impact of the ideas presented, the Board decided to continue monitoring the long-term use of proton pump inhibitors and increased risk of fundic gland polyps and drug therapy problems associated with the use of respiratory inhalers for management of asthma and COPD. The Board also approved initiating monitoring for overutilization of riluzole and therapeutic appropriateness of memantine (Namenda®).

Recommendations were provided to the Board for interventions to be initiated in the fourth quarter of 2019, and include overutilization of gabapentin (dosing recommendations for Gabapentin IR, Gralise®, and Horizant®), concurrent use of gabapentin and pregabalin, concurrent use of an opioids and medium-high dose gabapentin and non-adherence to asthma/COPD maintenance therapy. The Board approved all recommended interventions

Other Business

New officers of the DUR Board will be elected at the December meeting. The Board was asked to send nominations to Dr. Boyer. Members must have two years remaining in their term to be nominated.

The continuing education offering for providers this year will be held on Saturday morning, December 7, 2019, at the Delta Hotel Baltimore North. It will be a two-hour event on Hepatitis C treatment with comorbid conditions. Dr. Eleanor Wilson will be speaking. The seminar will be streamed live to offer participants the opportunity to attend on location or view from a computer of their preference. Continuing education credits will be available.

Attendees were thanked for their service to the State of Maryland and the Maryland Department of Health.

The next meeting of the DUR Board will be December 5, 2019.

There being no additional business, the meeting was adjourned at 10:33 a.m.