Office of Pharmacy Services
Drug Use Review (DUR) Board
Thursday, December 5, 2019
Meeting Minutes

Maryland Drug Utilization Review (DUR) Board: **K. Dodge, M. Healy, B. Hose, C. Lefebvre, N. McGarvey, M. McPherson, J. O'Leary, C. Onyewu, S. Papesh, B. Shaw**
Office of Pharmacy Services: **A. Alexandrou, P. Holly, M. Joglekar, L. Karanja, K. Rogers, D. Shah, S. Singh**
Provider Synergies, LLC: **H. Peltier**
Conduent State Healthcare, LLC: **K. Farrakhan**
Health Information Designs, LLC (HID): **R. Boyer, T. Callaway, S. Donald, N. Osei-Boateng**
Owl Creek Consulting: **L. Adelhardt**

The Maryland Medicaid Drug Use Review (DUR) Board was called to order at 9:16 a.m. on Thursday, December 5, 2019, by the Chair of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

The minutes from the September 5, 2019 DUR Board meeting were approved as presented.

Office of Pharmacy Services Update

The Department reported that the Maryland Medicaid Pharmacy Program has been renamed to the Office of Pharmacy Services (OPS).

Since the implementation of the Unified Corrective Managed Care lock-in Program, the Department is actively monitoring the questionable control substance usage patterns of enrollees under the State plan. This Program is working as anticipated and facilitating to improve appropriate practices. As of November 7, 2019, a total of 644 members have been locked in with 535 providers, which represents a decrease of almost 14% (101 members) as compared to the number reported at the September DUR Board meeting. The Department's goal has always been the well-being of program members and providing utmost cost-effective care to all participants in timely manner.

As previously reported, 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 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, and
- Concurrent Utilization Alerts that require 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.

Each Managed Care Organization (MCO) within a state shall operate a DUR Program that complies with these requirements and submit the activity report to CMS every year by June end.

Effective July 1, 2019, the Department expanded the Hepatitis C coverage and started treating patients with a fibrosis score of F1 and children less than 21 years of age with a fibrosis score of F0. Based on the Senate Bill (SB) 598, the Department is further expanding the coverage criteria and will start treating patients with Fibrosis score of F0 with a diagnosis of chronic Hepatitis C effective January 1, 2020.

Effective January 1, 2020, pharmacy claims for HIV/AIDS medications will no longer be carved out and covered by the Maryland Medicaid Fee-for-Service program and must be submitted to the appropriate HealthChoice MCO plan. This is similar to how it is currently being done for other MCO-covered medications. From January 1, 2020 through June 30, 2020 there will be a "soothing period" during which the MCOs will continue their members' existing antiretroviral therapy without changes. However, during this period, new patients placed on antiretroviral therapy will be subject to the MCOs' HIV/AIDS medication requirements, such as quantity limits or prior authorization.

DUR board members were thanked for their expertise and dedication of time to participate on the Board.

Conduent State Healthcare, LLC

Conduent presented a summary of therapeutic duplication alerts for the use of benzodiazepines and clonazepam, a summary of Preferred Drug List (PDL) prior authorization (PA) requests, and a summary of prospective drug utilization review (ProDUR) edits for the third quarter of 2019.

Summary of Therapeutic Duplication Alerts (ProDUR Alerts)

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported that 85% of these alerts were overridden at the point of sale by the pharmacy provider during the third quarter of 2019, which is consistent with previous quarters.

Summary of PDL PA Requests

Eighty-nine percent (89%) of new PDL PA fell into ten therapeutic categories. Antidepressants (other) had the highest number of new PDL PA requests for the third quarter of 2019. The number of requests had decreased 10% compared to the previous quarter reported. Opioid use disorder (OUD) medication requests decreased 46%. This decrease was largely attributed to the change in preferred status of OUD medications, effective July 1, 2019. Hypoglycemic insulins replaced bronchodilators in the top ten list. A full listing of all PDL PA requests for the third quarter of 2019 was presented to the Board.

Summary of Prospective Drug Utilization (DUR) Edits

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the third quarter of 2019. Regarding therapeutic duplications, antidepressants, other represented more than half of all therapeutic duplication alerts (57%), which is slightly higher compared to previous quarters. 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 nearly half (47%) of all alerts, which is a slight decrease from the previous quarter. Any early refill alert requires the pharmacist to contact the claims processor to obtain an override.

For drug-drug interaction, most interaction alerts (37%) involved selective serotonin reuptake inhibitor (SSRI), which is an increase 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 a slight increase in volume in the third quarter of 2019 over the previous quarter. Increases typically occur in January and July following the release of an updated PDL.

Health Information Designs, LLC

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

Review of Action Items

Outcomes of RDUR interventions for the third 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, 90% of the intervention cohort discontinued use of more than one agent, which is higher than 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 to continue this monthly intervention.

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. For the third quarter of 2019, there was one participant using one provider and one pharmacy, which was determined as not abusive. It was recommended that this intervention continue due to the high risk involved. The DUR Board agreed that the significant reduction in triple therapy makes it a worthwhile intervention and it should continue.

Overview of Active Interventions

Active interventions for the third quarter of 2019 include: 1) duplicate sedative use, 2) concurrent use of an opioid, benzodiazepine and carisoprodol, 3) high dose benzodiazepine, 4) concurrent gabapentin and pregabalin, 5) high dose gabapentin, and 6) opioid and med-high dose gabapentin. Records have been reviewed to identify participants and letters have been sent for all interventions with results to be presented at the March meeting.

Retrospective DUR Quarterly Summary

During the third quarter of 2019, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) concurrent use of opioid, benzodiazepine and carisoprodol, and 3) concurrent gabapentin and pregabalin. A total of 316 participants were flagged for intervention this quarter and 877 intervention letters were mailed. Overall response rates, which are voluntary, was lower than previous quarters (7-23%), however more responses are expected as the mailing had recently been sent. The top prescriber responses were that the prescriber will reassess and modify therapy, and that the prescriber discontinued medications. The top pharmacist response was that the patient would be counseled at next visit. No issues of fraudulent activity were found.

Future Retrospective DUR Intervention Discussion

New 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:

- Sympazan® (clobazam)
  Overutilization, Therapeutic Appropriateness, Nonadherence, Drug-Drug Interactions
- Cimduo® (lamivudine/tenofovir disoproxil fumarate)
  Nonadherence

No further interventions were recommended by the Board at this time.

Election of Officers

Dr. McPherson has completed her term as Chairperson. The floor was opened to nominations for Chairperson and Vice Chairperson. Sara Papesh was nominated as Chairperson and elected unanimously. Neil McGarvey was nominated and elected as Vice Chairperson. Dr. McPherson was thanked for her service as Chairperson.

Other Business

The fall *Pharmacy News and Views* newsletter was distributed, noting features on coverage for antiretrovirals and the new SUPPORT ACT mandates.

The continuing education seminar on *Hepatitis C Treatment with Comorbid Conditions,* will be held on Saturday, December 7, 2019, at the Delta Hotel Baltimore North. It offers two ACPE or CME CE credits for the two-hour seminar. Dr. Eleanor Wilson, Associate Professor, University of Maryland School of Medicine, will be speaking. For the first time the seminar will be streamed live to offer participants the opportunity to attend on location or view from a computer of their preference.

The Board was asked to submit suggestions for education topics for the next seminar, which will be a four-hour program tentatively scheduled in April 2020.

The next meeting of the DUR Board will be March 5, 2020 at the Delta Hotels Baltimore North, Woodlawn room.

Attendees 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 10:05 a.m.