Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, June 4, 2020
Meeting Minutes

DUR Board Members: K. Dodge, M. Healy, B. Hose, C. Lefebvre, M. McDonald, 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: H. Peltier
Conduent State Healthcare, LLC: K. Farrakhan, J. Lafranchise
Health Information Designs, LLC (HID): R. Boyer, N. Osei-Boateng
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, June 4, 2020, by the Chair of the Board.

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 the March 5, 2020 DUR Board meeting were approved as presented.

Office of Pharmacy Services

The Department salutes and expresses its gratitude to the frontline healthcare professionals who have been fighting COVID-19 and putting their and their family's lives at stake to care for Marylanders battling this unpredictable virus. The Department strongly anticipates that Maryland will come out of this pandemic stronger and healthier than ever before.

To assist medical care providers and pharmacies in meeting challenges of the COVID-19 pandemic and to ensure Maryland Medicaid participants continue to have access to their medications, the Department implemented multiple decisive measures such as:

- Temporary waiver of early refill edits allowing one time 30-day early refill supply and up to 90-day supply on maintenance medication.

- 14-day emergency supply if the prescriber is unable to obtain the necessary preauthorization due to COVID-19.
- Waiving signature requirements for medication deliveries to participants.
- Temporary Non-Enforcement of certain Pharmacy Preauthorization Requirements that are pursuant to COMAR 10.09.03.06(A)(1), (5), and (9).
- Allow pharmacists to collect specimen for COVID-19 testing and bill for this service through the point of sale system. Providers and participants can visit https://mmcp.health.maryland.gov for additional information.

Since the implementation of the Unified Corrective Managed Care Lock-in Program, the Department actively monitors the questionable usage of controlled substances by enrollees under the State plan to improve appropriate practices. As of May 7, 2020, 637 members are locked in with 524 providers. The Department's goal remains the well-being of its members and providing cost-effective care to all the participants in timely manner.

As of January 1, 2020, Maryland Medicaid has expanded coverage for Hepatitis C treatments by allowing fibrosis score of F0, which includes the entire population across Medicaid including Managed Care Organizations (MCOs) and working towards having a complete handle on this disease state.

Also, as of January 1, 2020, all claims for HIV/AIDS medications for MCO enrollees are being processed and paid for by the MCOs. Due to extensive outreach efforts and effective management, the Department did not have any issues arise during this transition and has been able to provide optimal patient care with minimal to no impact on the participants.

The Office of Pharmacy Services provides live continuing medical education to interested prescribers and continuing education to interested pharmacists every year at no cost. A four-hour live program on stimulants will be conducted virtually in July. Details can be found at www.mmppi.com.

Board members were thanked for accommodating this new virtual arrangement in their busier than usual schedule and taking the time to participate in today's meeting.

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 2020.

Summary of Therapeutic Duplication Alerts (ProDUR)

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 first quarter of 2020, which is consistent with previous quarters.

Summary of PDL Prior Authorization Requests

During the first quarter, 5,431 new PDL prior authorization (PA) approvals were authorized. The top ten therapeutic categories accounted for 90% of the new PDL PAs. Antidepressants (other) had the highest number of requests. The number of requests had a decrease of 20% compared to the fourth quarter of 2019, but consistent with the first quarter of 2019. The top five therapeutics classes remained the same as the previous quarter. A full listing of all PDL PA requests for the first quarter of 2020 was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for therapeutic duplications, early refill alerts, and drug-drug interactions for the first quarter of 2020. Regarding therapeutic duplications, antidepressants represented over half of all alerts (57%), which is consistent with previous quarters. For early refills, antidepressants also represented most of all alerts (56%), which is consistent with the previous quarter. Most drug-drug interaction alerts (34%), involved a selective serotonin reuptake inhibitor (SSRI), followed by antidepressants, other (27%). These two therapeutic classes account for 61% of the alerts. A summary of intervention codes related to therapeutic duplications, early refills, and drug-drug interactions was provided.

Cost avoidance estimates were presented for the first quarter of 2020. The call center experienced an increase in January attributed to the new PDL, which is typical for January and July.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the March 2020 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the first quarter of 2020, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the first quarter of 2020 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, those in the intervention group with active Medicaid coverage after the suppression period had an 85% reduction in the use of duplicate therapy. This intervention will continue to be completed

monthly and results will be reported as they become available.

For the intervention addressing concurrent use of an opioid, benzodiazepine and carisoprodol, the patient that was being monitored moved out of the Medicaid system, so results are unavailable to report. There was no incident of fraud or abuse detected. This intervention will continue to be completed monthly and results will be reported as they become available.

For the intervention that identifies high dose benzodiazepine utilization, after the suppression period, there was a 37% reduction in the use of high dose therapy (defined as the equivalent of 40mg of diazepam) and positive change in prescribing behavior reported at the March 2020 meeting. Following up on the board's request for more information on the diagnosis information for those participants, 200 participants were identified. A random sampling showed that over 50% had a diagnosis of seizure. Most all had another substance use disorder diagnosis recorded, most frequently alcohol use disorder. Results were based on available claims data.

Summary of Active Interventions

Active, ongoing interventions for the first quarter of 2020 include: 1) duplicate sedative use, 2) concurrent use of an opioid, benzodiazepine and carisoprodol, 3) concurrent use of gabapentin and pregabalin, 4) high dose gabapentin, and 5) opioid and med-high dose gabapentin. All interventions are recurring except the singular six-month high dose gabapentin. Intervention outcomes for all active interventions will continue to be shared at future quarterly meetings as it becomes available.

Retrospective DUR Quarterly Summary

During the first quarter of 2020, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) concurrent gabapentin and pregabalin use, and 3) opioid and medium-high dose gabapentin use.

The intervention for duplicative sedative use saw the number of participants selected for intervention significantly lower due to more participants switching medications this quarter compared to previous. A total of 35 participants were flagged for intervention and 190 intervention letters were mailed, with an average response rate of 16% (prescribers) and 30% (pharmacies). The top responses were "Prescriber discontinued medications" and "Pharmacist will counsel patient at next visit". Responses were lower for providers but higher for pharmacists from last quarter.

A total of 151 participants were flagged for concurrent gabapentin and pregabalin utilization. Four hundred fifty-eight (458) intervention letters were mailed, with a response rate of 17% (prescribers) and 34% (pharmacies). The top response was "Prescriber discontinued medications" and "Spoke to prescriber, expect modification in therapy".

For concurrent use of opioid and medium-high dose gabapentin, a total of 144 participants were flagged for intervention this quarter and 431 intervention letters were mailed, with an average response rate of 10% (prescribers) and 23% (pharmacies). The top response was "Benefits of the drug outweigh the risk" and "Pharmacist will counsel patient at next visit".

Future Retrospective DUR Intervention

Recommendations for monitoring of new criteria under clinical criteria maintenance were presented as follows:

- Caplyta® (lumateperone) [schizophrenia]
    - Overutilization, Underutilization
- Rybelsus® (semaglutide) [Type 2 diabetes]
    - Underutilization

The DUR Board voted to add the above criteria to the monthly claims cycle review.

At the March meeting, the Board suggested two additional topics be considered, concurrent stimulants and sedatives, and albuterol inhalers. Upon investigation, the benefits and limitations of both topics were presented and no recommendation to initiate an intervention for these topics was made at this time.

Other Business

Planning is underway for the next continuing education virtual seminar on Saturday, July 11, 2020, with presentations beginning at 9:00 am and concluding 1-1:30 pm. Registration will open soon on www.mmppi.com. This is a free program offering four continuing education credits for both providers and pharmacists. "Stimulants: A Therapeutic Class Review". Ronald Means, MD will begin with Management of ADHD and Use of Stimulants. Megan Ehret, PharmD, MS, BCPP will follow covering Stimulant Pharmacology. Enrique Oviedo, MD, FASAM will be the final speaker presenting Misuse of Stimulants.

Three DUR board members will be completing their second term this year, which is the maximum allowed. This will open seats for two physicians and one pharmacist. Recommendations for new members should be sent to Dr. Boyer.

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 September 3, 2020. There being no additional business, the meeting was adjourned at 10:10 a.m.