Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, September 3, 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 (OPS)**:* A. Alexandrou, P. Holly, M. Joglekar, L. Karanja, K. Rogers, D. Shah, S. Singh
Provider Synergies, LLC: H. Peltier
***Conduent State Healthcare, LLC**:* J. Sheen
***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, September 3, 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 June 4, 2020 DUR Board meeting were approved as presented.

Office of Pharmacy Services

To assist medical care providers and pharmacies in meeting the challenges of the COVID-19 pandemic and make sure that Maryland Medicaid participants continue to have access to needed medications, the Office of Pharmacy Services (OPS) implemented multiple 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 medications; 14-day emergency supply if the prescriber is unable to obtain the necessary preauthorization due to COVID-19; signature-less deliveries of medication to participants; and temporary non-enforcement of certain Pharmacy Preauthorization Requirements pursuant to Code of Maryland Regulation section 10.09.03.06(A)(1), (5), and (9). In addition, starting May 29, the Secretary of the Department of Health issued a directive to allow pharmacists to collect specimens for COVID-19 testing. The Point of Sale vendor has programmed their system to allow pharmacies to bill for this service. Additional information for providers and participants is available from the

Maryland Medicaid Program's website at https://mmcp.health.maryland.gov.

Since the implementation of the Unified Corrective Managed Care lock-in Program, the Department is actively monitoring the questionable usage of controlled substances by enrollees under the State plan. The program is working as anticipated and facilitating the improvement of appropriate practices. As of July 8, 2020, a total of 569 participants are locked-in with 477 providers, out of which only 27 participants are from the Fee-for-Service program. This represents a reduction of more than 10% (68 participants) as compared to the number reported at the June DUR Board meeting. The Department's goal remains the well-being of members and providing utmost cost-effective care to all the participants in a timely manner.

The Centers for Medicare and Medicaid Services issued a New Proposed Rule Making (NPRM) on June 19, 2020 with requirements to establish safety edit limitations on the days' supply for an initial prescription opioid fill for beneficiaries who have not filled an opioid within a defined time period. The NPRM also proposed to have comprehensive Dose Optimization requirements in place to avoid unnecessary use of opioids and minimize the pill burden that includes consolidating the quantity dispensed to the smallest amount required to achieve the desired daily dose. Further updates and requirements will be presented should the proposed regulations are passed by Congress and become law.

The OPS provides live continuing education for prescribers and pharmacists every year at no cost and is planning a live event for February or March 2021.

The DUR board members were thanked for their expertise and time in participating in this Committee.

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 2020.

Summary of Therapeutic Duplication Alerts (ProDUR)

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported that 87% of these alerts were overridden at the point of sale by the pharmacy provider during the second quarter of 2020, which is consistent with previous quarters.

Summary of PDL Prior Authorization Requests

During the second quarter, 2,544 new PDL prior authorization (PA) approvals were authorized. The number is significantly down for the year as a result of the lifting of restrictions during the pandemic. The top ten therapeutic categories accounted for 90% of the new PDL PAs. Antipsychotics had the highest number of requests, replacing anti-depressants, other, which moved to fourth place. The number of requests decreased compared to the first quarter of 2020. A full listing of all PDL PA

requests for the second 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 second quarter of 2020. Regarding therapeutic duplications, selective serotonin reuptake inhibitor (SSRI) represented the highest of all alerts (41%), replacing antidepressants which were at 57% last quarter. For early refills, SSRI (34%) again replaced antidepressants (20%) for most of all alerts compared to the first quarter of 2020. Most drug-drug interaction alerts (41%), involved a SSRI, followed by antipsychotics (25%). A summary by DUR conflict, intervention and outcome was reported. Cost avoidance estimates were presented for the second quarter of 2020. The Call Center experienced a decrease in the second quarter, typical of the cyclical nature based on the release of PDL changes.

Health Information Designs, LLC

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

Review of Action Items

Outcomes of RDUR interventions for the second 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. 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.

For the intervention that identifies therapeutic duplication of sedative/hypnotic agents, the percentage of recurrence average is similar to previous quarters at 10%. 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 numbers remain low, but the intervention remains highly effective. 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 concurrent use of gabapentin and pregabalin, a total of 243 participants were flagged for intervention this quarter and of the 187 participants active within the system after the suppression period, a 70% reduction in concurrent therapy was noted. This is a strong and effective educational effort and will continue on a quarterly basis.

Results of the intervention addressing opioid and medium-high dose gabapentin use showed a 35% reduction in continuation of concurrent therapy in the 97 participants active in the Medicaid system

after the suppression period. This is similar to the previous intervention. It was recommended that the intervention continue to highlight the additive risk regarding adverse drug effects with the use of a medium-high dose of gabapentin and any opioid.

For the intervention regarding high dose gabapentin therapy, all 30 participants who remained active in Medicaid were no longer identified as receiving high dose therapy, however, in the follow-up period there were 141 new patients identified. While this intervention is complete, based on results it is recommended to conduct again in the future.

Summary of Active Interventions

Active, ongoing interventions for the second quarter of 2020 include: 1) duplicate sedative use, 2) concurrent use of an opioid, benzodiazepine and carisoprodol, 3) concurrent use of gabapentin and pregabalin, and 4) opioid and med-high dose gabapentin. All interventions are recurring. 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 second quarter of 2020, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) opioid, benzodiazepine and carisoprodol use, 3) concurrent gabapentin and pregabalin use, and 4) opioid and medium-high dose gabapentin use.

The intervention for duplicative sedative use saw a total of 31 participants flagged for intervention and 82 intervention letters mailed, with an average response rate of 17% (prescribers) and 38% (pharmacies). The top responses were “Prescriber discontinued medications” and “Pharmacist will counsel patient at next visit”.

Only one participant was flagged for opioid, benzodiazepine and carisoprodol use. Three intervention letters were mailed with no responses.

A total of 122 participants were flagged for concurrent gabapentin and pregabalin utilization. Three hundred forty (340) intervention letters were mailed, with a response rate of 22% (prescribers) and 32% (pharmacies). The top response was “Prescriber discontinued medications” and “Spoke to prescriber, expect modification in therapy”.

For the intervention for opioid and med-high dose gabapentin, a total of 123 participants were selected for intervention and 436 letters were mailed, with a response rate of 8% (prescribers) and 28% (pharmacies). The top responses were “Patient has appointment to discuss drug therapy” and “Patient no longer uses pharmacy or sees prescriber”.

Future Retrospective DUR Intervention

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

- Dayvigo® (lemborexant)
  Overutilization, therapeutic appropriateness
- Nexletol® (bempedoic acid)
  Overutilization, underutilization
- Secuado® transdermal system (asenapine)
  Underutilization
- Ubrelvy® (ubrogepant)
  Overutilization
- Oxbryta® (voxelotor)
  Overutilization, underutilization

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

Future RDUR Interventions were presented to the Board and include:

- Use of low dose quetiapine (off label dosing)
- Concurrent sedative/stimulant use
- High dose gabapentin

The DUR Board discussed adding a high dose stimulant intervention. The OPS will research and report results to the Board members prior to the December meeting. Criteria will be reviewed to see what is available. The DUR Board voted to conduct interventions for use of low dose quetiapine (off label dosing), concurrent sedative/stimulant use and high dose gabapentin.

Other Business

Over 280 people attended the virtual live continuing education program "Stimulants: A Therapeutic Class Review" on July 11, 2020. Four continuing education credits were offered for both providers and pharmacists. Ronald Means, MD reviewed "Management of ADHD and Use of Stimulants", Megan Ehret, PharmD, MS, BCPP spoke on "Stimulant Pharmacology", and Enrique Oviedo, MD, FASAM presented "Misuse of Stimulants". As previously mentioned by the Department, planning is underway for the next program, tentatively scheduled in the first quarter of 2021.

Three DUR Board members will complete their second term this year, the maximum allowed, which will open positions on the Board for two physicians and one pharmacist. New member recommendations should be sent to Dr. Boyer. Those eligible for second term were asked to reapply online for second term. The deadline to apply for the Board is September 25, 2020.

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 3, 2020. There being no additional business, the meeting was adjourned at 10:21 a.m.