Office of Pharmacy Services
Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, December 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: A. Alexandrou, P. Holly, M. Joglekar, L. Karanja, A. Kim, D. Shah, S. Singh
Provider Synergies: H. Peltier
Conduent State Healthcare: T. Sanderson, J. Sheen
Health Information Designs, LLC (HID): R. Boyer, S. Donald, 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, December 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 September 3, 2020 DUR Board meeting were approved as presented.

Office of Pharmacy Services

Due to COVID-19 Pandemic, the Office of Pharmacy Services (OPS) has implemented 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 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, as well as temporary non-enforcement of certain Pharmacy Preauthorization Requirements that are pursuant to Code of Maryland Regulation (COMAR), section 10.09.03.06(A)(1), (5), and (9). These measures are being taken to assist medical care providers and pharmacies in meeting current challenges and to ensure that the Maryland Medicaid participants continue to have access to their medications during the pandemic. In addition, starting May 29, pharmacists are allowed to collect specimens for COVID-19 testing and bill for this service through the point of sale system. OPS issued guidance to Pharmacy Providers on administering vaccines based on the recent amendment to

the HHS Health Emergency Declaration. Additional information dedicated to providers and participants is available at https://mmcp.health.maryland.gov.

The OPS recently hired and welcomed an Advanced Practice Pharmacist to join the team, Dr. Angela Kim. OPS is working with the Office of Appointments and Executive Nominations to secure approvals for reappointments and extensions for some of the Board members.

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. This program is working as anticipated and facilitating to improve appropriate practices. As of Nov. 9, 2020, a total of 469 participants are locked in with 408 providers, out of which only 23 participants are in the Fee-for-Service (FFS) program. This represents a reduction of a little over 17% (100 participants) as compared to the number reported at the September DUR Board meeting. The Department's goal is the well-being of members and providing 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. The Department is monitoring activity should the proposed regulations under this NPRM become law.

The OPS provides live continuing medical education to interested prescribers and continuing education to interested pharmacists every year at no cost. The next live event will be held in February 2021.

All DUR board members were thanked for their expertise and dedication to participate on this 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 third quarter of 2020.

Summary of Therapeutic Duplication Alerts

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 trending a little higher with previous quarters.

Summary of PDL Prior Authorization Requests

During the third quarter, 1,737 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 94% of the new PDL PAs. Antipsychotics had the

highest number of requests again this quarter. The number of requests decreased by 36% compared to the second quarter of 2020. A full listing of all PDL PA requests for the third quarter of 2020 was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for the third quarter of 2020. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (42%). For early refills, antidepressants (49%) moved to the top of all alerts, with 76% of alerts accounting for the top three drugs. Most drug-drug interaction alerts (47%) involved antipsychotics. A summary by DUR conflict, intervention and outcome was reported. Cost avoidance estimates were presented. The Call Center experienced an increase in faxes but a decrease in calls since last quarter. Abandoned calls are under 2%.

Health Information Designs, LLC

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

Review of Action Items

Outcomes of RDUR interventions for the third 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 dropped from 10% to 7% this quarter. This low number reflects the effectiveness of the intervention. It was recommended that the intervention continue monthly with results reported as they become available.

There were no profiles identified this quarter for the intervention addressing concurrent use of an opioid, benzodiazepine and carisoprodol. 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 83 participants were flagged for intervention this quarter and after the suppression period, an 80% reduction in concurrent therapy was noted, an improvement of 10% over the last quarter. 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 36% reduction in continuation of concurrent therapy in the 144 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 (>900mg) and any opioid.

The intervention regarding high dose gabapentin therapy is underway with reporting scheduled for September 2021.

Summary of Active Interventions

Active, ongoing interventions for the third 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) opioid and med-high dose gabapentin, and 5) overutilization of gabapentin. All interventions are recurring. Intervention outcomes for all active interventions will continue to be shared at quarterly meetings as results become available.

Retrospective DUR Quarterly Summary

During the third 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) overutilization of gabapentin, and 4) opioid and medium-high dose gabapentin use.

The intervention for duplicative sedative use saw a total of 53 participants flagged for intervention and 127 intervention letters mailed, with an average response rate of 9% (prescribers) and 30% (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. Five intervention letters were mailed with one pharmacy response received. The pharmacy response was “Spoke to prescriber, expect modification in therapy”.

A total of 71 participants were flagged for overutilization of gabapentin and 198 intervention letters were mailed, with a response rate of 12% (prescribers) and 29% (pharmacies). The top response was “Patient has appointment to discuss drug therapy” and “Spoke to prescriber, expect modification in therapy”.

For the intervention for opioid and med-high dose gabapentin, a total of 56 participants were selected for intervention and 175 letters were mailed, with a response rate of 9% (prescribers) and 22% (pharmacies). The top responses were “Patient has appointment to discuss drug therapy” and “Pharmacist will counsel patient at next visit”.

Future Retrospective DUR Intervention

The following new criteria were recommended for monitoring under clinical criteria maintenance:

- *Nexlizet® (bempedoic acid/ezetimibe) - Overutilization, underutilization*
- *Nourianz® (istradefylline) - Overutilization, underutilization*
- *Trijardy® XR (empagliflozin/linagliptin/metformin) - Overutilization, underutilization*

- *Rinvoq® (upadacitinib) - Overutilization, underutilization*
- *Nurtec® ODT (rimegepant) - Overutilization*
- *Drizalma Sprinkle™ (duloxetine) - Overutilization, Underutilization*
- *Therapeutic Appropriateness – naloxone*
    - *Long term (90 days) use of an opioid in a patient with a history of a substance use disorder, without evidence of a current naloxone prescription*
    - *Long term use of an opioid without evidence of a current naloxone prescription*

The DUR Board discussed adding the new criteria and the motion to conduct all those recommended was voted on and passed.

Other Business

HID announced that the next continuing education live event will be held on February 27, 2021. Dr. Eleanor Wilson and Dr. Meagan Deming will be speaking on subjects related to COVID-19. HID also requested that DUR Board members provide an updated W-9 form for 2021.

The OPS reported that there are currently not any clinical criteria for the stimulants class, and work has been delayed as the focus shifted to address Covid-19 issues. For further information, contact Mangesh Joglekar, OPS, or Rachel Boyer, HID.

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 March 4, 2021. There being no additional business, the meeting was adjourned at 10:17 a.m.