Office of Pharmacy Services
Medicaid Pharmacy Program
Drug Utilization Review (DUR)
Board Thursday, June 3, 2021
Meeting Minutes

DUR Board Members: K. Dodge, M. Healy, B. Hose, C. Lefebvre, M. McDonald, N. McGarvey, M. McPherson, C. Onyewu, S. Papesh, B. Shaw
Office of Pharmacy Services (OPS): A. Alexandrou, J. Frank, P. Holly, M. Joglekar, L. Karanja, A. Kim, K. Rogers, D. Shah, Y. Thakur
Provider Synergies: K. Delaney
Conduent State Healthcare: T. Lyons, C. Ogunremi
Health Information Designs, LLC (HID): R. Boyer, L. Frendak
Owl Creek Consulting: L. Adelhardt

The Maryland Medicaid Drug Utilization Review (DUR) Board virtual meeting was called to order at 9:18 a.m. on Thursday, June 3, 2021, 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 4, 2021, DUR Board meeting were approved as presented.

Office of Pharmacy Services

As vaccinations ramp up across our State, and with the most recent announcement from Governor Hogan, the Program strongly anticipates achieving normalcy soon. The Program extended its sincere gratitude and appreciation to all those who have been battling this Pandemic on the frontlines and, express deepest sympathies to all those who suffer a loss due to this pandemic.

Due to COVID-19 Pandemic, the Department implemented multiple decisive measures. The most noticeable recent ones are COVID-19 Vaccine Incentive Fee Increase published on March 23, and Guidance on Testing for COVID-19 by Medicaid Pharmacies. Attendees were highly encouraged to visit Provider Advisories section of the Maryland Medicaid Pharmacy Program's website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx for additional details on multiple measures dedicated to providers and participants.

Dr. Lynn Frendak, CMC Coordinator Pharmacist, KEPRO/HID (Keystone Peer Review Org. /Health Information Designs, LLC.), was introduced and welcomed as a new addition to the Pharmacy Program.

Since the implementation of the Unified Corrective Managed Care lock-in Program, the Department is actively monitoring questionable usage of controlled substances by enrollees under the State plan. The Program is working as anticipated to improve appropriate practices. As of May 7, 2021, a total of 432 participants are locked in with 374 providers, only 23 participants of which are in the Fee-for-Service (FFS) program. This represents a reduction of a little over 5% (26 participants) as compared to the number reported at the March meeting. The Department's goal always has been the well-being of its members and to provide utmost cost-effective care to all the participants in a timely manner.

The Centers for Medicare and Medicaid Services (CMS) published a final rule on 12/31/2020 with multiple minimum standards in Medicaid DUR, requiring the State Medicaid Programs 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 Final Rule also required 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 has been working diligently to implement these measures and the FFS (Fee-for-Service) program, as well as all Maryland MCOs (Managed Care Organizations), are now compliant with the mandates. As per this mandate, the Department implemented the limitations for the initial prescription for opioids. There was a "soothing period" from April 1, 2021, to May 31, 2021, and effective June 1, 2021, FFS Opioid Naïve Participants are limited to a seven-day supply on initial fill for both short and long-acting opioids.

The OPS provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. The Department successfully provided one four-hour live program on February 27, 2021, on "COVID-19 - Prevention to Protection" and had a record number of participants attending the webinar. One additional two-hour live program will be held virtually in September or October of this year. Stay tuned for additional information about the day, date, early registration, website link and other details in near future.

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 2021.

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 first quarter of 2021, which is consistent with previous quarters.

Summary of PDL Prior Authorization Requests

For the first quarter of 2021, 1,099 new PDL prior authorization (PA) approvals were authorized. The top

ten therapeutic categories accounted for 93% of the new PDL PAs. Anticonvulsants replaced antipsychotics for the highest number of requests this quarter. The number of requests decreased by 43% compared to the fourth quarter of 2020. A full listing of all PDL PA requests for the first quarter of 2021 was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for the first quarter of 2021. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (47%). For early refills, antidepressants (64%) continued at the top of all alerts. Most drug-drug interaction alerts (49%) involved antidepressants. A summary by DUR conflict, intervention, and outcome was reported. Cost avoidance estimates were presented. The Call Center experienced a slight increase in faxes and calls since last quarter. Abandoned calls were 1% across all months.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the March 2021 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the first quarter of 2021, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the first quarter of 2021 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- months 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 who remained active in the system had a 93% average discontinuation of duplicate therapy. The participant numbers continue to be low, reflecting the effectiveness of the intervention. It was recommended that the intervention continue monthly with results reported as they become available.

For concurrent use of gabapentin and pregabalin, an 82% reduction in concurrent therapy was noted. This is a strong and effective educational effort and is recommended for continuation on a quarterly basis.

Results of the intervention addressing opioid and medium-high dose gabapentin use showed a 48% reduction in continuation of concurrent therapy, which is similar to the previous intervention. It was recommended that the intervention continue to educate about the additive risk regarding adverse drug effects with the use of a medium-high dose of gabapentin and any opioid.

For the intervention addressing high dose gabapentin, results showed a reduction of 59% in high dose therapy. Considering the high effectiveness rate, this intervention will be considered as a future RDUR intervention option.

Summary of Active Interventions

Active, ongoing interventions for the first quarter of 2021 include: 1) duplicate sedative use (monthly), 2) concurrent use of an opioid, benzodiazepine, and carisoprodol (monthly), 3) concurrent use of gabapentin and pregabalin (quarterly), 4) concurrent use of an opioid and medium-high dose gabapentin (quarterly), and 5) low dose quetiapine utilization. Intervention outcomes for all active interventions will continue to be shared at quarterly meetings as results become available.

Retrospective DUR Quarterly Summary

During the first quarter of 2021, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) opioid and medium-high dose gabapentin use, and 3) concurrent gabapentin and pregabalin utilization. No participants were identified for opioid, benzodiazepine and carisoprodol use. It was noted that first-quarter responses to the intervention letters were higher than in previous quarters.

The intervention for duplicative sedative use saw a total of 73 participants flagged for intervention and 176 intervention letters mailed, with an average response rate of 26% (prescribers) and 30% (pharmacies). The top responses were “Patient has appointment to discuss drug therapy problem” and “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of opioid and med-high dose gabapentin, a total of 38 participants were selected for intervention and 128 letters were mailed, with a response rate of 12% (prescribers) and 28% (pharmacies). The top responses were “Prescriber discontinued medications” and “Pharmacist will counsel patient at next visit”. Follow-up occurred for provider response indicating “Provider did not prescribe drug attributed to him/her” and no fraudulent activity was identified.

A total of 102 participants were flagged for concurrent use of gabapentin and pregabalin, and 298 intervention letters were mailed, with a response rate of 16% (prescribers) and 16% (pharmacies). The top prescriber responses were “Prescriber discontinued medications” and “Patient has appointment to discuss drug therapy”. The top pharmacist response was “Pharmacist will counsel patient at next visit”. Follow-up occurred for provider responses indicating “Provider did not prescribe drug attributed to him/her” and no fraudulent activity was identified.

Future Retrospective DUR Intervention

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

- *Ezallor (rosuvastatin sprinkle) - Overutilization, Underutilization*
- *Emgality (galcanezumab-gnlm) - Overutilization*
- *Aimovig (erenumab-aooe) - Overutilization*
- *Ajovy (fremanezumab-vfrm) - Overutilization*
- *Vyepti (eptinezumab) - Overutilization*
- *Qelbree (viloxazine) - Overutilization, Underutilization*

Following discussion, the motion was made to include all the criteria recommended during the monthly claims review process. The motion passed.

The Board discussed drug use trends and possibilities for future interventions, including calcitonin gene-related peptide receptor (CGRP) antagonist agents utilization, methadone utilization for chronic pain, and amphetamine dosing limits as requested at the March meeting, plus Naloxone interventions and SUPPORT Act criteria review. The motion was made and passed to conduct an intervention for Naloxone and a streamlined intervention for SUPPORT Act criteria.

Other Business

Paul Holly was recognized and thanked for his service as he enters retirement.

The next CME program will be a two-hour event slated for the fall. Board members are encouraged to submit potential topics. In addition, topics will also be considered from the focus groups being conducted this summer.

For the next term of DUR Board membership, openings will be available for one pharmacist and two physicians. Recommendations of potential members should be sent to Dr. Boyer.

DUR Board members 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 2, 2021, at 9:15 a.m. The last meeting date of 2021 will be December 2nd. There being no additional business, the meeting was adjourned at 10:32 a.m.