Office of Pharmacy Services
Medicaid Pharmacy Program
Drug Utilization Review (DUR)
Board
Thursday, September 2, 2021
Meeting Minutes

DUR Board Members: 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 (OPS): A. Alexandrou, I. Frank, M. Joglekar, L. Karanja, A. Kim, K. Rogers, D. Shah
Maryland Department of Health: L. Burgess
Provider Synergies: K. Delaney
Conduent State Healthcare: T. Lyons, C. Ogunremi
Health Information Designs, LLC (HID): R. Boyer, L. Frendak, H Kwon
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 2, 2021, by Sarah Papesh. 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 June 3, 2021, DUR Board meeting were approved as presented.

Office of Pharmacy Services

The Office of Pharmacy Services (OPS) sincerely thanks everyone, especially the DUR Board members, for taking the time to meet in this virtual meeting. As vaccinations ramp up across Maryland, and with the approval of a booster, the OPS strongly hopes to achieve normalcy in the near future. The OPS also wants to extend 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 suffered a loss due to this pandemic.

Due to the COVID-19 Pandemic, the Department of Health implemented multiple decisive measures. Following Governor Hogan's announcement for ending all emergency mandates and restrictions, the Fee-for-Service Medicaid Program rescinded all those emergency mandates and restrictions as of August

15 of this year. Attendees were encouraged to visit the 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 these measures dedicated to providers and participants.

Dr. Rachel Boyer will be leaving Health Information Designs and was thanked for providing clinical support and managing the DUR process in collaboration with the Department. The process is underway of replacing Dr. Boyer with further details to be provided at the December 2021 DUR meeting.

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 July 8, 2021, a total of 423 participants are locked in with 366 providers, out of which only 20 participants are in the Fee-for-Service (FFS) program. This represents a reduction of a little over 2% (9 participants) as compared to the number reported at the June 2021 DUR Board meeting. The Department's goal always has been the well-being of its FFS members and to provide utmost cost-effective care to all the participants in a timely manner.

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 is currently planning to provide a 2-hour Live virtual program in October of this year and encourages the Board to not only participate, but also spread the word among colleagues.

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 2021.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 12,957 alerts, for which 86% were overridden at the point of sale by the pharmacy provider during the second quarter of 2021, which is consistent with previous quarters of rates between 85-90%.

Summary of PDL Prior Authorization Requests

For the second quarter of 2021, 1,015 new PDL prior authorization (PA) approvals were authorized. The top ten therapeutic categories accounted for 91% of the new PDL PAs. Anticonvulsants represent the highest number of requests this quarter. The number of requests was consistent with the first quarter of 2021. A full listing of all PDL PA requests for the second quarter of 2021 was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for the second quarter of 2021. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (79%). For early refills, antidepressants (59%) 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 compared to the previous quarter. Abandoned calls were under 1% across all months.

Health Information Designs, LLC

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

Review of Action Items

Outcomes of RDUR interventions for the second 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-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 who remained active appear to be switching to new agents. Overall, 92% of those in the intervention group had a prescribing change and no longer have claims for concurrent therapy. The participant numbers were 50% lower for the reporting period, 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 duplicate 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 32% 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 low-dose quetiapine, results showed a reduction of 62% in subtherapeutic therapy. While this was a one-time intervention that is now complete, considering the high effectiveness rate, it is recommended for repeating in the future.

Summary of Active Interventions

Active, ongoing interventions for the second 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), and 4) opioid and med-high dose gabapentin (quarterly). Intervention outcomes for all active interventions will continue to be shared at quarterly meetings as results become available.

Retrospective DUR Quarterly Summary

During the second 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 second-quarter responses to the intervention letters were, in some instances, higher than in previous quarters.

The intervention for duplicative sedative use saw a total of 20 participants flagged for intervention and 47 intervention letters mailed, with an average response rate of 4% (prescribers) and 29% (pharmacies). The top responses were "Prescriber will reassess and modify drug therapy" and "Pharmacist will counsel patient at next visit".

For the intervention for concurrent use of opioid and med-high dose gabapentin, a total of 72 participants were selected for intervention and 242 letters were mailed, with a response rate of 14% (prescribers) and 19% (pharmacies). The top responses were "Provider did not prescribe drug attributed to him/her" 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 92 participants were flagged for concurrent use of gabapentin and pregabalin, and 272 intervention letters were mailed, with a response rate of 14% (prescribers) and 20% (pharmacies). The top prescriber responses were "Prescriber discontinued medications" and "Spoke to prescriber, expect modification in therapy".

Future Retrospective DUR Intervention

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

- *Gemtesa (vibegron) – Overutilization*
- *Roszet (rosuvastatin/ezetimibe) - Underutilization*

Following discussion, the motion was made to add both criteria recommended to monthly monitoring. Motion passed.

Dr. Boyer reviewed the current active interventions conducted monthly, noting that the triple therapy of opioid, benzodiazepine, and carisoprodol intervention has been successful, such that no flags have occurred recently. She recommended changing the timing of this intervention from monthly to every six months. The Board voted and approved the motion to change the triple intervention to every six months.

The intervention for Naloxone and a streamlined intervention for SUPPORT Act criteria requested at the last meeting are underway. An updated list of active interventions will be presented at the December meeting. Any further suggestions for interventions should be emailed to Dr. Boyer.

Other Business

The next CME program will be a two-hour virtual event held on Saturday, October 16, 2021, from 9:00-11:00 am. Dr. Eleanor Wilson, a physician with the Institute for Human Virology, will be speaking on long-term COVID effects. Two hours of continuing education credits will be available. Details with registration information will be available soon. Board members were asked to share information with colleagues.

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

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 on December 2, 2021, at 9:15 a.m. Further details regarding the meeting location will be provided. There being no additional business, the meeting was adjourned at 10:08 a.m.