



Office of Pharmacy Services, Medicaid Pharmacy Program

Drug Use Review (DUR) Board
Thursday, June 5, 2025
Meeting Minutes

DUR Board: A. Cotton, C. Dowd-Green, L. Drake, J. Merrey, B. Murray, K. Pirolozzi, M. Poplawski, K. Wagner

Maryland Department of Health: A. Alexandrou, M. Joglekar, L. Karanja, J. Lee, N. Purohit, S. Roberson, D. Shah

Prime Therapeutics: A. Wherley

Conduent State Healthcare: J. Paul

Acentra Health: L. Frendak, S. Zubey

Owl Creek Consulting: L. Adelhardt

The Maryland Medicaid Drug Use Review (DUR) Board virtual meeting was called to order at 9:17 a.m. on Thursday, June 5, 2025, by the vice chair, Dr. Dowd-Green. The virtual meeting format and participation instructions were presented. A roll call was made to the DUR Board members, affiliated staff, and presenters who were in attendance.

Minutes

Minutes from the March 6, 2025, DUR Board meeting were approved as presented.

Office of Pharmacy Services (OPS)

A thank you was extended to attendees for their service and time in participating in this virtual meeting. Attendees were encouraged to continue referring to the Office of Pharmacy Services Medicaid Program's website at <https://health.maryland.gov/mmcp/pages/home.aspx> or use the shortened version of <https://bit.ly/43FFACr>.

The Maryland Medicaid Fee-for-Service (FFS) Program and all nine Managed Care Organizations (MCOs) started covering Wegovy (Semaglutide) injection only when prescribed to reduce the risks of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight as of September 2024. The Maryland FFS and all MCOs also started covering Zepbound (Tirzepatide) only for severe obstructive sleep apnea indication in adults with obesity as of February 2025. However, pursuant to Maryland Medicaid regulations, Maryland Medicaid, both the FFS and MCOs, do not cover weight management and/or weight control medications. The Clinical criteria requirements and Prior Authorization (PA) form for the MD FFS are available at <https://health.maryland.gov/mmcp/pap/Pages/paphome.aspx>.

Unified Corrective Managed Care (CMC) Lock-in Program Update:

The OPS is actively monitoring the aberrant usage of controlled substances by participants under the State plan, and the program is working as anticipated to improve appropriate practices. As of May 7, 2025, a total of 239 participants are locked in the CMC Program, with 212 providers, of which only 14 participants have been locked in with the FFS Program, and the rest are locked in among nine MCOs. The Program's goal continues to be the well-being of its participants and to provide the utmost clinically appropriate and cost-effective therapies to all participants in a timely manner.

The Maryland Medicaid Office of Pharmacy Services provides live continuing medical education (CME) for prescribers and continuing education (CE) for pharmacists every year at no cost. The Department hosted a live four-hour CME/CE program virtually on April 26, 2025, on "Substance Use Disorder in Special Populations". There were 340 event attendees. Additional information can be found at <https://mmpipi.com> under Continuing Education – Live Meetings. Another two-hour live program is in the planning stage for the Fall. Attendees were encouraged to visit the mmpipi.com website to register for such programs and take advantage of receiving CE credits for licensing requirements.

Any queries regarding the Office of Pharmacy Services should be brought to the attention of Mangesh Joglekar, who, along with the OPS team, will be happy to answer.

Conduent State Healthcare, LLC

Conduent presented summaries for therapeutic duplication alerts for the use of benzodiazepine and clonazepam, Preferred Drug List (PDL) prior authorization requests, and prospective drug use review (ProDUR) edits for the first quarter of 2025.

Therapeutic Duplication Alerts – Benzodiazepines and Clonazepam

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 5,944 alerts for 676 participants with 1,062 overrides were entered at point of sale for 469 participants, which shows 69% of participants claims overridden. This is slightly lower than the previous quarter.

PDL Prior Authorization Requests

A total of 2,891 new PDL prior authorization (PA) approvals were authorized. There were 2,507 in the top ten therapeutic categories, which accounted for 87% of the new PDL PAs. Anticonvulsants were the highest number of requests, followed by antidepressants. A full listing of all PDL prior authorization requests for the first quarter was presented to the Board.

Prospective Drug Use Review (ProDUR) Edits

1) Therapeutic Duplications

Regarding the top 20 therapeutic duplications, Conduent reported 7,189 alerts and 19,603 overrides, with 21.5% of the total in conflict, which is lower than the previous quarter. Antidepressants, and antipsychotics made up 82% of alerts.

2) Early Refill Drugs

Regarding the top 20 drugs for early refill, Conduent reported 30,212 alerts and 1,698 overrides, with 25.2% of the total in conflict, which is lower than the previous quarter. Antidepressants, antipsychotics, and gabapentin made up 72% of alerts.

3) Drug-Drug Interactions

Regarding drug-drug interactions, Conduent reported 17,635 alerts and 8,525 overrides, with 29.6% of the total in conflict, lower than the previous quarter. Antidepressants and antipsychotics account for 74% of alerts.

A summary by DUR conflict, intervention, and outcome was reported. The most frequent coding was M0 - prescriber contacted, and 1G - approved by prescriber. Cost avoidance estimates were presented. Early refill is the only true denial that requires contacting the Call Center for approval. The Call Center experienced a slight increase in faxes and in call volume compared to the previous quarter. DUR abandoned calls were less than 1%.

Acentra Health

Acentra Health presented a review of action items, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the first quarter of 2025, and future RDUR interventions for the Maryland Medicaid FFS population.

Action Items

Outcomes of RDUR interventions for the first quarter of 2025 were presented. The intervention outcomes process is initiated during the profile review by a clinical pharmacist. Participants 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.

Active Interventions

1) Duplicate sedative/hypnotic use (quarterly)

This intervention had another successful quarter for resolving therapeutic duplication of sedative-hypnotics. Only two of the recipients identified on the initial profile review met the criteria for duplicate therapy again during the follow-up period. Therefore, half of the patients had either one or duplicate medication(s) discontinued. This continues to be a

successful intervention and is recommended to continue on the current quarterly schedule with six-month follow-up data reported.

- 2) Concurrent use of gabapentin and pregabalin (quarterly)
Results for this intervention showed high effectiveness. There were 16 recipients identified on the initial profile review meeting criteria for concurrent therapy in the follow-up period. This quarter saw a 21% recurrence rate, which was within the average recurrence rate of 15-30%. This continues to be an effective intervention, and it is recommended to continue quarterly with six-month follow-up data reported.
- 3) Concurrent use of an opioid and medium-high dose gabapentin (quarterly)
Results for this intervention showed a 43% reduction in those identified as using an opioid and medium to have dose gabapentin. This was reflected by discontinuation of opioid, lowered dose of gabapentin, or discontinuation of gabapentin in the six months after the educational intervention letters were sent. It is recommended to continue this quarterly intervention with six month follow-up.
- 4) Concurrent opioid and duplicate skeletal muscle relaxants (quarterly)
At the September 2024 meeting, the DUR Board added this intervention to the schedule quarterly with six month outcome data reported to the board quarterly. The intervention is underway, and quarterly results will be reported starting with the September 2025 meeting.

The following active interventions are mandated by the SUPPORT ACT. It is recommended to continue all SUPPORT Act interventions quarterly with a six-month follow-up.

- 1) Naloxone use (quarterly)
These patients are on chronic opioid therapy, have a history of substance use disorder, or who have a history of overdose and do not have a naloxone prescription on file. This was a successful intervention, with all patients identified as not having a naloxone prescription showing a new claim during follow-up.
- 2) Concurrent use of opioid and benzodiazepine (quarterly)
Results from this intervention showed a 44% recurrence rate for recipients identified as using both an opioid and a benzodiazepine, which means over half of the patients saw concurrent therapy discontinued during the post-intervention period.
- 3) Concurrent use of opioid and antipsychotic (quarterly)
Results for this intervention showed recurrence rates for concurrent use of opioid and antipsychotic at 58%, meaning almost half had concurrent therapy discontinued.

Retrospective DUR (RDUR) Interventions

During the first quarter of 2025, active retrospective interventions were conducted with results as follows. All interventions are run quarterly with six-month outcome data reported to the Board quarterly, except the triple therapy intervention (concurrent use of an opioid, benzodiazepine, and carisoprodol), which is run biannually. While the triple therapy intervention was run this quarter, no letters were sent.

1) Duplicate sedative use

There were 26 participants flagged for this intervention, and 77 intervention letters were mailed, with an average response rate of 6% (prescribers) and 23% (pharmacies). The top response for prescribers was "Patient has diagnosis that supports therapy". For pharmacists, the top responses were "Pharmacist will counsel patient at next visit" and "Spoke to prescriber; no change in therapy expected".

2) Concurrent use of gabapentin and pregabalin

A total of 74 participants were flagged for this intervention, and 222 intervention letters were mailed, with a response rate of 6% (prescribers) and 24% (pharmacies). The top response for prescribers was "Prescriber discontinued medication(s)". For pharmacists, the top response was "Pharmacist will counsel patient at next visit".

3) Concurrent use of an opioid and medium-high dose gabapentin

There were 83 participants flagged for this intervention and 291 letters were mailed, with a response rate of 10% (prescribers) and 14% (pharmacies). The top responses for prescribers were "Benefits outweigh the risks" and "Patient has an appointment to discuss therapy". For pharmacists, the top response was "Spoke to prescriber; no change expected".

4) Concurrent use of an opioid and duplicate skeletal muscle relaxant

There were nine participants flagged for this intervention, and 25 intervention letters were mailed, with a response rate of 7% (prescribers) and 27% (pharmacies). The top response for prescribers was "Patient has an appointment to discuss therapy". The top response for pharmacies was shared between "Pharmacist will counsel patient at next visit", "No change recommended; problem insignificant", and "Spoke to prescriber, no change in therapy".

The following interventions are conducted as required by the SUPPORT Act.

5) Naloxone use

There were three participants selected for this intervention, and six letters were mailed. There were no prescriber responses for this intervention this quarter, however good results were seen with all patients identified having a naloxone prescription on follow up.

6) Concurrent use of opioid and benzodiazepine

A total of 89 participants were selected for intervention, and 308 letters were mailed, with a response rate of 14% (prescribers) and 21% (pharmacies). The top response for prescribers was "Provider tried to modify therapy, symptoms reoccurred". For pharmacists, the top

response was “Pharmacist will counsel patient at next visit”.

7) Concurrent use of opioid and antipsychotic

There were 93 participants flagged for intervention, and 312 intervention letters were mailed, with an average response rate of 11% (prescribers) and 13% (pharmacies). The top responses for prescribers were “Benefits outweigh the risks” and “Patient has an appointment to discuss therapy”. For pharmacists, the top response was “Spoke to prescriber; no change in therapy”.

Follow-up occurred for those providers responding with “Provider did not prescribe drug attributed to him/her” to confirm that all providers prescribed at least one of the medications included in the intervention. The interventions resulted in reduced prescriptions overall, showing the effectiveness of the intervention program.

Future Retrospective DUR Intervention

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

- Lumryz (sodium oxybate)
 - o FDA-approved indication: cataplexy or excessive daytime sleepiness associated with narcolepsy
 - o Overutilization
- Cobenfy (xanomeline/trospium)
 - o FDA-approved indication: schizophrenia
 - o Overutilization, underutilization/non-adherence
- Journavx (suzetrigine)
 - o FDA approved indication: moderate to severe acute pain
 - o Overutilization

The motion was made and passed by the Board to add Lumryz, Cobenfy, and Journavx criteria for monthly monitoring. Board members were invited to send further recommendations for consideration to Lynn Frendak.

Other Business

The next meeting of the DUR Board will be on September 4, 2025, at 9:15 a.m. The final meeting in 2025 will be held on December 4.

Board members were thanked for their service to the state of Maryland and the Maryland Department of Health.

There being no additional business, the meeting was adjourned at 9:55 a.m.