Office of Pharmacy Services, Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, December 7, 2023
Meeting Minutes

DUR Board: B. Gayle, M. Healy, B. Hose, M. McDonald, N. McGarvey, O. Onyewu, S. Papesh, M. Poplawski, B. Shaw
Office of Pharmacy Services (OPS): A. Alexandrou**,** I. Frank, M. Joglekar, L. Karanja, N. Purohit, K. Rogers, D. Shah
Magellan Medicaid Administration, Provider Synergies: A. Wherley
Conduent State Healthcare: J. Paul
Kepro: S. Donald, L. Frendak, S. Zuby
Owl Creek Consulting: L. Adelhardt

The Maryland Medicaid Drug Use Review (DUR) Board virtual meeting was called to order at 9:30 a.m. on Thursday, December 7, 2023, by Dr. Papesh.

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 7, 2023, DUR Board meeting were approved as presented.

Office of Pharmacy Services (OPS)

Attendees were encouraged to visit the Program's Provider Advisories section of the OPS Medicaid Program's website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx for the latest announcements.

On behalf of the Office of Pharmacy Services, recognition and gratitude were relayed to the departing board members for providing their expertise to the DUR Board and for dedicated service to the citizens of Maryland. The following members were presented with Certificate of Appreciation Awards: Dr. Mary McDonald, six-year board member and Chair of the Corrective Managed Care (CMC) Committee for two years; Dr. Billina Shaw six-year board member and CMC Committee for two years; Dr. Chukwuma Obi Onyewu, six-year board member; Dr. Sarah

Papesh six-year board member and Chair of the Board for four years; Dr. Monica Healy, six-year board member; and Dr. Brian Hose, six-year board member.

The OPS is in the process of implementing the federal mandate effective January 3, 2024, where pharmacy claims for any Fee-for-Service Medicaid participant for any non-behavioral health medications that are prescribed to the participant by the prescriber who is not enrolled as a Medicaid provider with Maryland Medicaid will deny with the following message – "UNENROLLED PRESCRIBER. MEDICAID RX WILL CONTINUE TO DENY UNLESS PRESCRIBER ENROLLS WITH MEDICAID VIA EPREP." However, pharmacy claims for the behavioral health medications being prescribed by unenrolled prescribers will continue to pay until July 1, 2024, with the following pay and report message – "M/I prescriber identification number. UNENROLLED PRESCRIBER. FUTURE MEDICAID RX WILL DENY UNLESS PRESCRIBER ENROLLS WITH MEDICAID VIA EPREP." After July 1,2024 all claims from unenrolled prescribers will be denied. The OPS encouraged attendees to visit the following sites for news and outreach activities that the Department is conducting.

- https://health.maryland.gov/mmcp/provider/Pages/enrollment.aspx
- https://eprep.health.maryland.gov/sso/login.do

Unified Corrective Managed Care, A.K.A. CMC, lock-in Program Update:

The OPS is actively monitoring the aberrant usage of controlled substances by enrollees under the State plan and the program is working as anticipated to improve appropriate practices. As of November 7, 2023, a total of 279 participants are locked in the CMC Program across nine Managed Care Organizations and the Fee-for-Service (FFS) program, with a total of 237 providers. These numbers have been consistently dropping and with a grand total of 337 participants based on May 5th's report now dropped to 279, showing the Program's effectiveness and efficacy. These numbers have not changed since the September DUR meeting. The OPS goal always has been the well-being of its members and to provide the utmost clinically appropriate and cost-effective care to all the participants in a timely manner.

The OPS provided a virtual 2-hour live continuing medical education (CME) and continuing education (CE) program on Saturday, Oct. 21, 2023, on "The Most Expensive Drugs Approved in 2023. How did we get here and what to expect next" with a focus on Drugs Pipeline and Clinical Updates. The presentation was delivered by Dr. Maria Lowe, Director of Pipeline Intelligence, Institute of Clinical and Economic Review, with a strong attendance. The OPS will continue to offer CME/CE seminars to all interested prescribers, pharmacists, and other healthcare professionals who can take advantage of such live educational seminars for continuing education and meeting their licensing requirements.

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 use review (ProDUR) edits for the third quarter of 2023.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 6,642 alerts for 700 participants with 1,104 overrides, which shows 67% of participant claim overrides during the third quarter of 2023. This is slightly lower than in previous quarters.

Summary of PDL Prior Authorization Requests

For the third quarter of 2023, 3,791 new PDL prior authorization (PA) approvals were authorized for the top ten therapeutic categories, which accounted for 86% of the new PDL PAs. Stimulants and related agents continued to represent the highest number of requests for the quarter. The number of requests was a decrease from the second quarter of 2023. A full listing of all PDL prior authorization requests for the third quarter was presented to the Board.

Summary of Therapeutic Duplications

Regarding the top 20 therapeutic duplications, Conduent reported 8,268 alerts and 25,008 overrides, with 49.6% of the total in conflict during the third quarter of 2023, with the conflict percentage higher than the previous quarter. Antidepressants and antipsychotics made up 91% of alerts.

Summary of Early Refill Drugs

Regarding the top 20 drugs for early refill, Conduent reported 36,553 alerts and 1,806 overrides, with 29.8% of the total in conflict during the third quarter of 2023. This is consistent with the previous quarter. Antidepressants, Suboxone, and antipsychotics made up 80% of alerts.

Summary of Drug-Drug Interactions

Regarding drug-drug interactions, Conduent reported 21,183 alerts and 10,221 overrides, with 35.2% of the total in conflict during the third quarter of 2023. This is similar to the previous quarter. Antidepressants and antipsychotics account for 77% of alerts.

A summary by DUR conflict, intervention, and outcome was reported. Cost avoidance estimates were presented. The Call Center experienced a decrease in faxes and call volume compared to the previous quarter. DUR Abandoned Calls ranged from less than 1%.

Kepro

Kepro presented a review of action items from the September 2023 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the third quarter of 2023, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the third quarter of 2023 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.

Summary of Active Interventions

1) Duplicate sedative use (quarterly)
   The intervention that identifies therapeutic duplication of sedative/hypnotic agents had another successful quarter. Only 6 of the 33 recipients identified on the initial profile review that met the criteria for duplicate therapy met the criteria again in the follow-up period. Over 80% of patients had one or more of the duplicate medications discontinued. This continues to be a successful intervention and is recommended to continue on the current quarterly schedule with a six-month follow-up.

2) Concurrent use of gabapentin and pregabalin (quarterly)
   Results for the concurrent use of gabapentin and pregabalin showed high effectiveness. Only 16 recipients of the 94 identified on the initial profile review met the criteria in the follow-up period. This quarter the recurrence rate was 17%. This continues to be an effective intervention, especially considering gabapentin is not being reported under the Prescription Drug Monitoring Program (PDMP), and is recommended for continuation on a quarterly basis with a six-month follow-up.

3) Concurrent use of an opioid and medium-high dose gabapentin (quarterly)
   Results for the intervention involving opioid and medium-high dose gabapentin showed a 53% reduction in concurrent use, with 66 of 141 participants identified as meeting criteria in the follow-up period. This was reflected by the discontinuation of an opioid, lower dose of gabapentin, or discontinuation of gabapentin in the six months after the educational intervention letters were sent. It is recommended to continue this intervention quarterly with a six-month follow-up.

4) Concurrent use of an opioid, benzodiazepine and carisoprodol (bi-annually)
   Results for the triple therapy intervention involving opioid, benzodiazepine, and carisoprodol identified one patient for which a letter was mailed. During the follow-up period, that patient remained on triple therapy. It is recommended to continue this intervention quarterly with a six-month follow-up.

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

5) Naloxone use (quarterly)
   Results of the intervention addressing naloxone prescribing were successful with 84% identified as not having a naloxone prescription showing a new claim during follow-up. It was noted that this does not necessarily mean that the other patients do not have naloxone available. They may have a prescription older than six months on hand that has not been used and does not yet need to be refilled or they can receive naloxone directly from the pharmacist via the naloxone co-prescribing program.

6) Concurrent use of an opioid and benzodiazepine (quarterly)
   Results showed a 44% recurrence rate for recipients identified as using both an opioid and a benzodiazepine, which means that over half of the patients saw concurrent therapy discontinued during the post-intervention period.

7) Concurrent use of an opioid and antipsychotic (quarterly)
   Results saw recurrence rates for concurrent use of an opioid and antipsychotic at 44%, which is consistent with previous quarters of Support Act recurrence rates around 50%.

Retrospective DUR Quarterly Summary

During the third quarter of 2023, active interventions include the following. All interventions are quarterly with six-month outcome data reported to the Board quarterly, except the triple therapy intervention which is run biannually.

1) Duplicate sedative use
   29 participants flagged for intervention and 74 intervention letters were mailed, with an average response rate of 18% (prescribers) and 25% (pharmacies). The top response for prescribers was split between “Patient has appointment to discuss therapy”, “Prescriber tried to modify therapy; symptoms reoccurred”, and “Prescriber will reassess and modify drug therapy”. For pharmacists, the top response was “Pharmacist will counsel patient on the next visit”.

2) Concurrent use of gabapentin and pregabalin
   90 participants were flagged for intervention and 261 intervention letters were mailed, with a response rate of 6% (prescribers) and 15% (pharmacies). The top response for prescribers was split between “Prescriber discontinued medication(s)” and “Provider did not prescribe drug attributed to them”. For pharmacists, the top response was “Pharmacist will counsel patient at next visit”.

3) Concurrent use of an opioid and medium-high dose gabapentin
   160 participants were selected for intervention and 518 letters were mailed, with a response rate of 6% (prescribers) and 15% (pharmacies). The top response for prescribers was “Prescriber discontinued medication(s)”. For pharmacists, the top response was “Pharmacist will counsel patient at next visit”.

4) Concurrent use of an opioid, benzodiazepine, and carisoprodol
   One participant was flagged for intervention and two intervention letters were mailed; no responses were received.

5) Naloxone use (SUPPORT Act)
   13 participants were selected for intervention and 12 letters were mailed; no responses were received, however, data showed there was an increase in naloxone prescribing.

6) Concurrent use of an opioid and benzodiazepine (SUPPORT Act)
   91 (ninety-one) participants were selected for intervention and 309 letters were mailed, with a response rate of 6% (prescribers) and 8% (pharmacies). The top response for prescribers was split between "Benefits outweigh the risks" and "Patient is no longer under this provider's care". For pharmacists, the top response was "Spoke to prescriber; no change in therapy".

7) Concurrent use of an opioid and antipsychotic (SUPPORT Act)
   92 participants flagged for intervention and 316 intervention letters were mailed, with an average response rate of 3% (prescribers) and 5% (pharmacies). The top response for prescribers was split between "Prescriber will reassess and modify drug therapy", "Patient has appointment to discuss therapy", "Benefit of the drug outweighs the risks", "Patient is no longer under this provider's care", and "Provider did not prescribe drug attributed to them". For pharmacists, the top response was "Pharmacist will counsel patient at next visit".

8) Concurrent use of an opioid and duplicate skeletal muscle relaxants
   Based on the Board's recommendation from the September meeting, this intervention was conducted in September. 21(twenty-one) patients were identified as being on duplicate therapy and 29 letters were mailed to physicians and 20 letters were mailed to pharmacies. The six- month follow-up will be in April 2024 with reporting to the Board at the June meeting.

The number of participants who were selected for intervention this quarter was similar to previous quarters. Response rates from prescribers and pharmacies remained consistent with previous quarters on average and within the normal range. SUPPORT Act interventions are primarily educational and do not require a response, which is why those response rates fall within average but tend to trend slightly lower compared to other interventions overall.

Follow-up occurred for those providers responding with "Provider did not prescribe drug attributed to him/her". It was confirmed that all providers did prescribe one, but not both, of the concurrent medications. 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:

- *Airsupra™ (albuterol/budesonide)*
    - *Overutilization*
- *Brenzavvy® (bexagliflozin)*
    - *Overutilization, renal disease*
- *Zavzpret ™ (zavegepant)*
    - *Overutilization*

The motion was made to add the criteria recommended for monthly monitoring. The Board passed the motion.

Other Business

Results of the election of officers for 2024 were announced. Due to scheduling conflicts, it was noted that the elections were held during the CMC Committee portion of the meeting when all Board members could be present to vote.

Dr. Britt Gayle nominated himself for DUR Board Chairperson. His self-nomination was seconded, then approved by a unanimous vote. Dr. Caitlin Dowd-Green was nominated for DUR Board Vice-Chairperson. She accepted her nomination; it was seconded and then approved by a unanimous vote. Dr. Jessica Merrey was nominated for CMC Committee Chairperson. She accepted her nomination; it was seconded and then approved by a unanimous vote.

In summary, the following members were nominated with vote affirmation for the following chair positions for 2024:

- Dr. Britt Gayle, Chairperson, DUR Board
- Dr. Caitlin Dowd-Green, Vice-Chairperson, DUR Board
- Dr. Jessica Merrey, Chairperson, CMC Committee

DUR Board members were recognized and thanked for their service, especially those departing members who have served through the challenging times of the pandemic years.

Maryland Senate Bill 678 passed expanding what services licensed pharmacists can provide and have coverage through the Maryland Medical Assistance Program. The Department of Health created a work group to identify what services pharmacists currently provide and assess what can be expanded in 2024, with guidelines being created based on the new service list. Noted was the requirement for pharmacists giving vaccines to enroll as a provider under Medicaid coverage.

The next meeting of the DUR Board will be on March 7, 2024, at 9:15 a.m. Future dates for 2024 board meetings are June 6, September 5, and December 5.

There being no additional business, the meeting was adjourned at 10:20 a.m.