

**Office of Pharmacy Services Medicaid Pharmacy Program**

**Drug Utilization Review (DUR) Board**

**Thursday, March 3, 2022**

**Meeting Minutes**

**DUR Board Members:** B. Gayle,M. Healy,B. Hose,C. Lefebvre, M. McDonald, N. McGarvey, J. Merrey,C. Onyewu, S. Papesh,M. Poplawski, B. Shaw

**Office of Pharmacy Services (OPS):** A. Alexandrou, I. Frank, M. Joglekar, L. Karanja, K. Rogers, A. Solomon

**Maryland Department of Health:** L. Burgess, J. Shorts

**Magellan Health:** K. Delaney

**Conduent State Healthcare:** T. Lyons, C. Ogunremi

**Kepro:** S. Donald, L. Frendak, D. Patel

**Owl Creek Consulting:** L. Adelhardt

The Maryland Medicaid Drug Utilization Review (DUR) Board virtual meeting was called to order at 9:30 a.m. on Thursday, March 3, 2022, 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 December 2, 2021, DUR Board meeting were approved as presented.

# Office of Pharmacy Services

Governor Hogan ended the Public Health Emergency in Maryland last June and because of this measure, the Office of Pharmacy Services (OPS), rescinded all COVID-19 measures that were put in place at the start of this pandemic. Attendees were encouraged to visit the Provider Advisories’ section of the Office of Pharmacy Services Medicaid Program’s website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx for additional details.

Dr. Devi Patel was welcomed as the new Corrective Managed Care/Lock-In Program Pharmacist Lead. New Drug Utilization Board appointees, Dr. Britt Gayle, Primary Care, HIV, University of Maryland Medical System, Dr. Jessica Merrey, Ambulatory Care, Chronic Disease State Management, Geriatrics, John Hopkins, and Dr. Mandi Poplawski, Sr. Director, Managed Care, Medicaid and Medicare, CareFirst BCBS Health Plan of Maryland, were also welcomed.

Since the implementation of the Unified Corrective Managed Care lock-in Program, the Department is actively monitoring the questionable usage of control substances by enrollees under the State plan. This program is working as anticipated and facilitating to improve appropriate practices. As of February 7, 2022, 283 participants are locked in with 253 providers, of which 12 participants are in the Fee-for-Service (FFS) program. This represents a reduction of a little over 20% (71 participants) as compared to the number reported at the December 2021 DUR Board 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 timely manner.

Effective October 18, 2021, the OPS implemented prospective edits to address concurrent use of opioids and Medication Assisted Treatment (MAT) drugs.

1. If a patient has MAT drug on file (within 45 days) and an opioid claim is adjudicated, the Point-of-Sale Claims Processing system looks back for 30 days and if no opioid on file, then allows up to 7-day supply. Regardless of the day's supply of the incoming claim for opioids, if there is the utilization of opioids within the last 30 days, the incoming opioid claim will deny and require Prior Authorization.
2. Patients requiring an opioid medication for greater than 7 days while undergoing MAT drug will require Prior Authorization.
3. Patients will have access to MAT drugs regardless of history or current therapy with opioid medication.

These day supply limits do not apply to Medicaid participants who are currently receiving an opioid, as well as any participant who has a diagnosis of Hospice Care, Palliative Care, Cancer or Sickle Cell Disease.

The Centers for Medicare and Medicaid Services (CMS) presented at the recent American Drug Utilization Review Society meeting where all the state delegates meet and discuss opportunities, challenges, new and upcoming clinical and programmatic developments in Medicaid arena and the future of the Medicaid Program. There are several new initiatives being undertaken by CMS, especially around Sections 5041 and 5042 of the SUPPORT ACT related to PDMP implementations, data sharing and data reporting. Further updates on the State of MD Medicaid DUR Program will be forthcoming.

The OPS provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. The next event will be a 4-hour live CME/CE program on April 30th. Additional details will be disseminated soon.

# 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 fourth quarter of 2021.

*Summary of Therapeutic Duplication Alerts*

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 13,866 alerts for 1,197 participants, for which 80% were overridden at the point of sale by the pharmacy providers during the fourth quarter of 2021, which is lower than previous quarters of rates between 85-90%.

*Summary of PDL Prior Authorization Requests*

For the fourth quarter of 2021, over 5,000 new PDL prior authorization (PA) approvals were authorized. The top ten therapeutic categories accounted for 87% of the new PDL PAs. Stimulants and related agents represented the highest number of requests this quarter. The number of requests was an increase compared to the second quarter of 2021. A full listing of all PDL prior authorization requests for the fourth quarter of 2021 was presented to the Board.

*Summary of Prospective Drug Utilization (ProDUR) Edits*

Claims information was presented for the fourth quarter of 2021. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (49%). For early refills, antidepressants (60%) continued at the top of all alerts. Most drug-drug interaction alerts (59%) involved antidepressants. A summary by DUR conflict, intervention, and the outcome was reported. Cost avoidance estimates were presented. The Call Center experienced a slight decrease in faxes and increase in call volume compared to the previous quarter. Abandoned calls were under 1% across all months.

# Kepro

Kepro presented a review of action items from the December 2021 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the fourth quarter of 2021, and future RDUR interventions for the Maryland Medicaid FFS population.

*Review of Action Items*

Outcomes of RDUR interventions for the fourth 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.

The intervention that identifies therapeutic duplication of sedative/hypnotic agents, had a very successful quarter.No recipients identified on initial profile review met criteria for duplicate therapy in the follow up period. This continues to be a successful intervention and is recommended to continue. The Board recommendation at the December 2021 meeting to change the intervention frequency from monthly to quarterly was implemented in January 2022. Outcomes will be reported at quarterly meetings as they become available.

For concurrent use of gabapentin and pregabalin, an 82% reduction in duplicate therapy was noted, which is consistent with previous quarters. A review of available responses from providers included comments related to “benefits of therapy outweigh risks, symptoms reoccurred when one agent was discontinued, long term treatment with both agents, and there is evidence to support concurrent use.” This is a strong and effective educational effort and is recommended for continuation on a quarterly basis.

The results of concurrent use of an opioid and medium-high dose gabapentin showed a 90% reduction, a significant change since the last reported rate of 67%. 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 intervention quarterly.

*Summary of Active Interventions*

Active, ongoing interventions for the fourth quarter of 2021 include: 1) duplicate sedative use (quarterly), 2) concurrent use of an opioid, benzodiazepine, and carisoprodol (bi-annual), 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.

Initiated in August, the six-month interventions for naloxone, concurrent use of an opioid and benzodiazepine, and concurrent use of an opioid and antipsychotic will be complete in March with reporting at the June meeting. The CGRP Antagonist overutilization has had no profile alerts to date.

*Retrospective DUR Quarterly Summary*

During the fourth 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 use. Response rates for prescribers remained similar this quarter, while response rates from pharmacies decreased slightly.

The intervention for duplicative sedative use saw a total of 49 participants flagged for intervention and 121 intervention letters mailed, with an average response rate of 12% (prescribers) and 18% (pharmacies). The top responses were “Prescriber will reassess and modify drug therapy” and “Spoke to prescriber; no change in therapy”.

For the intervention for concurrent use of opioid and medium-high dose gabapentin, a total of 206 participants were selected for intervention and 697 letters were mailed, with a response rate of 7% (prescribers) and 19% (pharmacies). The top responses were “Benefits of the drug therapy outweigh the risk” and “Patient no longer uses pharmacy or sees prescriber”.

A total of 121 participants were flagged for concurrent gabapentin and pregabalin, and 271 intervention letters were mailed, with a response rate of 16% (prescribers) and 21% (pharmacies). The top responses were “Prescriber discontinued medication(s)” and “Spoke to prescriber, expect modification in therapy”.

For the intervention for naloxone, a total of 24 participants were selected for intervention and 46 letters were mailed, with a response rate of 4% (prescribers) and 18% (pharmacies). The top responses were “Benefits of the drug therapy outweigh the risk” and “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of opioid and benzodiazepine, a total of 79 participants were selected for intervention and 281 letters were mailed, with a response rate of 6% (prescribers) and 13% (pharmacies). The top responses were “Provider did not prescribe drug attributed to them” and “Pharmacist will counsel patient at next visit.”

The intervention for concurrent opioid and antipsychotic use saw a total of 78 participants flagged for intervention and 281 intervention letters mailed, with an average response rate of 6% (prescribers) and 12% (pharmacies). The top responses were “Provider did not prescribe drug attributed to them” and “Pharmacist will counsel patient at next visit”.

Follow-up occurred for those providers responding with “Provider did not prescribe drug attributed to him/her” and no fraudulent activity was identified. In all situations the responding prescriber did prescribe at least one of the interacting medications but used that response to indicate that they only prescribed one of the two interacting medications.

*Future Retrospective DUR Intervention*

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

* *Lybalvi® (olanzapine/samidorphan)*
	+ Overutilization, Underutilization, Drug-Drug Interaction (opioids)
* *Fintepla® (fenfluramine)*
	+ Overutilization, Underutilization
* *Qulipta™ (atogepant)*
	+ Overutilization, Underutilization

Following discussion, the motion was made to add all criteria recommended to monthly monitoring. Motion passed. Board members were requested to contact Lynn Frendak if they have other recommendations.

# Other Business

The next continuing education seminar will be held virtually on Saturday, April 30, from 9:00 am to 1:00 pm. Featured presentations are on substance use disorders and pain management.

Staff attended the annual meeting of the American Drug Utilization Review Society in February where there were many informative presentations and reports from individual states. Several ideas will be explored for implementation in Maryland, especially in the area of fraud, waste, and abuse.

The next meeting of the DUR Board will be on June 2, 2022, at 9:15 a.m. Further dates in 2022 are September 1, and December 1 with further details to be provided.

DUR 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 10:12 a.m.