Maryland Medicaid Pharmacy Program
Drug Use Review Board
Thursday, December 7, 2017
Meeting Minutes

Drug Utilization Review (DUR) Board Members: K. Dodge, G. Herpel, C. Lefebvre, M. McPherson, L. Moricle, J. O'Leary, S. Osotimehin, W. VanWie
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, M. Closson, P. Holly, M. Joglekar, S. Kazmi, D. Klein, D. Shah, S. Singh
Provider Synergies, LLC: H. Peltier
Conduent State Healthcare, LLC: K. Farrakhan, J. Lafranchise, J. Sheen
Health Information Designs, LLC: R. Boyer, N. Osei-Boateng

The Drug Utilization Review (DUR) Board meeting was called to order at 9:34 a.m. on Thursday, December 7, 2017, by the chairperson of the Board.

Introductions
Members of the Drug Utilization Review (DUR) Board introduced themselves. J. Sheen was introduced as a guest attending with Conduent State Healthcare, LLC.

Minutes
The minutes from the September 7, 2017 DUR Board meeting were approved as presented with no changes.

Maryland Medicaid Pharmacy Program (MMPP)

Members were thanked for their participation on the DUR Board.

As mentioned during September 2017 meeting, effective April 1, 2016, the Unified Corrected Managed Care (CMC) program was implemented to address the aberrant use of controlled substances for all Maryland Medicaid participants. Under the program, a participant may be locked into one pharmacy provider via uniform lock-in criteria regardless of Fee-For-Service (FFS) or Managed Care Organization (MCO) prescription coverage. As of the end of November 2017, there are 920 members who had been locked into one pharmacy provider. This represents an increase of 14.7% since that which was reported at the previous meeting.

Information was provided regarding the continuing partnership between the Department and the eight (8) MCOs participating in the Maryland HealthChoice program regarding implementation of minimum standards to help combat the opioid overdose epidemic affecting members. Minimum standards implemented on July 1, 2017 include: consideration of non-opioids as first line treatment for chronic pain, prior authorizations (PAs) for all long-acting opioids, fentanyl, methadone for pain and any opioid prescription resulting in a patient exceeding 90 morphine milligram equivalents per day. Also, a standard

30-day quantity limit for all opioids is now set at or below 90 morphine milligram equivalents per day. These standards do not apply to participants with cancer, sickle cell anemia or those receiving palliative care or hospice care. It was noted that the Department and MCOs engaged in an outreach campaign to educate prescribers and pharmacists about the new standards. Outreach included educational letters and multiple webinars for all providers. A dedicated website was created with information about the opioid epidemic landscape in Maryland and included resources for providers and MCOs, which are available for improving the opioid prescribing process in the effort to reduce opioid misuse, dependence, overdose and, death. At the inception of the minimum standards, any prescription requiring a prior authorization due to exceeding the updated recommendations, was allowed a 60-day soothing period during which a pharmacy provider was able to obtain a one-time fill of the current prescription (up to a 30-day supply), in the event that they were unsuccessful in contacting the prescriber to inform them that they needed to obtain a prior authorization. The soothing period was ultimately extended by an additional 30 days, until the end of September 2017, at the specific request from some hospitals. The Department noted that the program is progressing as anticipated.

It was pointed out that Aetna Better Health is now active in the Maryland Medicaid HealthChoice MCO marketplace as of October 23, 2017, and is the ninth MCO in the program.

Lastly, the Board was informed that Epocrates® will no longer be providing online formulary information for the Maryland Medicaid Pharmacy Program (MMPP) due to a change in their business strategies. The Department has worked with Health Information Designs, LLC, to contract with Managed Markets Insight and Technology, LLC (MMIT) who will provide online formulary systems through their database known as Formulary Navigator™. The full conversion to Formulary Navigator is planned for January 2018.

Again, the DUR Board members were thanked for their service on the Board.

Conduent State Healthcare, LLC

Conduent presented a summary of therapeutic duplication edits for the use of clonazepam and a benzodiazepine, a summary of Preferred Drug List (PDL) new prior authorizations (PA) requests and a summary of prospective drug utilization review (ProDUR) edits for the third quarter of 2017.

Regarding therapeutic duplication of clonazepam with another benzodiazepine, Conduent reported that a majority of these alerts were overridden at the point of sale by the pharmacy provider. These findings are consistent when compared to previous quarters.

Antidepressants had the highest number of New PDL PA requests for the third quarter of 2017. New PA requests for Opiate dependence treatment agents decreased substantially in the 3rd quarter, largely due in part that Suboxone® sublingual film; Bunavail® buccal film and Vivitrol injection all are preferred on MD FFS PDL.

Claims information was presented for therapeutic duplications, early refill alerts, and drug-drug interactions. For the third quarter of 2017, over half of therapeutic duplication alerts were for antidepressants and anticonvulsants. Over one-third of early refill edits were for antidepressants. The majority of drug-drug interactions involved an antidepressant, with almost half of the edits involving a selective serotonin reuptake inhibitor (SSRI). When reporting on prospective DUR outcomes, it was noted that therapeutic duplications alerts and drug-drug interaction alerts are stopped at the pharmacy

during the claim adjudication process. The pharmacy provider must enter override codes to allow a paid claim. Early refills require an override from the point of sale vendor. A summary of intervention codes related to therapeutic duplications, early refills, and drug-drug interactions was provided.

Reports were presented on cost avoidance estimates and call center volume for the third quarter of 2017.

Health Information Designs, LLC

HID presented a review of action items from the September 2017 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the 3rd quarter of 2017 and future retrospective DUR interventions for the Maryland Medicaid fee for service (FFS) population.

Review of Action Items from September 2017 DUR Board meeting:

Results from the monthly intervention addressing therapeutic duplication of sedative/hypnotic agents continue to provide a significant decrease (> 80%) in duplicate use of these agents. This intervention will continue to be performed on a monthly basis with available outcomes reported at each DUR Board meeting.

Outcomes for the intervention addressing therapeutic duplication of immediate-release stimulants were provided. Patient profiles for December 2016 and January 2017 were reviewed by a clinical pharmacist to determine the sustained use of two unique immediate release stimulants in Maryland Medicaid FFS recipients. Prescribers and pharmacy providers were notified via mail of this therapeutic alert and provided educational information related to the concern for inappropriate use. Six months after the intervention, the flagged participants were evaluated to determine if a change in prescription behavior occurred. The results showed that there was a 75% reduction in this therapeutic duplication and thus, successfully concluded this intervention.

Summary of Active Interventions:

Active interventions for the third quarter of 2017 include therapeutic duplication of sedative/hypnotic agents; concurrent use of an opioid, benzodiazepine and carisoprodol; non-adherence to antiretroviral agents for the treatment of HIV; and several criteria related to the appropriate use of antilipemic agents (therapeutic appropriateness and non-adherence).

RDUR Quarterly Summary:

For the third quarter of 2017, educational intervention letters were sent to prescribers and pharmacy providers regarding therapeutic duplication of sedative/hypnotic agents, concurrent use of an opioid, benzodiazepine and carisoprodol and non-adherence to antiretroviral agents. Of 310 letters sent regarding duplicate sedative use, prescriber response rate was 17% and pharmacy response rate was 19%. Of six letters sent for the concurrent use of an opioid, benzodiazepine and carisoprodol, there were three responses received from the prescriber and none from the pharmacy providers. Of 497 letters sent regarding non-adherence to antiretroviral agents for HIV, there was a 17% response rate from prescribers and a 27% response rate from pharmacies. The majority of prescriber responses indicated that a change in therapy would occur or the issue would be discussed with the recipient. For pharmacy providers, the majority of responses indicated the recipient would be counseled regarding the drug therapy issue identified in the intervention letter.

Future Retrospective DUR Intervention Discussion:

New clinical criteria available from HID was presented to the Board for addition to the monthly claims data analyses performed by HID. The Board agreed to add non-adherence for a new respiratory agent, Trelegy Ellipta, as well as monitoring participants with sickle cell disease who are not receiving hydroxyurea but are prescribed opioids for pain. These will be monitored for potential future interventions.

The following three intervention topics were discussed by the Board:

1. Sub-therapeutic use of quetiapine (Seroquel®)
2. Therapeutic duplication of antidepressants (tricyclic antidepressants and/or SNRIs)
3. Therapeutic duplication of antipsychotic agents

Discussion occurred regarding the therapeutic appropriateness of each intervention. The Board ultimately voted to initiate an intervention to address the sub-therapeutic use of quetiapine and the therapeutic duplication of tricyclic antidepressants. These interventions will be scheduled over the next two quarters.

Other Business

It was noted that the "Pain Management and Beyond" continuing education program held at St. Agnes in October 2017 attracted approximately 100 attendees. Feedback was quite favorable. A video of the presentation is available online for educational purposes.

Five DUR Board members, , D Riedel, K Fink, W Van Wie, L Moricle and G Herpel, have completed their tenure on the Board. Mr. A Alexandrou, Director of MMPP, presented the certificates of appreciation to those departing members who were present at the meeting. Announcements were made that the next meeting will take place on March 1, 2018 and that new DUR Board members are currently being recruited and will be introduced at that meeting. The meeting was adjourned at 10:35 a.m.