Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR)Board
Thursday, March 1, 2018
Meeting Minutes

Drug Use Review (DUR) Board Members: K. Dodge, M. Healy, B. Hose, C. Lefebvre, M. McDonald, M. McPherson, J. O'Leary, C. Onyewu, S. Osotimehin, S. Papesh, B. Shaw
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, L. Burgess, M. Closson, P. Holly, M. Joglekar, D. Shah, S. Singh
Provider Synergies, LLC: H. Peltier
Conduent State Healthcare, LLC: K. Farrakhan, J. Lafranchise
Health Information Designs, LLC (HID): R. Boyer, N. Osei-Boateng

The Maryland Drug Utilization Review (DUR) Board was called to order at 9:18 a.m. on Thursday, March 1, 2018, by the chairperson of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

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

Maryland Medicaid Pharmacy Program (MMPP)

New DUR Board members were welcomed and thanked for accepting to serve on the Board. Other DUR Board members as well were thanked for their ongoing participation.

As discussed at previous meetings, effective April 1, 2016, the Unified Corrective 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. It was announced that as of February 2018, there are 1,026 participants who have been locked in with total of 808 pharmacy providers which represents an increase of 11.5% since last quarter.

Minimum standards for prescription opioid use, implemented to help combat the opioid overdose epidemic affecting members, were discussed. These standards were implemented by the Maryland

Medicaid Pharmacy Program (MMPP) on July 1, 2017 and are utilized by the FFS and MCO programs. Standards include: consideration of non-opioids as first-line treatment for chronic pain, prior authorizations (PAs) for all long-acting opioids, fentanyl, and methadone for pain, and any opioid prescription resulting in a participant 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. The Department has monitored the implementation of the new standards and, it was mentioned that prior authorization (PA) numbers and call center volume surrounding opioid prescribing are currently trending down.

Effective October 23, 2017, Aetna Better Health became active in the Maryland Medicaid HealthChoice marketplace; it became the ninth MCO in the program. At the end of February 2018, there were 4,173 members covered under this MCO.

As of February 1, 2018, online formulary information for the FFS and MCO Medicaid programs was made available on the new electronic formulary database, Formulary Navigator™. Information had previously been provided through the Epocrates® system. The Department implemented an extensive educational outreach program which included a postcard mailing to all active Maryland Medicaid providers, as well as updated information on the Maryland Medicaid Pharmacy website (www.mmppi.com). A video tutorial is available on the website for providers and was shown to Board members at the end of the meeting.

Lastly, the Department informed the DUR Board that the Request For Proposals (RFP) for the Maryland Medicaid Drug Utilization Review program was posted on February 21, 2018. This contract includes all tasks related to retrospective drug utilization review (RDUR) for the Maryland Medicaid Pharmacy Program, as well as management of the Corrective Managed Care (Lock-In) program and other administrative tasks.

Again, the DUR Board members were thanked for their service on the Board and the Maryland Medicaid program.

Conduent State Healthcare, LLC

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

Regarding therapeutic duplication of clonazepam with another benzodiazepine, Conduent reported that 90% of these alerts were overridden at the point of sale by the pharmacy provider, which is consistent with previous quarters. It was explained to the Board that this edit was created five years ago to allow pharmacy providers to override this alert at the point of sale (POS) due to the therapeutic classification of the agents. Clonazepam is classified as an anticonvulsant compared to other benzodiazepines, so the utilization of both agents is clinically appropriate for some participants. Pharmacy providers are

required to input the correct Prospective Drug Utilization Review (ProDUR) codes to override the therapeutic duplication alert.

Antidepressants had the highest number of new PDL PA requests for the fourth quarter of 2017. Opiate dependence treatment agents decreased once again this past quarter. PDL PA requests for stimulants significantly increased this quarter, which was attributed to an increase in utilization of Dyanavel®. It was reported that 90% of the new PDL PAs for the fourth quarter of 2017 fell into ten therapeutic classes.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the fourth quarter of 2017. Regarding therapeutic duplications, anticonvulsants and antidepressants represented the majority of therapeutic duplication alerts which is consistent with previous quarters. Antidepressants represented over one third of the early refill alerts this quarter. Denied claims for early refills require the provider to contact the Conduent call center for an override. The majority of drug-drug interaction alerts involved an antidepressant, with 43% involving a selective serotonin reuptake inhibitor (SSRI). 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 fourth quarter of 2017.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the December 2017 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the fourth quarter of 2017 and future retrospective DUR interventions for the Maryland Medicaid fee-for-service (FFS) population.

<u>Review of Action Items from December 2017 DUR Board meeting:</u>

Outcomes of RDUR interventions were presented to the DUR Board for the fourth quarter of 2017. The intervention outcomes process is initiated during 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. These 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, an 85% decrease in duplicate use was reported. It was recommended that this intervention continue based on successful results and expected decreased adverse effects to participants. The DUR Board agreed with the recommendation.

Outcomes of the RDUR intervention that identifies participants utilizing an opioid, benzodiazepine and carisoprodol-containing product were reported as well. The number of participants identified by this criterion continues to be low, potentially due to previous interventions that addressed the use of opioids and muscle relaxants taken concurrently and risk of additive adverse effects. There was no change in prescribing behaviors for the intervention group during the reporting period and, of the

prescribers who responded to the educational intervention letters, most noted that the benefits of therapy outweighed the risks and that the participant was being monitored. It was recommended that this intervention continue for another quarter to further assess outcomes. In addition to agreeing with this recommendation, the DUR Board requested that the prescribers of the identified regimen be monitored to further establish prescribing patterns. This information will be presented at the June 2018 meeting.

Summary of Active Interventions:

Active interventions for the fourth quarter of 2017 as well as those initiated in the first quarter of 2018 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; the antilipemic intervention (nonadherence to an antilipemic agent or underutilization of antilipemic agents); therapeutic duplication of tricyclic antidepressants; and, subtherapeutic use of quetiapine.

Retrospective DUR Quarterly Summary:

During the fourth quarter of 2017, educational intervention letters were sent to prescribers and pharmacy providers for duplicate sedative/hypnotic use, concurrent use of an opioid, benzodiazepine and carisoprodol-containing product, and the antilipemic intervention. A total of 713 participants were flagged for intervention this quarter. Overall, 18% of prescribers and 13% of pharmacy providers responded to the educational outreach, which is voluntary. Many prescribers noted that the participant would be contacted to discuss the drug therapy issue identified, while the majority of pharmacy providers indicated that the participant would be counseled regarding the therapeutic issue identified.

A discussion occurred regarding the legal implications of the RDUR educational intervention letters. It is noted that this outreach is federally mandated for all Medicaid programs. The Department will review internally and provide feedback to the Board at the June 2018 meeting.

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 the following criteria: nonadherence or overutilization of Juluca®; nonadherence to QVAR Redihaler®; nonadherence or overutilization of Lyrica CR®; and nonadherence or overutilization of Ozempic®. These will be monitored for potential future interventions.

The following intervention topics were discussed by the Board:

1. Concurrent use of gabapentin and pregabalin
2. Overutilization of gabapentin
3. Therapeutic appropriateness of concurrent use of a stimulant for ADHD and sedative/hypnotic for insomnia in adults.

The Board noted that there currently is no supportive evidence for the concurrent use of gabapentin and pregabalin, though indications for use are different for the two products. Regarding utilization of gabapentin, discussion occurred surrounding the use of gabapentin with opioids and the potential for adverse outcomes. This relationship is noted to be dose-dependent, with higher doses of gabapentin in addition to opioids carrying a significant safety concern. The DUR Board requested utilization information be presented at the next meeting for number of participants utilizing pregabalin and gabapentin and the number of participants utilizing gabapentin and opioids. Doses of gabapentin will be stratified as low, medium or high dose based on clinical literature available. Further recommendations will be discussed at the June 2018 meeting.

Other Business

The election for the new Chairperson of the Corrective Managed Care (CMC) Advisory Committee, Chairperson of the DUR Board and Vice-Chairperson of the DUR Board was held. Dr. O'Leary was unanimously voted in as the new Chairperson of the CMC Advisory Committee, Dr. McPherson was unanimously voted in as the new Chairperson of the DUR Board and Dr. McDonald was unanimously voted in as the Vice-Chairperson of the DUR Board.

The DUR Board was shown the updated Maryland Medicaid Pharmacy Program Information website (www.mmppi.com) along with Formulary Navigator™ information.

There being no additional business, the meeting was adjourned at 11:00 a.m.