MARYLAND
Department of Health

Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, December 6, 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, F. Osotimehin, S. Papesh, B. Shaw**
Maryland Medicaid Pharmacy Program (MMPP): **A. Alexandrou, M. Closson, P. Holly, M. Joglekar, L. Karanja, K. Rogers, 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 9:15 a.m. on Thursday, December 6, 2018, by the Chairperson of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

The minutes from the September 6, 2018 DUR Board meeting were approved as presented with no changes.

Maryland Medicaid Pharmacy Program (MMPP)

As discussed at previous meetings, the Department implemented the Unified Corrective Managed Care (CMC) program which addresses participant's aberrant use of controlled substances, regardless if the participant is enrolled under the Fee-For-Service (FFS) program or Managed Care Organization (MCO). Under this program, there are uniform lock-in criteria which allow the program to keep participants locked-into CMC when they meet the criteria. The criteria used is 6-3-3 formula discussed during the CMC meeting and is defined as the use of six control prescriptions obtained from three different prescribers or filled at three different pharmacies in a one month period. Participants remain locked-in even if they move from FFS to MCO or from one MCO to another. As of November 8, 2018, 917 members have been locked-in with a total of 731 providers. This represents a decrease of 9% (93 members) compared to the number reported at the September DUR Board meeting. This could be a result of some participants graduating from the program

and/or some being ineligible. However, these numbers represent the program's success. The decisions taken and measures implemented by the Department in 2016 have been proven to be appropriate and the Department will continue to work towards a common goal which is the well-being of our members.

As previously mentioned at the September meeting regarding opioids, the Department implemented minimum standards for opioid prescribing on July 1, 2017 that apply to both the FFS and the MCOs, in order to combat the overdose epidemic which affects our participants and included coverage of non-opioids to be considered first-line treatment for chronic pain, and prior authorizations for all long-acting opioids, fentanyl, methadone for pain and any opioid prescription that results in a dose exceeding 90 morphine milligram equivalents per day. In addition, a standard 30-day quantity limit for all opioids is set at or below 90 morphine milligram equivalents per day. Exceptions to these standards include participants with a diagnosis of cancer, sickle cell anemia or those receiving palliative care. These standards also do not apply to patients who are in hospice care. For October 2018 there were 72 requests, which is consistent with previous months. The program is progressing as anticipated and facilitating to improve appropriate prescribing of opioids.

The Board was reminded that the Department provides on-line access to Fee-for-Service Preferred Drug List (PDL) and Managed Care Organization's PDL and Formularies on Formulary Navigator and by now, you may have accessed it and if you have not, the Department recommends that you utilize this valuable and resourceful tool as it provides the most up-to-date information. Access is available via www.mmppi.com as well as the Maryland Medicaid program's website.

It was announced that the Department is currently accepting applications for the Pharmacy and Therapeutics Committee membership. Board members were asked to spread the word among their colleagues. If anyone from the Board and/or if any Board member may know of someone who may be interested, applications are due no later than January 15, 2019.

Lastly, the Department provided details from the live Continuing Medical and Pharmacy Education (CME/CE) seminar held on October 27, 2018. Approximately 100 providers attended the free event to learn about HIV management in primary care. Four presenters provided updates on treatment options, pipeline medications, a review of medication safety concerns and psychiatric concerns in this population. Based on feedback from attendees the program was a success. HID's Clinical Account manager will provide further details regarding the program.

The DUR Board members were thanked for their service on the Board and to the Maryland Medicaid Program.

Some Board members further discussed the impact of the minimum Opioid DUR prescribing standards in practice and asked if the DUR Board could provide suggestions for the program in an effort to support the Department. The Department was going to discuss internally and report at the March DUR Board meeting.

Conduent State Healthcare, LLC

Conduent presented a summary of therapeutic duplication edits for the use of benzodiazepines and clonazepam, 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 2018.

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported that 88% of these alerts were overridden at the point of sale by the pharmacy provider during the reporting period, which is consistent with previous quarters. Pharmacy providers are required to input the correct ProDUR codes at point of sale (POS) to override the therapeutic duplication alert.

Antidepressants (other) had the highest number of new PDL PA requests for the third quarter of 2018, though the number of requests have decreased since last reported. It was clarified that this class does not include antidepressants that are selective serotonin reuptake inhibitors (SSRI) or tricyclic antidepressants (TCA). Opioid use disorder agents continue to be in the top ten PA requests, though the number of requests has decreased since the last quarter. It was reported that 88% of the new PDL PAs for the third quarter of 2018 fell into ten therapeutic classes. Glucocorticoids (inhaled) is new to the top ten PDL therapeutic class list for this quarter.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the third quarter of 2018. Regarding therapeutic duplications, anticonvulsants and antidepressants represented the majority of therapeutic duplication alerts which is consistent with previous quarters. The most common DUR conflict codes entered at the Point-of-Sale continues to be the prescriber approves of the regimen and the prescription was filled as is. 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 39% involving a selective serotonin reuptake inhibitor (SSRI). A summary of intervention codes related to therapeutic duplications, early refills, and drug-drug interactions was provided.

Information regarding the PDL PA requests, therapeutic duplication, early refill and drug-drug interactions alerts were provided to the DUR Board members prior to the meeting.

Reports were presented on cost avoidance estimates and call center volume for the third quarter of 2018.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the September 2018 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the third quarter of 2018 and future retrospective DUR interventions for the Maryland Medicaid fee-for-service population.

<u>Review of Action Items from September 2018 DUR Board meeting:</u>

HID performed testing on the recommended updates to the RDUR intervention letters and how claims information will be displayed. Three final options were presented to the Board. The first

option inserts the provider identification (ID) number for the provider that the letter is addressed to. This option is relatively easy to implement and would not change the letter length. The second option is to input the provider name and phone number associated with the provider ID number instead of using a number in the patient profile portion of the letter. This option would take time to implement and would likely significantly increase the length of the patient profile as more lines will be added for each prescription claim. A third option is to input the provider name and pharmacy name instead of using a provider number. This option would also increase the length of the letter, similar to option two. After discussion and input from the Department, the Board chose to update the letters to display the name of the prescriber and pharmacy provider in the claims data that is provided with the drug therapy issue identified. The goal of this update is to address issues where providers were unaware of which prescription was attributed to him/her, and to facilitate provider interaction and patient care.

Other action items reviewed included outcomes of RDUR interventions for the third quarter of 2018. 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, there was over a 90% 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. For the reporting period (3rd quarter of 2018), there was a 100% reduction in triple-therapy. It was recommended that this intervention continue even though the number of participants identified continues to be low. The DUR Board agreed that the significant reduction in triple therapy makes it a worthwhile intervention. This intervention will continue.

Outcomes of the RDUR intervention that identifies participants therapeutic duplication of tricyclic antidepressants was reported. This intervention occurred in January 2018 and identified participants utilizing multiple tricyclic antidepressants. After the six-month suppression period there was an 83% decrease in duplicate therapy. No follow up is recommended at this time.

Finally, outcomes from the RDUR intervention focusing on appropriate quetiapine therapy were presented. This intervention identified participants utilizing low dose quetiapine potentially in an "off label" manner to treat insomnia. The intervention was completed in February 2018 and after the six-month suppression period there was a 58% discontinuation rate of low dose quetiapine. A select review of profiles for those that discontinued quetiapine revealed that another agent was used for treatment of insomnia. No follow up is recommended at this time.

Summary of Active Interventions:

Active interventions for the third quarter of 2018 include: therapeutic duplication of sedative/hypnotic agents; concurrent use of an opioid, benzodiazepine and carisoprodol; concurrent use of a stimulant and sedative/hypnotic agent; concurrent gabapentin and pregabalin use; and, use of an opioid and medium-high dose gabapentin and associated overdose risk.

Retrospective DUR Quarterly Summary:

During the third quarter of 2018, 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 concurrent use of a stimulant and sedative agent. A total of 476 participants were flagged for intervention this quarter and over 1,000 intervention letters were mailed to providers. Overall response rates, which are voluntary, remain consistent with previous quarters. Many prescribers noted that the participant would be contacted to discuss the drug therapy issue identified or that the therapeutic issue would be resolved, while the majority of pharmacy providers indicated that the participant would be counseled concerning the therapeutic issue identified. Regarding the concurrent stimulant and sedative educational outreach, most prescribers who responded noted that the benefits of drug therapy outweighed the risks – this represents the first time this response has been the most frequently reported.

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: educational information regarding the risk of fundic gland polyps with proton pump inhibitor use (therapeutic class update from the FDA), inappropriate use of Symtuza™ with other antiretrovirals, and underutilization of Symtuza™, Olumiant® and Symdeko®. These will be monitored for potential future interventions. An additional criterion was recommended to add to the monthly claims analyses: overutilization of benzodiazepines. This intervention would identify participants using greater than or equal to 40mg of diazepam equivalents. A chart of benzodiazepine equivalency was provided to the Board for review. After discussion, the Board requested more information regarding maximum daily dosing of benzodiazepines and suggested increasing the dose to prevent alter fatigue. This information will be sent to the Board electronically for further refinement of the intervention and will be presented at the next meeting. The Board did not vote to initiate a new intervention for the next quarter and the recurring interventions will be performed.

Other Business

HID provided details regarding the annual live CME/CE program which occurred on October 27, 2018 at St. Agnes Hospital Alagia Auditorium. A review of the evaluations from the presentation showed that over 90% of attendees strongly agreed that the objectives of the presentation were met, that the information was practical and useful and would be implemented in practice. The top suggestions for future programs were presented to the Board. Board members also provided suggestions for future topics.

Additionally, an outgoing Board member was recognized for her two-term service on the Maryland Medicaid DUR Board. F. Osotimehin has provided practice information and clinical expertise to the Board for the past six years and her support of the program and her commitment to the Medicaid population and program was recognized by the Director. The Department is currently in the final stages of choosing a new member who will start in 2019.

There being no additional business, the meeting was adjourned at 11:07 a.m.