MARYLAND
Department of Health

Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, March 7, 2019
Meeting Minutes

Maryland Drug Utilization Review Board (DUR): **K. Dodge, M. Healy, B. Hose, C. Lefebvre, M. McDonald, N. McGarvey, M. McPherson, J. O'Leary, C. Onyewu, S. Papesh, B. Shaw**
Maryland Medicaid Pharmacy Program (MMPP): **A. Alexandrou, P. Holly, M. Joglekar, L. Karanja, K. Rogers, D. Shah, S. Singh**
Provider Synergies, LLC: **H. Peltier**
Conduent State Healthcare, LLC: **K. Farrakhan**
Health Information Designs, LLC (HID): **R. Boyer, S. Donald, N. Osei-Boateng**
Owl Creek Consulting: **L. Adelhardt**

The Maryland Medicaid Drug Utilization Review (DUR) Board was called to order at 9:21 a.m. on Thursday, March 7, 2019, by the Chairperson of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

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

Maryland Medicaid Pharmacy Program (MMPP)

Dr. Neil McGarvey was congratulated and welcomed as a new DUR Board member by the Department.

The Department continues to implement 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. Participants remain locked-in even if they move from FFS to MCO or from one MCO to another. As of February 7, 2019, 845 members have been locked-in with a total of 684 providers. This represents a decrease of 8% (72 members) compared to the number reported at the December 2018 DUR Board meeting. If you take a look at the numbers I have been reporting, you will notice that the number of participants being locked-in the

program has been gradually decreasing which demonstrates the Program's overall success. The Department will continue to work towards a common goal which is the well-being of our members.

Further information was provided regarding minimum opioid prescribing standards which the Department implemented on July 1, 2017. The standards apply to both the FFS and the MCOs, to combat the overdose epidemic which affects our participants. Included is 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. Additionally, 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. As of January 20, 2019, there were 68 prior authorization requests for opioids. This shows the Opioid Program is working as expected and continues to facilitate to improve appropriate prescribing of opioids and curb the concerns related to the epidemic.

As a result of the discussion at the December 2018 DUR Board meeting, the Department spoke about MCOs prior authorization (PA) process surrounding the minimum prescribing standards implemented for opioids, as well as other Department initiatives in place to address the overall impact of these standards. Regarding cited instances, the Department, under the advisement of the Chief Medical Officer, requests specific examples of any challenges noted for further review. Additionally, it was shared that in January 2017 the Governor created an interagency coordination council on opioids [Opioid Operational Command Center (OOCC)]. The council meets quarterly and shares information across agencies. Their next meeting is March 20, 2019, 1:00-3:00 pm at the Statehouse in Annapolis and is open to the public. Comments may also be sent directly to Christine Gentry, Chief of Planning of this committee, at christine.gentry@maryland.gov and she will follow up with agencies as appropriate. It was noted that this task force applies to the prescribing of opioids for the State of Maryland and is not limited to the MMPP.

Department representatives attended the annual meeting of the American Drug Utilization Review Society (ADURS) in February and details will be provided later in the meeting.

Lastly, policy and procedures for the DUR Board are being updated and will be submitted prior to the June 2019 DUR Board meeting. Effective immediately, Board attendance will be recorded and submitted to the Department. The Department is responsible for submitting attendance to the Secretary annually.

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

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 PA requests and a summary of prospective drug utilization review (ProDUR) edits for the fourth quarter of 2018.

Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported that 87% of these alerts were overridden at the point of sale by the pharmacy provider during the reporting

period, which is consistent with previous quarters. It was explained to the Board that this is a special edit that was created due to the classification of clonazepam as an anticonvulsant, not a benzodiazepine. Antidepressants (other) had the highest number of new PDL PA requests for the fourth quarter of 2018, and the number of requests had increased compared to the previous quarter reported. It was reported that 91% of the new PDL PAs for the fourth quarter of 2018 fell into ten therapeutic classes.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the 4th quarter of 2018. Regarding therapeutic duplications, antidepressants represented half of all alerts (50%), which is an increase compared to previous quarters. Pharmacy providers are required to input the correct ProDUR codes at point of sale (POS) to override the therapeutic duplication alert. For early refills, antidepressants also represented half of all alerts, which is also an increase from the previous quarter. The majority of drug-drug interaction alerts involved an antidepressant, with 39% involving a selective serotonin reuptake inhibitor (SSRI), which is consistent with the previous quarter. 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 2018.

Health Information Designs, LLC

Review of Action Items

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

Review of Action Items from December 2018 DUR Board meeting:

The RDUR educational intervention letters were updated with the January 2019 profile review cycle. Prescriber and pharmacy provider names, instead of ID numbers, were added to all RDUR educational intervention letters.

Outcomes of RDUR interventions for the fourth quarter of 2018 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. 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, 97% of the intervention cohort discontinued use of more than one agent, which is consistent with previous quarters. It was recommended that this intervention continue based on successful results and expected decreased adverse effects on 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 (4th 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.

Summary of Active Interventions:

Active interventions for the fourth 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 fourth 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, concurrent gabapentin and pregabalin use, and use of an opioid and medium-high dose gabapentin. A total of 455 participants were flagged for intervention this quarter and over 1,200 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 use of an opioid and medium-high dose gabapentin use, many prescribers who responded noted that the benefits of drug therapy outweighed the risks. For concurrent gabapentin and pregabalin use, over half of the prescriber responses indicated one product would be discontinued or the issue would be further reviewed and discussed with the participant.

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: inappropriate use of Trogarzo™ as monotherapy, therapeutic appropriateness of Epidiolex®, and underutilization of Trogarzo™ or Epidiolex ®. These will be monitored for potential future interventions.

Further discussion occurred regarding the implementation of an intervention to identify participants using greater than or equal to 40mg of diazepam equivalents, which is considered high dose benzodiazepine use. Board members discussed practice related information on when high dose benzodiazepine use may be beneficial for a participant, as well as instances where high dose, long-term use would be considered clinically inappropriate. The Board proposed updated language in the alert letter to include appropriate alternatives to high dose benzodiazepine use. After further discussion, the Board approved the addition of said language and initiating this intervention for the 2nd quarter of 2019.

Other Business

The DUR Board was informed of the upcoming Maryland Medicaid P&T Committee meeting. This meeting is held biannually in May and November. The next meeting will be held on May 2, 2019, at Towson University - West Village Commons, beginning at 9:00 a.m. It is a public meeting and Board members were encouraged to attend.

HID provided details regarding the annual meeting of the American Drug Utilization Review Society (ADURS) that was held in Scottsdale, Arizona on February 21-24, 2019. This meeting brought together state Medicaid employees, vendors who participate in state Medicaid programs, pharmaceutical representatives and health interests to discuss current State Medicaid practices and trends. New regulations regarding oversight of Managed Care Organizations (MCO) was an important topic discussed at the meeting. Additionally, continuing education programs are provided to attendees.

The Board discussed the format of the RDUR intervention letter and return form as to the ease of providers returning the information electronically instead of in paper form. Board members felt that both methods, paper and electronic, via link to an online form, would provide the best results as providers would have the option of which they are most comfortable using. HID and the Department will further discuss the ability to implement an electronic system.

Another discussion occurred regarding the prescribing and availability of Narcan® (naloxone) for reversal of opioid overdose. Specifically, the Board discussed the risk associated with the use of this agent in end of life care, based on reported information in other areas of the United States. The Department clarified that there are no mandates in Maryland to prescribe this agent in the hospice population.

Additionally, the Board discussed the availability of records indicating methadone use for the treatment of opioid use disorders or chronic pain for Maryland residents. It was mentioned that this information, in the setting of an opioid use disorder, is not readily available to providers who may consider prescribing opioids for pain management. The Department clarified that there are federal regulations that prohibit the sharing of this information. Overall, the Board agreed that the use of methadone and other opioid analgesics may be considered as a future intervention to assure therapeutic appropriateness, in the setting of chronic pain.

Lastly, the Board discussed the use of multiple pharmacies for patients who are prescribed opioids and if this should be considered as aberrant behavior. Board members discussed that, in some instances, multiple pharmacies may be used due to pharmacy stock of controlled substances, which recently has been limited and maximum dispensing limits have been implemented based on wholesale distribution limits.

The next meeting of the DUR Board will be June 6, 2019. There being no additional business, the meeting was adjourned at 11:00 a.m.