MARYLAND
Department of Health

Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, June 6, 2019
Meeting Minutes

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

The Maryland Medicaid Drug Utilization Review (DUR) Board was called to order at 9:15 a.m. on Thursday, June 6, 2019, by the Chairperson of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

The minutes from the March 7, 2019 DUR Board meeting were approved as presented with no changes.

Maryland Medicaid Pharmacy Program (MMPP)

The Unified Corrective Managed Care (CMC) lock-in Program continues to work as anticipated to facilitate an improvement in appropriate practices. As of May 7, 2019, a total of 788 members have been locked in with 642 providers. This represents a decrease of almost 7% (57 members) as compared to the number that was reported at the March DUR Board meeting. The Department's goal continues to be improving the well-being of our members and to provide appropriate, cost-effective care to all participants in timely manner.

The Board was reminded that the Department has specific guidelines, clinical criteria and Enhanced Treatment Plan for Hepatitis C therapy that the Fee-for-Service (FFS) Program and Managed Care Organizations (MCOs) are required to follow. Effective July 1, 2019, the Department is expanding coverage to include treatment of all patients with a fibrosis score of F1. Further, patients less than

21 years of age with a fibrosis score of F0 will also be eligible for treatment.

An update from the March DUR meeting was also provided regarding new federal regulations and requirements for MCOs that participate in State Medicaid programs. Based on these updated policies, each MCO is now required to have a DUR Board/Committee similar to the Maryland Medicaid FFS Program and must complete an annual survey and submit DUR activity reports to CMS, just as the FFS Program has already been doing. Based on the CMS requirements, the Department is charged with not only receiving completed CMS MCO DUR survey reports but also with verifying these reports for completeness and submitting to CMS every year by June end.

The DUR Board members were sincerely thanked for the expertise they bring to the table and for dedicating time to participate on this Committee.

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) new PA requests, and a summary of prospective drug utilization review (ProDUR) edits for the first quarter of 2019.

Prospective Drug Utilization (ProDUR) Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported that 86% of these alerts were overridden at the point of sale by the pharmacy provider during the first quarter of 2019, which is consistent with previous quarters. Antidepressants (other) had the highest number of new PDL PA requests for the first quarter of 2019, although the number of requests had decreased compared to the previous quarter reported. Ninety percent (90%) of the new PDL PAs fell into ten therapeutic classes. It was reported that there was a decrease in PA approval for opioid use disorder treatments, attributed to the use of generics versus brand drugs.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the first quarter of 2019. Regarding therapeutic duplications, antidepressants represented nearly half of all alerts (49%), which is consistent 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, and for the reporting period the most frequent reported intervention and outcome code was that the prescriber was consulted and the prescription was filled as entered. For early refills, antidepressants also represented most (49%) of all alerts, which is consistent with the previous quarter. Any early refill alert requires the pharmacist to contact the claims processor to obtain an override. Most drug-drug interaction alerts (37%) involved a selective serotonin reuptake inhibitor (SSRI), which is a change from last quarter where antidepressants ranked first. A summary of intervention codes related to therapeutic duplications, early refills, and drug-drug interactions was provided.

Reports were also presented on cost avoidance estimates and call center volume for the first quarter of 2019.

Health Information Designs, LLC

Review of Action Items

Health Information Designs (HID) presented a review of action items from the March 2019 meeting, an overview of active interventions, a retrospective DUR intervention summary for the first quarter of 2019, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items from March 2019 DUR Board meeting:

Outcomes of RDUR interventions for the first quarter of 2019 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 (1st quarter of 2019), 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.

The Board requested information be added to the intervention letters sent to providers regarding the availability of controlled substance claims data in the Prescription Drug Monitoring Program (PDMP), which all providers are required to have access to and utilize for patient care. HID will review the letters and provide recommendations via email prior to the next Board meeting.

Lastly, outcomes from the RDUR intervention, initiated in August 2018 to identify concurrent use of a stimulant for ADHD and sedative for insomnia, were presented to the Board. A review of claims data revealed a 35% overall reduction in concurrent use of the targeted agents. Since this is a continued issue in the Medicaid population, and seeing the value of this reduction, the DUR Board agreed to repeat this intervention later this year.

Summary of Active Interventions:

Active interventions for the first quarter of 2019 include: duplicative sedative/hypnotic use, concurrent use of an opioid, benzodiazepine and carisoprodol, opioid and med – high dose gabapentin, concurrent gabapentin and pregabalin use, and high dose benzodiazepine.

Retrospective DUR Quarterly Summary:

During the first quarter of 2019, educational intervention letters were sent to prescribers and pharmacy providers for duplicate sedative/hypnotic use and concurrent use of an opioid, benzodiazepine and carisoprodol. A total of 99 participants were flagged for intervention this quarter and 264 intervention letters were mailed. Overall response rates, which are voluntary, remain consistent with previous quarters at 21%. Many prescribers noted that the medications would be discontinued or the patient has an appointment to discuss the drug therapy problem identified, while the majority of pharmacy providers indicated that the participant no longer uses the pharmacy or sees the prescriber, or that after speaking with the provider to expect a modification in therapy. A review of responses indicating the provider did not prescribe the identified product did not reveal any fraudulent activity.

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: overutilization or non-adherence of Yupleri (revefenacin); overutilization or drug-disease precaution of Osmolex ER (amantadine extended-release); overutilization, non-adherence or therapeutic appropriateness of Pifeltro (doravirine); and the overutilization, non-adherence or therapeutic appropriateness of Delstrigo (doravirine/lamivudine/tenofovir disoproxil fumarate). The DUR Board agreed with the recommendation that these be monitored for potential future interventions.

The DUR Board also discussed looking at dosing recommendations and requested that monitoring for drugs that are over FDA limits be reported for gabapentin (3600mg), Gralise® (1800mg) and Horizant® (1200mg).

Further discussion occurred regarding future opportunities for educational interventions. Board members proposed multiple drug therapy problems, including de-prescribing of medication therapies, safety concerns with the long-term use of proton pump inhibitors, appropriate use and conversion of transdermal fentanyl, overutilization, non-adherence, therapeutic duplication and therapeutic appropriateness of respiratory inhalers in the management of asthma and chronic obstructive pulmonary disorder (COPD), overutilization of antibiotic therapies, overutilization of riluzole, and inappropriate use of Namenda (memantine). The feasibility and appropriateness of these retrospective interventions will be reviewed and presented at the next meeting.

Other Business

Dr. McPherson was recognized for receiving the Excellence in Teaching Award from the University of Maryland Board of Regents.

Planning is underway for the annual live continuing education program, sponsored by the Maryland Department of Health Medicaid Pharmacy Program. Board members were asked to provide recommendations for topics.

Mr. Shah introduced a new member of the pharmacy program team. Dr. Okoronkwo recently joined the Department as a Chief of Pharmacy Services.

The next meeting of the DUR Board will be September 5, 2019. There being no additional business, the meeting was adjourned at 10:17 a.m.