Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, March 5, 2020
Meeting Minutes

DUR Board Members: **K. Dodge, M. Healy, B. Hose, C. Lefebvre, M. McDonald, M. McPherson, N. McGarvey, J. O'Leary, C. Onyewu, S. Papesh, B. Shaw**
Office of Pharmacy Services: **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, J. Lafranchise**
Health Information Designs, LLC (HID): **R. Boyer**
Owl Creek Consulting: **L. Adelhardt**

The Maryland Medicaid Drug Utilization Review (DUR) Board was called to order at 9:17 a.m. on Thursday, March 5, 2020, by the Chair of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

The minutes from the December 5, 2019 DUR Board meeting were approved as presented.

Office of Pharmacy Services

Since the implementation of the Unified Corrective Managed Care lock-in Program, the Department is actively monitoring the questionable control substance usage patterns of enrollees under the State plan. This program is working as anticipated and facilitating to improve appropriate practices. As of February 7, 2020, a total of 523 members have been locked in with 420 providers, which represents a decrease of almost 19% (121 members) as compared to the number reported at the December 2019 DUR Board meeting. The Department's goal continues to be the well-being of program members and to provide utmost cost-effective care to all the participants in a timely manner. Based on updated regulations previously discussed under the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT ACT), the Department expanded the program to include health care providers prescribing medications to enrolled individuals and pharmacies dispensing

medications to enrolled individuals to identify fraud or abuse. As a reminder to all, the SUPPORT ACT requires State Medicaid Programs to have in place:

1. Prospective automated claim review process to include requirements such as Safety Edits including Early, Duplicate, and Quantity Limits for subsequent fills for opioids.
2. Prospective automated claim review process for Maximum Daily Morphine Milligram Equivalent (MME) Safety Edits, and
3. Concurrent Utilization Alerts that requires states to have an automated process for claims review that monitors when an individual is concurrently prescribed opioids and benzodiazepines or opioids and antipsychotics.

There are permitted exclusions. These safety edits and claims review requirements added by section 1004 for the SUPPORT Act and mentioned above do not apply to individuals who are receiving hospice or palliative care, or receiving treatment for cancer.

Each of the Managed Care Organization within Medicaid must operate a DUR Program that complies with these requirements and submit the activity report to the Department, as part of the Centers for Medicare and Medicaid Services (CMS) annual assessment. At this time, all Maryland Medicaid MCO and FFS programs meet the SUPPORT Act regulations.

Effective January 1, 2020, in accordance with Senate Bill (SB) 598, the Department further expanded Hepatitis C coverage criteria and started treating patients with Fibrosis score of F0 with a diagnosis of Chronic Hepatitis C infection. Additionally, effective January 1, 2020, pharmacy claims for all HIV/AIDS medications are covered and paid for by the appropriate HealthChoice MCO plan. A "soothing period" from January 1, 2020, to June 30, 2020, is in place to facilitate this transition, during which the MCOs will continue their members' existing antiretroviral therapy without changes. However, during the soothing period, new patients placed on antiretroviral therapy will be subject to the MCOs' HIV/AIDS medication requirements such as quantity limits or prior authorization, if any.

The American Drug Utilization Review Society (ADURS) annual meeting was held February 27-29, 2020 in Scottsdale, Arizona. This meeting brings together State delegates to meet and discuss opportunities, challenges, new and upcoming clinical and programmatic developments in the Medicaid arena and future of the Medicaid Program. There are several new initiatives being undertaken by CMS and the Board will be updated at future meetings on the impact to the State of Maryland Medicaid DUR program.

Lastly, members were thanked for their clinical expertise and for dedicating their time to participate on the Board.

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) prior authorization requests, and a summary of prospective drug utilization review (ProDUR) edits for the fourth quarter of 2019.

Summary of Therapeutic Duplication Alerts (ProDUR)

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 fourth quarter of 2019, which is consistent with previous quarters.

Summary of PDL PA Requests

The top ten therapeutic categories accounted for 90% of the new PDL PAs. Antidepressants (other) had the highest number of new PDL PA requests for the fourth quarter of 2019. The number of requests had increased 28% compared over the third quarter, but consistent with the last quarter of 2018. Stimulants and related agents replaced anticonvulsants in second place, which moved to third. A full listing of all PDL PA requests for the fourth quarter of 2019 was presented to the Board.

Summary of Prospective Drug Utilization (DUR) Edits

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the fourth quarter of 2019. Regarding therapeutic duplications, antidepressants represented over half of all alerts (57%), which is consistent with previous quarters. For early refills, antidepressants also represented most of all alerts (48%), which is consistent with the previous quarter. This was followed by gabapentin (16%). Most drug-drug interaction alerts (34%), involved a selective serotonin reuptake inhibitor (SSRI), followed by antidepressants, other (29%). A summary of intervention codes related to therapeutic duplications, early refills, and drug-drug interactions was provided.

Cost avoidance estimates were presented. The call center saw its highest volume in the last quarter of 2019 compared to previous quarters.

Health Information Designs, LLC

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

Review of Action Items

Outcomes of RDUR interventions for the fourth 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, those in the intervention group with active Medicaid coverage after the suppression period had a 91% reduction in the use of duplicate therapy, 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.

For the intervention that identifies high dose benzodiazepine utilization, after the suppression period, there was a 37% reduction in the use of high dose therapy (defined as the equivalent of 40mg of diazepam) and positive change in prescribing behavior. The board requested more information on the diagnosis information for those participants that continue to utilize high dose benzodiazepine therapy. This information will be reported at the June 2020 DUR meeting.

Summary of Active Interventions

Active, ongoing interventions for the fourth quarter of 2019 include: 1) duplicate sedative use, 2) concurrent use of an opioid, benzodiazepine and carisoprodol, 3) high dose benzodiazepine, 4) concurrent gabapentin and pregabalin, 5) high dose gabapentin, and 6) opioid and med-high dose gabapentin. Intervention outcomes information for all active interventions will continue to be shared at future quarterly meetings as it becomes available.

Retrospective DUR Quarterly Summary

During the fourth quarter of 2019, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) high dose gabapentin and 3) opioid and medium-high dose gabapentin use. The intervention addressing concurrent use of an opioid, benzodiazepine and carisoprodol containing agents did not identify any participants who required intervention during the reporting period. The concurrent use of gabapentin and pregabalin outcomes were reported at Dec. 2019 meeting and since it is under suppression period, as mentioned above, the outcomes information will continue to be shared at the future quarterly meetings as it becomes available. A total of 227 participants were flagged for intervention this quarter and 712 intervention letters were mailed. Overall response rates, which are voluntary, were higher than the previous quarter (10-28%). The top prescriber responses were that the prescriber will reassess and modify therapy, and that the prescriber discontinued medications. The top pharmacist response was that the patient would be counseled at the next visit. No issues of fraudulent activity were found.

Regarding duplicate sedative use, a total of 74 participants were flagged for intervention this quarter and 190 intervention letters were mailed, with an average response rate of 26%. The top responses were “Prescriber will reassess and modify therapy” and “Pharmacist will counsel patient at next visit”. A total of 33 participants were flagged for high dose gabapentin utilization. Ninety-one intervention letters were mailed, with an average response rate of 26%. The top response was “Prescriber discontinued medications” and “Pharmacist will counsel patient at next visit”. Lastly, for concurrent use of opioid and medium-high dose gabapentin, a total of 120 participants were flagged for intervention this quarter and 431 intervention letters were mailed, with an average

response rate of 11%. The top response was “Prescriber discontinued medications” and “Pharmacist will counsel patient at next visit”.

Future Retrospective DUR Intervention

Recommendations for monitoring of new criteria under clinical criteria maintenance were presented as follows:

- Wakix® (pitolisant) [narcolepsy]
    - Overutilization, Drug-Drug Interactions
- Sunosi® (solriamfetol) [narcolepsy]
    - Overutilization
- Duaklir Pressair (aclidinium/formoterol) [COPD]
    - Overutilization, Underutilization
- Diacomit (stiripentol) [seizures]
    - Therapeutic Appropriateness, Underutilization
- Baraclude (entecavir) [hepatitis]
    - Underutilization

The DUR Board voted to add all of the above criteria to the monthly claims cycle review.

Another monitoring criteria was recommended for gabapentinoid drug-drug interactions and drug-disease interactions, which would include other CNS and respiratory depressants. This would serve as an educational intervention for providers regarding monitoring parameters. The DUR Board voted and approved the recommendation to monitor these criteria.

The Board suggested two additional topics be considered, concurrent stimulants and sedatives, and albuterol inhalers. The DUR Contractor will investigate and bring options and recommendations to the June 2020 board meeting.

Other Business

Planning is underway for the next continuing education seminar on stimulants. Attendees will be able to attend in person and online via live streaming. Recommendations for speakers and topics within the stimulants theme should be sent to Dr. Boyer. Four continuing education credits will be offered for both providers and pharmacists. Board members commented on the high quality and great value of the last continuing education program on Hepatitis C virus presented by Dr. Eleanor Wilson.

The updated Drug Utilization Review Board Policies and Procedures document was reviewed and signed by board members. Changes to the policy include clarifying the selection process, the name change of the Maryland Medicaid Pharmacy Program to Office of Pharmacy Services, and several editorial edits.

The Board was asked to provide Dr. Boyer with recommendations for new board members. The new Chairperson, Dr. Sara Papesh, and Vice-Chairperson, Dr. Neil McGarvey, were recognized. Attendees were thanked for their service to the state of Maryland and the Maryland Department of Health.

The next meeting of the DUR Board will be June 4, 2020. There being no additional business, the meeting was adjourned at 10:15 a.m.