Office of Pharmacy Services, Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, September 7, 2023
Meeting Minutes

DUR Board Members: C. Dowd-Green, B. Gayle, M. Healy, B. Hose, M. McDonald, N. McGarvey, J. Merrey, O. Onyewu, S. Papesh, M. Poplawski, B. Shaw
Office of Pharmacy Services (OPS): A. Alexandrou, I. Frank, L. Karanja, N. Purohit, K. Rogers, D. Shah
Magellan Medicaid Administration, Provider Synergies: A. Wherley
Conduent State Healthcare: J. Paul
Kepro: S. Donald, L. Frendak, S. Zuby
Owl Creek Consulting: L. Adelhardt

The Maryland Medicaid Drug Utilization Review (DUR) Board virtual meeting was called to order at 9:17 a.m. on Thursday, September 7, 2023, by Dr. Papesh.

Introductions

The virtual meeting format and participation instructions were presented. A roll call of DUR Board members, affiliated staff, and presenters in attendance was taken.

Minutes

The minutes from the June 1, 2023, DUR Board meeting were approved as presented.

Office of Pharmacy Services (OPS)

Attendees were encouraged to visit the Program's Provider Advisories' section of the OPS Medicaid Program's website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx for up-to-date announcements and details for upcoming activities.

Unified Corrective Managed Care, A.K.A. CMC, lock-in Program Update:

The Program is actively monitoring the aberrant usage of controlled substances by enrollees under the State plan which is facilitating improved appropriate practices and utilizations. As of August 8, 2023, a total of 279 participants are locked in the CMC Program across nine Managed Care Organizations and the Fee-for-Service (FFS) program, with 237 providers. These numbers

have been consistently dropping, showing the Program's effectiveness and efficacy. The Program's goal always has been the well-being of members and to provide the utmost clinically appropriate and cost-effective care to all the participants in a timely manner.

Conduent State Healthcare was awarded the contract to continue work on the Point-of-Sale Electronic Claims Management System. An updated system was implemented in October 2022 to facilitate continued improvements. Additional features Conduent provides are SmartPA and point-of-sale claims adjudication.

Planning is underway for one 2-hour live virtual webinar for all interested physicians and pharmacists nationwide on October 21, 2023, and all were encouraged to take advantage of this event. Visit mmppi.com for information and registration.

DUR board members were thanked for their expertise and dedication of time to participate on this 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 second quarter of 2023.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 7,142 alerts and 1,194 overrides, with 69% of participant claim overrides during the second quarter of 2023. This is slightly higher than in previous quarters.

Summary of PDL Prior Authorization Requests

For the second quarter of 2023, 4,204 new PDL prior authorization (PA) approvals were authorized. The top ten therapeutic categories accounted for 86% of the new PDL PAs. Stimulants and related agents continued to represent the highest number of requests for the quarter. The number of requests was a decrease from the first quarter of 2023. A full listing of all PDL prior authorization requests for the second quarter was presented to the Board.

Summary of Therapeutic Duplications

Regarding the top 20 therapeutic duplications, Conduent reported 8,826 alerts and 25,851 overrides, with 26.02% of total in conflict during the second quarter of 2023, slightly higher than the previous quarter.

Summary of Early Refill Drugs

Regarding top 20 drugs for early refill, Conduent reported 36,430 alerts and 1,525 overrides, with 29.47% of total in conflict during the second quarter of 2023. This is slightly higher than in previous quarters.

Summary of Drug-Drug Interactions

Regarding drug-drug interactions, Conduent reported 21,617 alerts and 10,469 overrides, with 35.63% of total in conflict during the second quarter of 2023. This is slightly higher than previous quarters of rates.

A summary by DUR conflict, intervention, and outcome was reported. Cost avoidance estimates were presented. The Call Center experienced an increase in faxes and decreased call volume compared to the previous quarter. DUR Abandoned Calls ranged from less than 1% to no greater than 3%.

Kepro

Kepro presented a review of action items from the June 2023 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the second quarter of 2023, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the second quarter of 2023 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. The 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.

Summary of Active Interventions

1) Duplicate sedative use (quarterly)
   The intervention that identifies therapeutic duplication of sedative/hypnotic agents had another successful quarter. Only 8 of the 31 recipients identified on the initial profile review that met the criteria for duplicate therapy met the criteria again in the follow-up period. The remaining 74% of patients had one or more of the duplicate medications discontinued. This continues to be a successful intervention and is recommended for continuation.

2) Concurrent use of gabapentin and pregabalin (quarterly)
   Results for the concurrent use of gabapentin and pregabalin showed high effectiveness. Only 23 recipients of the 103 identified on the initial profile review met the criteria in the

follow-up period. This quarter the recurrence rate was 22%. This continues to be an effective intervention, especially in light of gabapentin not being reported under the Prescription Drug Monitoring Program (PDMP) and is recommended for continuation on a quarterly basis.

3) Concurrent use of opioid and medium-high dose gabapentin (quarterly)
   Results for the intervention involving opioid and medium-high dose gabapentin showed a 54% reduction in concurrent use. This was reflected by the discontinuation of an opioid, lower dose of gabapentin, or discontinuation of gabapentin in the six months after the educational intervention letters were sent. It is recommended to continue this intervention quarterly.

The following active interventions are mandated by the SUPPORT ACT and were initiated in August 2021. The first outcomes were reviewed by the Board at the June 2022 meeting. The Board voted to continue intervening quarterly with 6-month outcome data reported to the board quarterly, meeting Support Act requirements.

1) Naloxone use (quarterly)
   Results of the intervention addressing naloxone prescribing were successful with 67% identified as not having a naloxone prescription showing a new claim during follow-up. It was noted that this does not necessarily mean that the other patients do not have naloxone available. They may have a prescription older than six months on hand that has not been used and does not yet need to be refilled or they can receive naloxone directly from the pharmacist via the naloxone co-prescribing program.

2) Concurrent use of an opioid and benzodiazepine (quarterly)
   Results showed a 37% recurrence rate for recipients identified as using both an opioid and a benzodiazepine, which means that approximately two-thirds of the patients saw concurrent therapy discontinued during the post-intervention period.

3) Concurrent use of an opioid and antipsychotic (quarterly)
   Results saw recurrence rates for concurrent use of an opioid and antipsychotic at 51%, which is consistent with previous quarters of Support Act recurrence rates around 50%.

Retrospective DUR Quarterly Summary

During the second quarter of 2023, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) concurrent gabapentin and pregabalin use, and 3) opioid and med-high dose gabapentin.

The triple therapy intervention is biannual, and no letters were mailed this quarter. The intervention is monitored, and six-month results will be reported as appropriate.

The number of participants who were selected for intervention this quarter was like last

quarter. Response rates for prescribers and pharmacies remained consistent to previous quarters on average.

The intervention for duplicative sedative use saw 18 participants flagged for intervention and 47 intervention letters mailed, with an average response rate of 7% (prescribers) and 25% (pharmacies). The top response for prescribers was, “Patient has appointment to discuss therapy”. For pharmacists, the top response was “Patient no longer uses pharmacy”.

For the intervention for concurrent use of opioid and medium-high dose gabapentin, a total of 112 participants were selected for intervention and 374 letters were mailed, with a response rate of 10% (prescribers) and 14% (pharmacies). The top response for prescribers was “Benefits outweigh the risks”. For pharmacists, the top response was “Spoke to prescriber; no change in therapy”.

A total of 84 participants were flagged for concurrent gabapentin and pregabalin, and 257 intervention letters were mailed, with a response rate of 12% (prescribers) and 30% (pharmacies). The top response for prescribers was “Prescriber discontinued medication(s)”. For pharmacists, the top response was “Pharmacist will counsel patient at next visit”.

The following are response rates for interventions under the SUPPORT ACT criteria. Response rates are similar to last quarter. These interventions are primarily educational in nature and do not require a response, which is why SUPPORT ACT response rates fall within average but tend to trend slightly lower compared to other interventions overall.

For the intervention for naloxone, a total of 26 participants were selected for intervention and 52 letters were mailed, with a response rate of 0% (prescribers) and 25% (pharmacies). The top response for pharmacists was “No change recommended; pharmacist disagrees”.

For the intervention for concurrent use of an opioid and benzodiazepine, a total of 96 participants were selected for intervention and 314 letters were mailed, with a response rate of 8% (prescribers) and 7% (pharmacies). The top response for prescribers was “Prescriber discontinued medication(s)”. For pharmacists, the top response was “No change recommended; pharmacist disagrees”.

The intervention for concurrent opioid and antipsychotic use saw a total of 94 participants flagged for intervention and 309 intervention letters mailed, with an average response rate of 4% (prescribers) and 8% (pharmacies). The top response for prescribers was “Provider did not prescribe drug attributed to them”. For pharmacists, the top response was “Pharmacist will counsel patient at next visit”.

Follow-up occurred for those providers responding with “Provider did not prescribe drug attributed to him/her” and confirmed that all providers responding that they did not prescribe the drug attributed to them, did in fact prescribe at least one of the concurrent medications. The interventions resulted in reduced prescriptions overall, showing the effectiveness of the

intervention program.

Future Retrospective DUR Intervention

The following new criteria were recommended for monthly monitoring under clinical criteria maintenance:

- *Rexulti® (brexpiprazole)*
    - *Overutilization*

The motion was made to add the criteria recommended for monthly monitoring. The Board passed the motion.

By request of the Board, an intervention to identify patients taking an opioid plus more than one skeletal muscle relaxant was investigated. Research showed that due to coding, this potential intervention would not only flag patients on an opioid plus more than one skeletal muscle relaxant but would also flag patients on a skeletal muscle relaxant plus more than one opioid. After discussion, the Board moved to conduct an intervention targeting duplicate use of a muscle relaxant and manually review for patients also using an opioid.

The motion was made to add a one-time intervention addressing duplicate therapy with 2 different muscle relaxants and manually review for additional opioid use.

Other Business

Board recruitment is currently underway for 2024 for the six positions that will be available. The Board was asked to encourage colleagues to apply and send names of pharmacists or physicians who may be interested to Lynn Frendak who will contact them to provide details.

The fall continuing education event will be held on Saturday, October 21, 2023, and offer 2.0 credits. Details and registration will be available on www.mmppi.com.

The next meeting of the DUR Board will be on December 7, 2023, at 9:15 a.m.

DUR Board members were thanked for their service to the State of Maryland and the Maryland Department of Health.

There being no additional business, the meeting was adjourned at 10:00 a.m.