Icon

Description automatically generated

**Office of Pharmacy Services Medicaid Pharmacy Program**

**Drug Utilization Review (DUR) Board**

**Thursday, September 1, 2022**

**Meeting Minutes**

***DUR Board Members:*** B. Gayle,M. Healy,B. Hose, C. Lefebvre, M. McDonald*,* N. McGarvey,O. Onyewu, S. Papesh, M. Poplawski

***Office of Pharmacy Services (OPS):*** A. Alexandrou,I. Frank,M. Joglekar, L. Karanja, D. Shah

***Maryland Department of Health:*** L. Burgess

***Provider Synergies:*** K. Delaney

***Conduent State Healthcare:*** T. Lyons, C. Ogunremi

***Kepro:*** S. Donald,L. Frendak, D. Patel

***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 1, 2022, by Dr. Papash.

# 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 June 2, 2022, DUR Board meeting were approved as presented.

# Office of Pharmacy Services

The Office of Pharmacy Services (OPS), Maryland Department of Health (MDH) has been standing firm to tackle the multiple challenges in healthcare today and will continue providing optimum and cost-effective care to Marylanders with the Board’s support, guidance and expertise. For additional details, Board members were encouraged to visit the Provider Advisories’ section of the Office of Pharmacy Services Medicaid Program’s website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx.

Regarding the Unified Corrective Managed Care lock-in Program, the Department is actively monitoring the questionable usage of control substances by enrollees under the State plan and, this Program is working as anticipated and improving appropriate practices. As of August 5, 2022, a total of 297 participants are locked in the Program across nine Managed Care Organizations with 244 providers, however, the number (a total of 19 participants) stayed consistent for the Fee-for-Service (FFS) program when compared with the June 2022 DUR Board meeting reporting. The Program’s goal always has been the well-being of its members and to provide utmost cost-effective care to all the participants in timely manner.

The Office of Pharmacy Services provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. A two-hour live CME/CE program will be provided virtually on October 15,2022 and all attendees are encouraged to take advantage of this program to earn credits.

DUR board members were thanked for the expertise they bring to the table and for dedicating their 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 2022.

*Summary of Therapeutic Duplication Alerts*

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported 13,713 alerts for 1,190 participants, for which 83% were overridden at the point of sale by the pharmacy providers during the second quarter of 2022, which is similar to previous quarters of rates between 80-85%.

*Summary of PDL Prior Authorization Requests*

For the second quarter of 2022, 4,157 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 represented the highest number of requests this quarter. The number of requests was consistent with the first quarter of 2022. A full listing of all PDL prior authorization requests for the second quarter was presented to the Board.

*Summary of Prospective Drug Utilization (ProDUR) Edits*

Claims information was presented for the second quarter of 2022. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (49%). For early refills, antidepressants (67%) continued at the top of all alerts, with an increase of 10% over last quarter. Most drug-drug interaction alerts (61%) involved antidepressants. A summary by DUR conflict, intervention, and outcome was reported. Cost avoidance estimates were presented. The Call Center experienced a decrease in faxes and call volume compared to the previous quarter. Abandoned calls were approximately 1% across all months.

# Kepro

Kepro presented a review of action items from the June 2022 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the second quarter of 2022, and future RDUR interventions for the Maryland Medicaid FFS population.

*Review of Action Items*

Outcomes of RDUR interventions for the second quarter of 2022 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 strong quarter.Four recipients identified on the initial profile review met the criteria for duplicate therapy in the follow-up period. This continues to be a successful intervention and is recommended for continuation. Quarterly reporting will begin in January 2023.

1. Concurrent use of an opioid, benzodiazepine, and carisoprodol (bi-annual)   
   No participants were identified.
2. Concurrent use of gabapentin and pregabalin (quarterly)  
   Results for the concurrent use of gabapentin and pregabalin showed high effectiveness. Six recipients were identified on the initial profile review to meet the criteria for concurrent therapy in the follow-up period. Concurrence rate averaged 19%. This is a strong and effective educational effort and is recommended for continuation on a quarterly basis.
3. Concurrent use of an opioid and medium-high dose gabapentin (quarterly)

Results showed a 65% reduction in May and 29% reduction in June. This was reflected by discontinuation of an opioid, lowered 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 interventions are mandated by the Support Act and were all initiated in August of 2021. Since then, interventions have continued quarterly.

1. Naloxone intervention (quarterly)  
   Continue quarterly review with 6-month outcomes.
2. Concurrent opioid and benzodiazepine use (quarterly)  
   Results showed a 17.5% recurrence rate for recipients identified as using both an opioid and a benzodiazepine. This means that over 82% of patients saw concurrent therapy discontinued during the post-intervention period.
3. Concurrent use of an opioid and antipsychotic (quarterly)  
   Results saw recurrence rates lower than the previous intervention, from 34% to 11% during the post-intervention period.

Intervention outcomes for all active interventions will continue to be shared regularly at Board meetings as results become available.

*Retrospective DUR Quarterly Summary*

During the second quarter of 2022, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) opioid and medium-high dose gabapentin use, and 3) concurrent gabapentin and pregabalin use. More cases were selected for interventions this quarter. Response rates for prescribers and pharmacies remained similar.

The intervention for duplicative sedative use saw a total of 48 participants flagged for intervention and 119 intervention letters mailed, with an average response rate of 22% (prescribers) and 27% (pharmacies). The top responses were “Benefit of the drug outweighs the risks” and “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of opioid and medium-high dose gabapentin, a total of 183 participants were selected for intervention and 576 letters were mailed, with a response rate of 9% (prescribers) and 22% (pharmacies). The top responses were “Benefits outweigh the risks” and “Pharmacist will counsel patient at next visit”.

A total of 114 participants were flagged for concurrent gabapentin and pregabalin, and 345 intervention letters were mailed, with a response rate of 14% (prescribers) and 27% (pharmacies). The top responses were “Prescriber discontinued medication(s)” and “Pharmacist will counsel patient at next visit”.

For the intervention for naloxone, a total of 23 participants were selected for intervention and 47 letters were mailed, with a response rate of 0% (prescribers) and 22% (pharmacies). The top responses was “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of an opioid and benzodiazepine, a total of 139 participants were selected for intervention and 457 letters were mailed, with a response rate of 7% (prescribers) and 16% (pharmacies). The top responses were “Prescriber did not prescribe drug attributed to them” and “Spoke to prescriber; no change in therapy.”

The intervention for concurrent opioid and antipsychotic use saw a total of 143 participants flagged for intervention and 479 intervention letters mailed, with an average response rate of 8% (prescribers) and 17% (pharmacies). The top responses were “Benefits of the drug therapy outweigh the risk” and “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 no fraudulent activity was identified. One was a hospital discharge prescription. In the remaining situations, the responding prescriber did prescribe at least one of the interacting medications but used that response to indicate that they only prescribed one of the two interacting medications.

*Future Retrospective DUR Intervention*

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

* Quviviq™ (daridorexant)

*Overutilization, duplicate sedative/hypnotic*

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

Based on the Board’s request, the MDH/Kepro team researched potential interventions for overutilization of PPI and frequently prescribed skeletal muscle relaxants and opioids use. An intervention hasn’t been done for overutilization of PPI, but maintenance criteria identified 8 patients for review in the last quarter. Research regarding concurrent use of an opioid and skeletal muscle relaxant showed that additive effects are possible but can also result in lowering opioid usage. Running criteria, over 100 patients would have been identified for review. After discussion, the Board decided not pursue interventions of these topics.

A suggestion was made to research Covid related therapeutic interactions now that there is more information available even though non-evidenced practices are still occurring. Staff will investigate and present results at the next Board meeting.

# Other Business

The next continuing education seminar will be held virtually on Saturday, October 15, beginning at 9:00 a.m. Dr. McPherson, will be presenting a 2-hour event titled “Deprescribing: Goal-Concordant Prescribing in Serious Illness”.

Work on the CMS DUR policies and procedures update underway.

The next meeting of the DUR Board will be on December 1, 2022, at 9:17 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 10:15 a.m.