



The MI Medicaid Fee-for-Service DUR Board

December 10, 2019

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Bureau of Medicaid Care Management & Customer Service
Medical Services Administration
Michigan Department of Health & Human Services



MDHHS Updates

Prescriber Edit Updates: Effective 10/1/2019

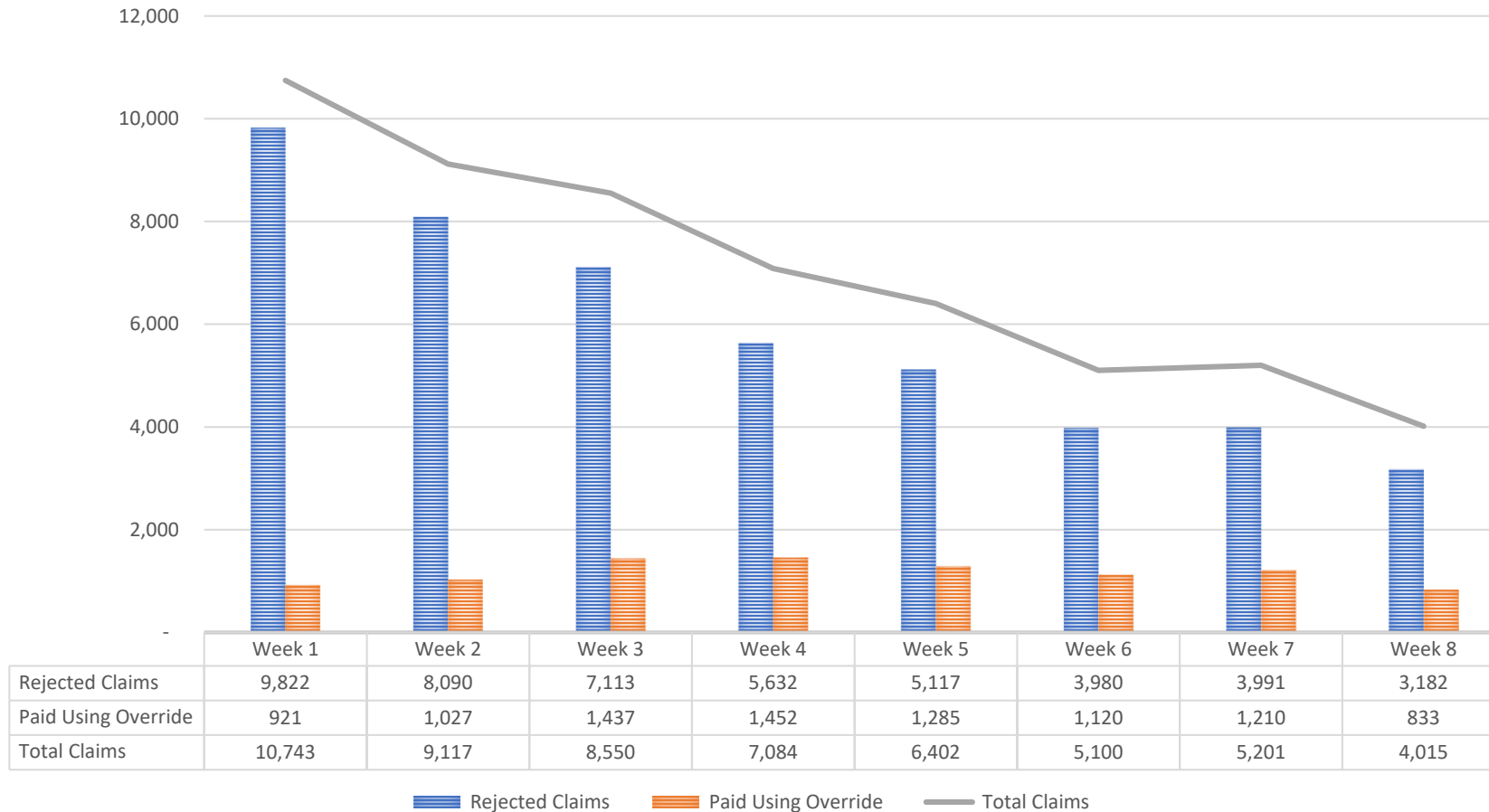
Prescriber Edit Statistics

| | Rejected Claims | Override Utilization |
|-----------------|------------------------|-----------------------------|
| October | 33,225 | 5,734 |
| November | 14,935 | 4,448 |

- As of 12/2/19, there are 3,876 prescribers who are still not enrolled in CHAMPS and had claims in November
- Only 11,721 of the November rejected claims would still reject at this time due to new enrollments mid-November to current

Prescriber Edit: Trends

PRESCRIBER EDIT TRENDS



Prescriber Edit: Post Implementation

Customer Service Department Statistics

- October:
 - 20 Customer Care issues were reported for “Provider Not Enrolled”
 - No system or edit issues, only education was provided in order to resolve these completely
 - There were only about ten service requests created on the provider side
- November:
 - 3 Customer Care issues were reported for “Provider Not Enrolled”

SUPPORT ACT – MCO Coordination

- As a result of September's DUR Board meeting discussion, the Department developed a new process to forward quarterly antipsychotic and benzodiazepine utilization to the MHPs for their members.
- MHPs were asked to perform a concurrent utilization review (opioids and antipsychotics & opioids and benzodiazepines) for the same quarter being reviewed by FFS (e.g. 7/1/2019-9/30/2019)
- Not all of the responses were received in time to compile, but we are planning to share MHP aggregate utilization trends to compare to FFS and overall Department trends at our March 2020 meeting.

Proposed Policies

1. 1918-Pharmacy: Medicaid Health Plan Transition Fill
 - Published: 9/1/2019
 - Original Proposed Effective Date: 10/1/2019
 - On hold determined by Health Plan Carveout Proposed Policy Decision
2. 1936-Pharmacy: Health Plan Carveout Policy
 - Published: 9/30/2019
 - Original Proposed Effective Date: 12/1/2019
 - No decision yet
3. Effective Date clarifications
 - **Web Announcement:** *To give proper consideration to all public comments, the Department is formally announcing that this policy will not be effective on 12/1/19. Future decisions as to whether this policy will proceed as proposed, and the timeline for doing so (if applicable), will be forthcoming. (michigan.magellanrx.com > Provider)*
 - L-Letter coming soon

New Proposed Policy: API & Excipients Coverage

- 10/1/2019 Effective Date
- Implementation is contingent upon approval of a State Plan Amendment by the Centers for Medicare & Medicaid Services (CMS)
- Certain drug products only – specific to NDC
- Products previously not on the MPPL
- Currently in MDHHS Leadership Review
 - Expected Proposal Publish Date: Dec. 17th-18th
 - Public Comment Phase: 35 days

MDHHS Opioid Strategy/Workplan

- L 19-41: Removal of Prior Authorization from PDL Preferred Medications for Opioid Use Disorders
- Effective 12/2/2019
- Part of the MDHHS Opioid workplan
- Non-Preferred Medications and Dosages exceeding FDA approved labeling still require Prior Authorization

Chronic Opioid High MEDD Edit

- Effective 12/1/19: FFS Limit was lowered from 150 down to 120 MEDD
- Modified PA Form back in August 2019 to identify Best Practices
- Coming Soon: MDHHS further streamlining PA Form to include Prescriber Attestation of compliance with best practices, CDC opioid prescribing guidelines, etc.
- All Fee-For-Service pharmacy PA Forms available from our website at: <https://michigan.magellanrx.com/>
 - Provider Portal>>Forms>>Prior Authorization Forms

CMS Annual DUR Report: FFY2018

- Annual reports are available from the CMS DUR website at:
<https://www.medicaid.gov/medicaid/prescription-drugs/drug-utilization-review/index.html>
- CMS issued the MCO aggregate report last week – something to review further at our March 2020 meeting.

MDHHS Fee-For-Service Pharmacy



Outcomes Report:
June-Dec. 2018

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Purpose

The purpose of this report is to evaluate the clinical impact of the Live Vibrantly Whole Health academic detailing program on prescribing trends for all closed consultations dated between **June 2018 and December 2018**

METHODOLOGY



SAS version 9.4 was used to extract records from ImpactPro and Pharmacy Tracking Application



Proxy for continuous enrollment – URAC's Pharmacy Benefit Management Performance Measurement Specifications



Members with no claims during the post intervention period were also excluded



681 distinct prescribers, **390** distinct members and **5** evaluated algorithms



Cross-sectional analysis to compare pharmacy spend



Generated visualization to show the rate in which gaps in care were closed over time

Clinical Schedule and Algorithms



| Algorithm | Q3 | | | Q4 | | |
|--|---------|----------|----------|----------|----------|----------|
| | Jun -18 | Jul - 18 | Aug - 18 | Sep - 18 | Oct - 18 | Nov - 18 |
| Multiple Controlled Substances from Multiple Doctors and Pharmacies (3) | X | X | X | X | X | X |
| High Morphine Milligram Equivalents [≥ 120] | X | X | X | | | |
| High Morphine Milligram Equivalents [≥ 120] with Benzodiazepine Use | X | X | X | | | |
| High Morphine Milligram Equivalents [≥ 90] | | | | X | X | X |
| High Morphine Milligram Equivalents Dosing with Benzodiazepine Use [≥ 90] | | | | X | X | X |

*Clinical schedule is based on ImpactPro run dates

**Outreach occurred July 2018 through December 2018

Outreach Summary



| Algorithm | Intervention Method | Distinct Engaged Providers* |
|---|---------------------|-----------------------------|
| Multiple Controlled Substances from Multiple Doctors and Pharmacies (3) | Mail | 275 |
| | Visit | 13 |
| High Morphine Milligram Equivalents (MME) ≥ 120 | Mail | 242 |
| | Telephone | 7 |
| | Visit | 57 |
| High Morphine Milligram Equivalents ≥ 120 with Benzodiazepine Use | Mail | 70 |
| | Telephone | 1 |
| | Visit | 19 |
| High Morphine Milligram Equivalents ≥ 90 | Mail | 234 |
| | Telephone | 4 |
| High Morphine Milligram Equivalents ≥ 90 with Benzodiazepine Use | Mail | 77 |

*Providers can receive multiple interventions via different methods for either the same member or for different members

Multiple Controlled Substances from Multiple Doctors and Pharmacies (3)



- **277** Distinct Prescribers
- **74** Distinct Members

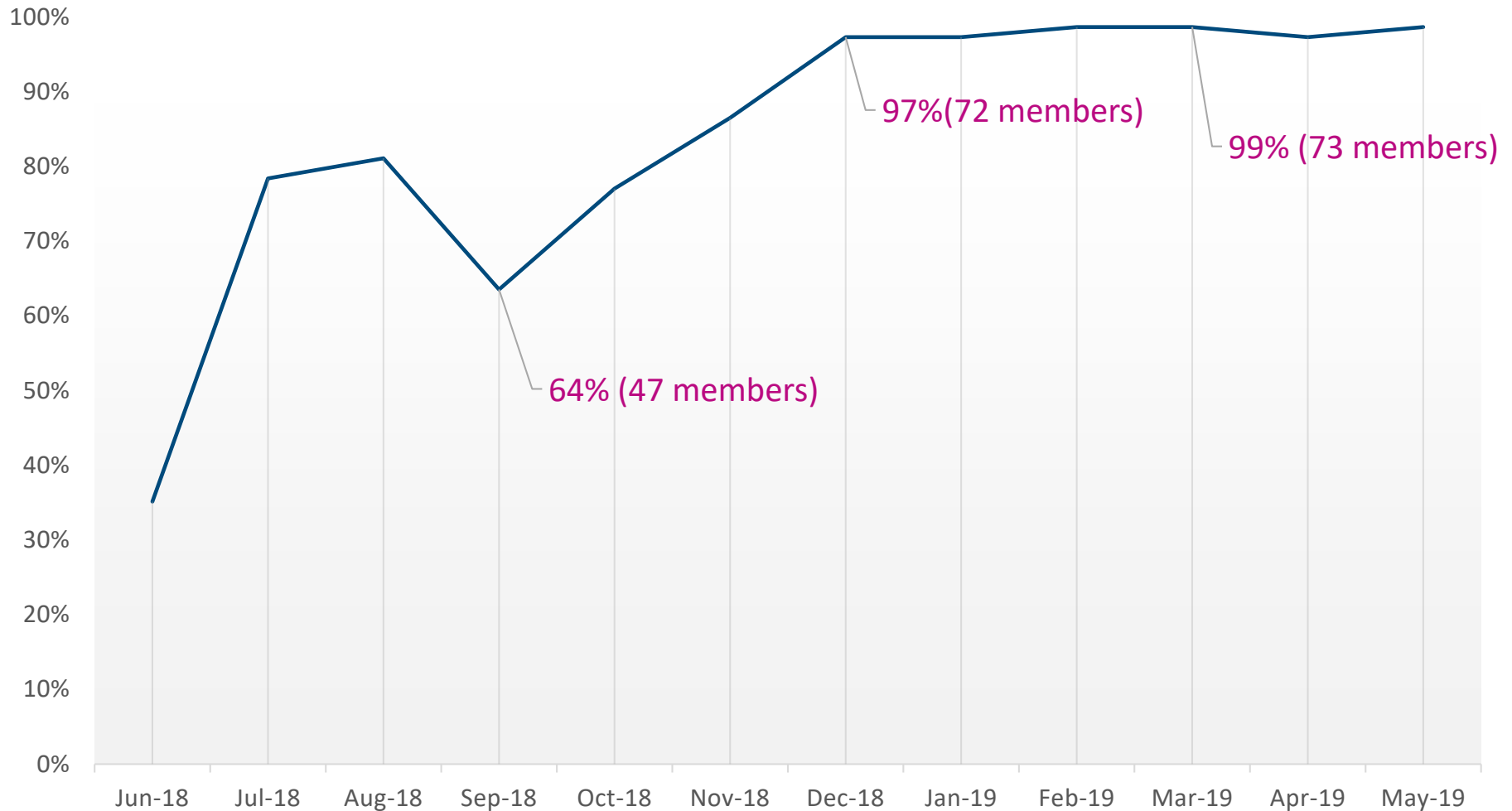
- On average, there was a **reduction of two prescribers per member** prescribing opioids
- On average, there was a **reduction of one pharmacy per member** filling opioids
- **50% reduction** in opioid claims

- Most utilized medications: **hydrocodone-acetaminophen tablets**: 5-325 mg, 10-325 mg, and 7.5-325 mg

Multiple Controlled Substances from Multiple Doctors and Pharmacies (3)



Percentage of Closed Gaps in Care



High Morphine Milligram Equivalents [≥ 120]



- **259** Distinct Prescribers
- **205** Distinct Members



- **38% reduction** in the average morphine milligram equivalents (MME) per member per claim from **133.2 to 83.2**
- **21% reduction** in opioid claims

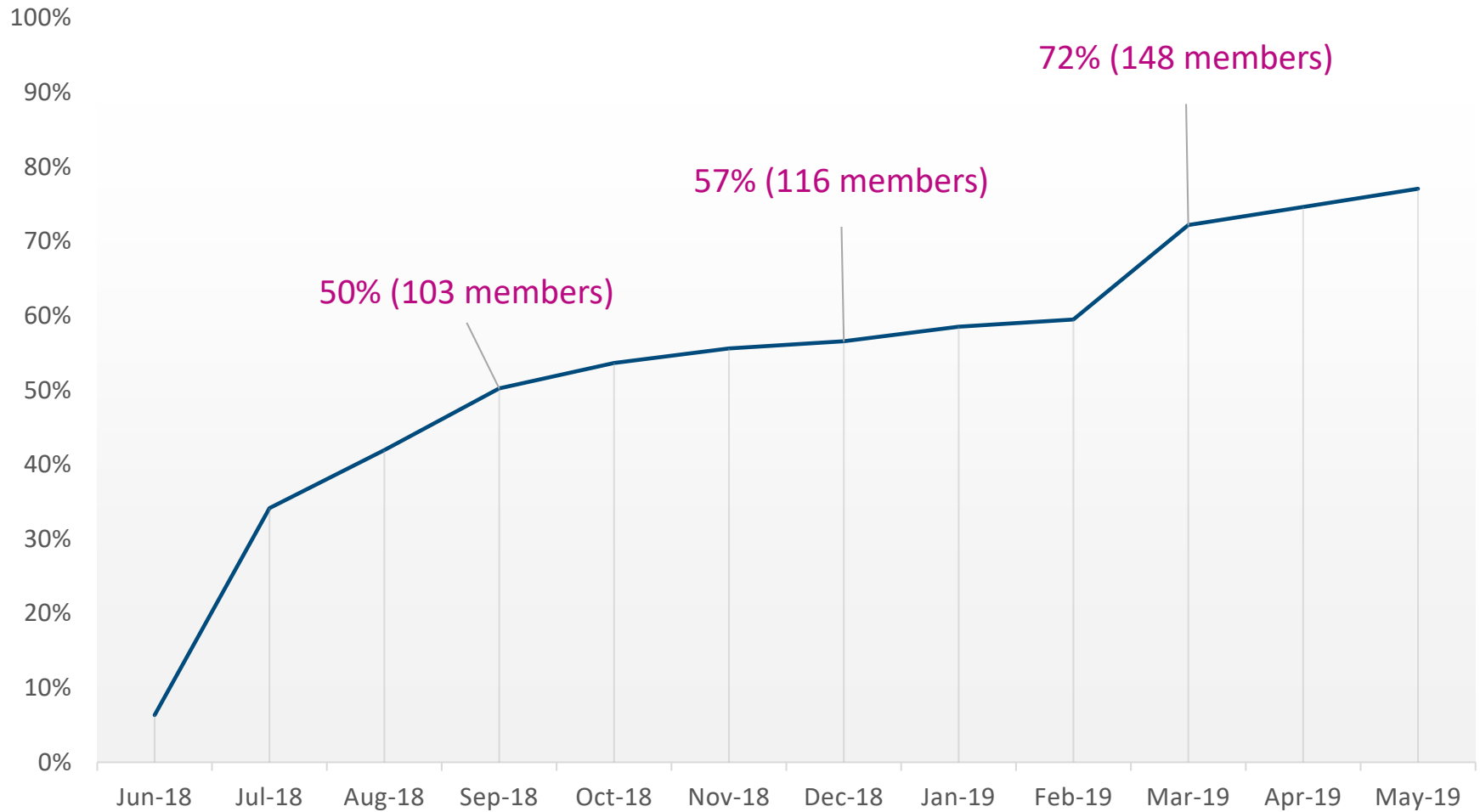


- Most utilized medications: **hydrocodone-acetaminophen, methadone, and oxycodone-acetaminophen**
- Medications with the largest reductions in utilization: **methadone, morphine, and hydrocodone-acetaminophen**
- Eligible sample included four members under the age of 18

High Morphine Milligram Equivalents [≥ 120]



Percentage of Closed Gaps in Care



High Morphine Milligram Equivalents [≥ 120] with Benzodiazepine Use



- **77** Distinct Prescribers
- **51** Distinct Members



- **59% reduction** in the average MME per member per claim from **123.8 to 50.2**
- **25% reduction** in the average diazepam equivalent per member per claim from **20 to 15**
- **21% reduction** in opioid claims

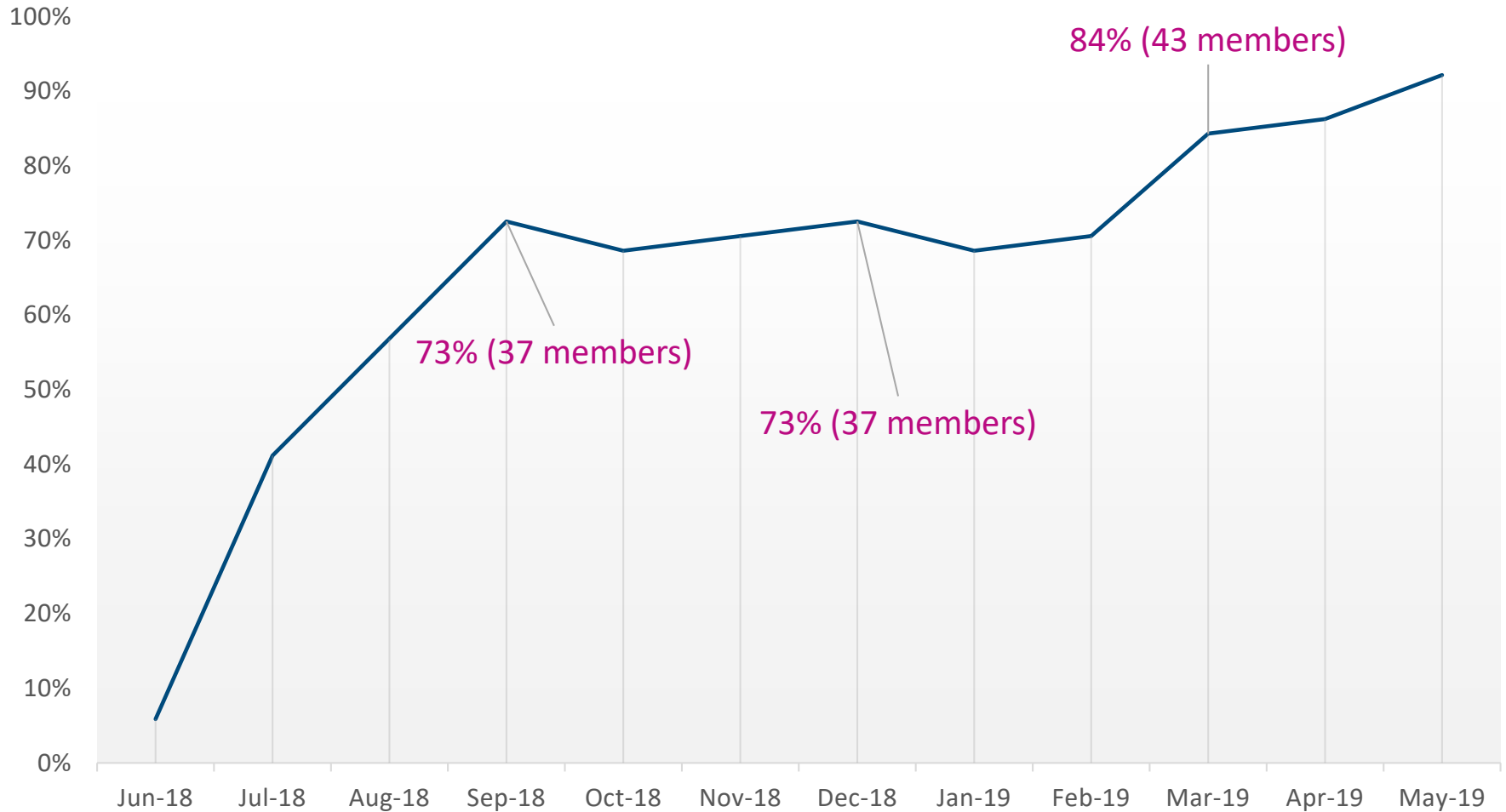


- **43% reduction** in members prescribed an opioid medication and **10% reduction** in members prescribed a benzodiazepine
- Most utilized opioid medications: **oxycodone-acetaminophen, hydrocodone-acetaminophen, and morphine**

High Morphine Milligram Equivalents [≥ 120] with Benzodiazepine Use



Percentage of Closed Gaps in Care



High Morphine Milligram Equivalents [≥ 90]



- **235** Distinct Prescribers
- **186** Distinct Members



- **35% reduction** in the average MME per member per claim from **97.9 to 63.2**
- **13% reduction** in opioid claims

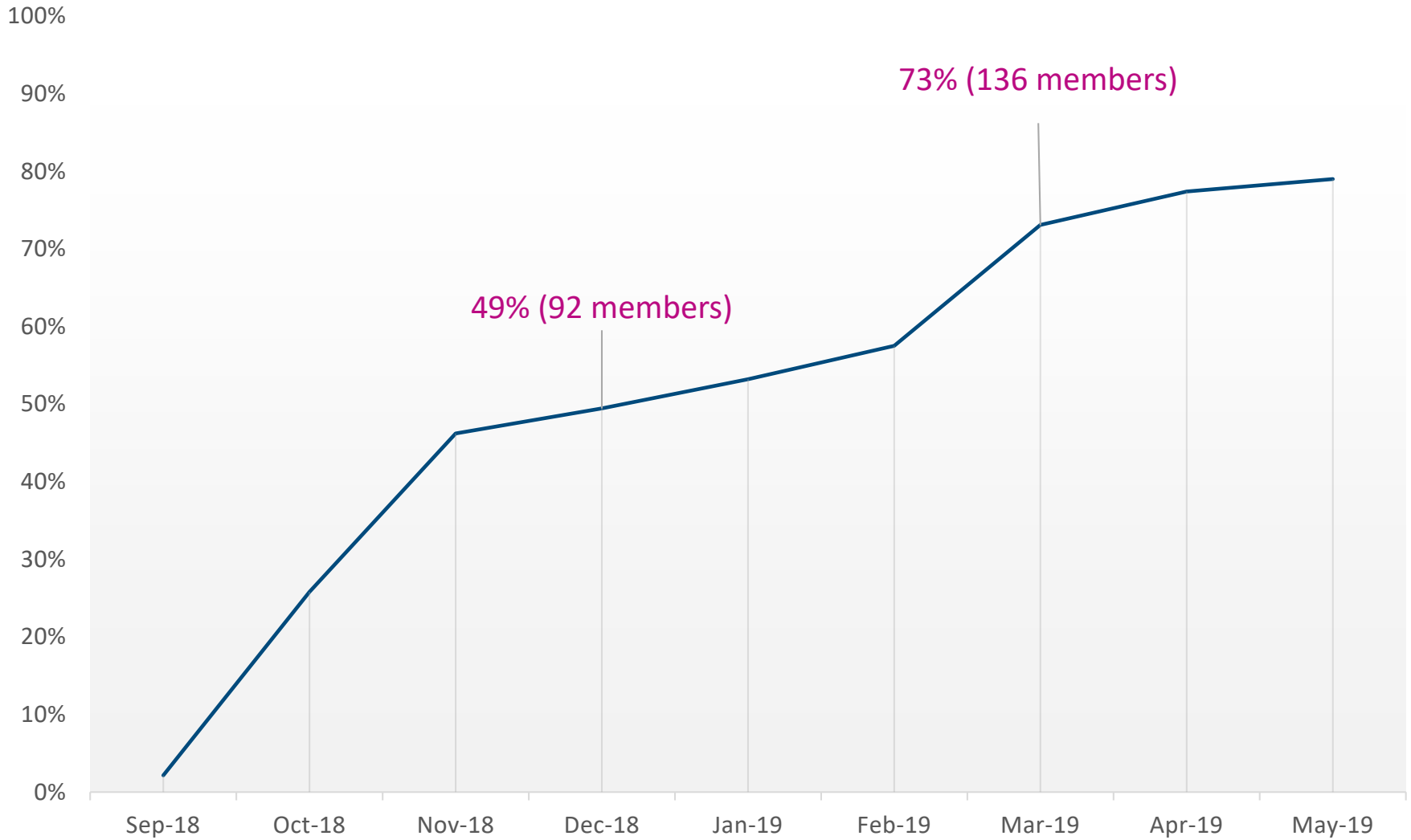


- Most utilized medications: **hydrocodone-acetaminophen, morphine, and oxycodone-acetaminophen**
- Medications with the largest reductions in utilization: **hydrocodone-acetaminophen, oxycodone-acetaminophen, and Fentanyl TD Patch 72HR**

High Morphine Milligram Equivalents [≥ 90]



Percentage of Closed Gaps in Care



High Morphine Milligram Equivalents [≥ 90] with Benzodiazepine Use



- **77** Distinct Prescribers
- **41** Distinct Members

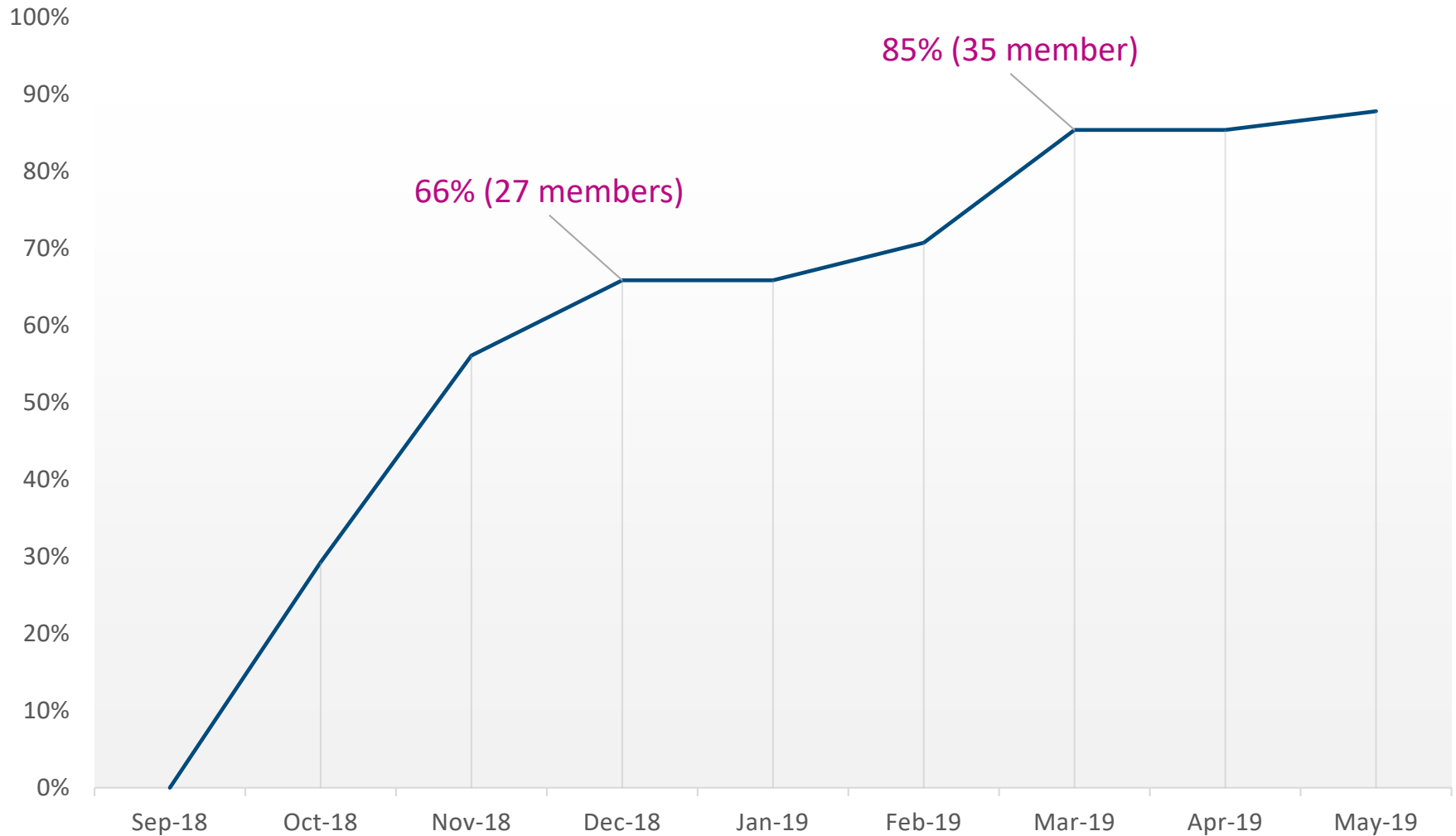
- **29% reduction** in the average MME per member per claim from **99.8 to 70.9**
- **16% reduction** in opioid claims

- **22% reduction** in members prescribed an opioid medication and **2.4% reduction** in members prescribed a benzodiazepine
- Most utilized opioids: **hydrocodone-acetaminophen, oxycodone-acetaminophen, and morphine**

High Morphine Milligram Equivalents [≥ 90] with Benzodiazepine Use



Percentage of Closed Gaps in Care



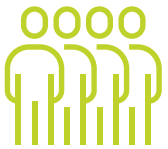
Limitations



Unable to account for seasonality



Unable to capture cash paid claims



Did not exclude members based on the specific places of service and/or diagnosis codes

Prescriber Specialties



| Provider Specialty | Provider Count |
|-----------------------------------|----------------|
| Family/Internal Medicine | 243 |
| Surgery/Anesthesiology | 60 |
| Emergency Medicine | 30 |
| Oncology/Hematology | 25 |
| Pain/Addiction Medicine | 24 |
| Physical Medicine/ Rehabilitation | 15 |
| Dentistry | 14 |
| Psychiatry/Neurology | 9 |
| Pediatrics | 7 |
| Obstetrics & Gynecology | 7 |
| Otolaryngology | 4 |
| Urology | 4 |
| Hospice and Palliative Medicine | 3 |
| Gastroenterology | 2 |
| Pulmonary Disease | 2 |
| Podiatry* | 1 |
| Cardiovascular Disease | 1 |
| Endocrinology | 1 |
| Infectious Disease | 1 |
| Nephrology* | 1 |
| Pediatric Rheumatology | 1 |
| Legal Medicine | 1 |

| Provider Type | Provider Count |
|---------------------|----------------|
| Mid-level Providers | 182 |
| Students | 34 |
| Specialist | 8 |

* Benzodiazepine prescribed

Summary



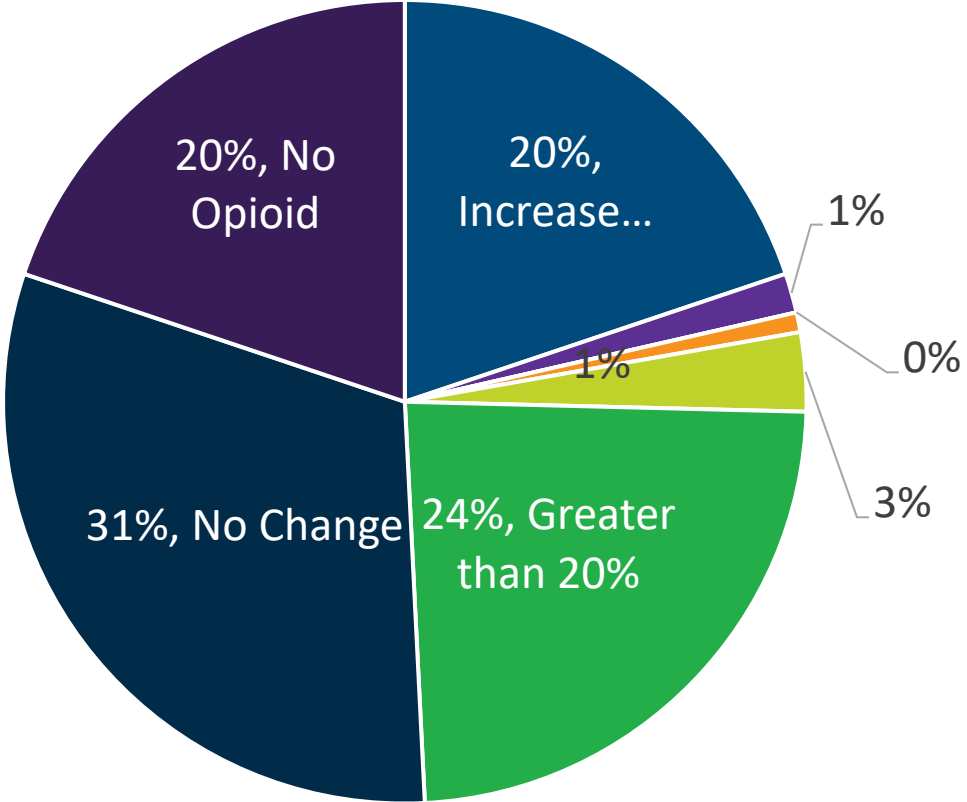
- **Family Medicine Providers (243)**
 - *Dr. Shopping*: 107 providers
 - High MME \geq 120: 113
- **Dentist**
 - *Dr. Shopping*: 14 providers
- **Emergency Medicine (30)**
 - *Dr. Shopping*: 26
 - High MME \geq 120: 3
 - High MME \geq 120 plus Benzo: 1 (benzodiazepine prescribed)
- **Urology, Gastroenterology, Pulmonary Disease, Infectious Disease**
 - *Dr. Shopping*
- **Oncology/Hematology**
 - High MME \geq 120: 15
- **Obstetrics & Gynecology**
 - High MME \geq 120: 2
 - High MME \geq 90: 5
- **Pediatrics**
 - High MME \geq 120: 4
 - High MME \geq 90: 3
- **Otolaryngology**
 - High MME \geq 120: 1
 - High MME \geq 90: 4
- **Cardiovascular Disease**
 - High MME \geq 90: 1
- **Endocrinology**
 - High MME \geq 90: 1

MME Dose Tapering



| MME Dose Category | Post Intervention Month | | | | | |
|----------------------------------|-------------------------|--------|--------|--------|--------|--------|
| | %Members | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Increasing MME | 27.8% | 27.0% | 19.1% | 16.7% | 27.0% | 19.8% |
| MME Dose Taper, 0-3% | 1.6% | 0.0% | 0.0% | 0.0% | 0.8% | 1.6% |
| MME Dose Taper, 3-5% | 0.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| MME Dose Taper, 5-10% | 2.38% | 3.17% | 2.38% | 1.59% | 0.79% | 0.79% |
| MME Dose Taper, 10-20% | 4.76% | 2.38% | 6.35% | 6.35% | 3.17% | 3.17% |
| MME Dose Taper, Greater than 20% | 36.51% | 26.98% | 26.98% | 27.78% | 24.60% | 23.81% |
| No Change in MME | 26.2% | 25.4% | 30.2% | 32.5% | 24.6% | 31.0% |
| No Opioid Prescribed | 0.00% | 15.1% | 15.1% | 15.1% | 19.1% | 19.8% |
| Average MME | 207.56 | 197.37 | 200.14 | 181.27 | 210.11 | 200.48 |
| Change in Average MME | -23.35% | -4.91% | 1.40% | -9.43% | 15.91% | -4.58% |

Change in MME for Chronic Opioid Users- 6 Months Post Intervention



- Increasing MME
- MME Dose Taper, 0-3%
- MME Dose Taper, 3-5%
- MME Dose Taper, 5-10%
- MME Dose Taper, 10-20%
- MME Dose Taper, Greater than 20%
- No Change in MME
- No Opioid Prescribed

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Algorithm Selection for 2020

2019 Clinical Algorithm Schedule



| Algorithm | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|----------------------|------------------|--------------------|---------------------------|
| | January – March 2019 | April – May 2019 | June – August 2019 | September – December 2019 |
| Medication Adherence to Antipsychotics | X | | | |
| Medication Adherence to Antidepressants | X | | | |
| Atypical Antipsychotic Polypharmacy | X | | | |
| High MME* \geq 90 | | X | | |
| High MME* \geq 90 with Benzodiazepine Use | | X | | |
| Low Dose Seroquel | | | X | |
| BH Polypharmacy- 6+ Meds | | | X | |
| Pediatric BH Polypharmacy- 4+ Meds | | | | X |
| Pediatric Antipsychotic Polypharmacy | | | | X |

*MME= Morphine Milligram Equivalent

Potential Algorithm Report



Potential Algorithm Report: October 2019 Data

Concurrent Opioids and Benzodiazepines- Yellow
 Concurrent Opioids and Antipsychotic Medications- Orange
 Appropriate Use of Antipsychotic Medications in Children- Green

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| Algorithm Triggered | Unique Members per Algorithm | Unique Providers per Algorithm |
|---|------------------------------|--------------------------------|
| Medication Adherence to Antidepressants | 19715 | 7179 |
| Behavioral Health Polypharmacy - 4 or more medications | 14222 | 5239 |
| Medication Adherence to Antipsychotics | 8146 | 3007 |
| Pediatric Age Alert- Antidepressants | 6198 | 1908 |
| Behavioral Health Polypharmacy - 5 or more medications | 4301 | 2648 |
| Antipsychotic Polypharmacy | 4241 | 1379 |
| Atypical Antipsychotic Polypharmacy | 3172 | 1344 |
| Low Dose Serquel | 2805 | 1793 |
| Pediatric Behavioral Health Polypharmacy - 4 or more medications | 2419 | 850 |
| Dose Optimization-Fluoxetine HCl Tab/Cap 20 MG 2 tabs/caps per day | 1312 | 1007 |
| Behavioral Health Polypharmacy - 6 or more medications | 1093 | 1146 |
| Dose Optimization-Bupropion HCl Tab SR 24HR 150 MG 2 tabs per day | 931 | 745 |
| Serotonin.Norepinephrine Reuptake Inhibitor (SNRI) Polypharmacy | 780 | 851 |
| Pediatric Age Alert- Antipsychotics | 674 | 320 |
| Pediatric Behavioral Health Polypharmacy - 5 or more medications | 597 | 393 |
| Dose Optimization-Venlafaxine HCl Cap SR 24HR 37.5 MG 2 tabs per day | 530 | 467 |
| Dose Optimization-Aripiprazole Tab 5 MG 2 tabs per day | 471 | 306 |
| High Morphine Milligram Equivalents (>=50) | 434 | 507 |
| High Diazepam Equivalent Dose | 419 | 368 |
| Dose Optimization-Venlafaxine HCl Cap SR 24HR 75 MG 2 tabs per day | 406 | 354 |
| Dose Optimization-Olanzapine Tab 10 MG 2 tabs per day | 330 | 260 |
| Pediatric Antipsychotic Polypharmacy | 325 | 199 |
| Dose Optimization-Olanzapine Tab 5 MG 2 tabs per day | 319 | 258 |

Recommendations for 1st Quarter 2020:
 1. Atypical Antipsychotic Polypharmacy
 2. Behavioral Health Polypharmacy 5+ Medications

 Note: These would work for the Pediatric or Adult Population

| | | |
|--|-----------|------------|
| | 279 | 178 |
| | 273 | 229 |
| | 253 | 187 |
| | 184 | 154 |
| | 176 | 224 |
| | 163 | 128 |
| ay | 155 | 136 |
| | 154 | 118 |
| | 137 | 114 |
| er day | 113 | 87 |
| | 106 | 92 |
| er day | 92 | 77 |
| zepam Use | 92 | 149 |
| | 86 | 67 |
| | 85 | 117 |
| | 84 | 76 |
| is per day | 83 | 68 |
| | 82 | 69 |
| | 81 | 75 |
| | 76 | 69 |
| er day | 56 | 53 |
| | 54 | 199 |
| Dose Optimization-Lisdexamfetamine 10 mg 2 tabs per day | 49 | 43 |
| Dose Optimization-Mirtazapine Tab 7.5 MG 2 tabs per day | 48 | 39 |
| Dose Optimization-Paroxetine HCl Tab 20 MG 1.5 tabs per day | 42 | 42 |
| Dose Optimization-Olanzapine Tab 7.5 MG 2 tabs per day | 40 | 37 |
| High Morphine Milligram Equivalents (>=90) with Concomitant Benzodiazepine Use | 37 | 62 |
| Dose Optimization-Olanzapine Tab 5 MG 4 tabs per day | 36 | 34 |
| Dose Optimization-Olanzapine Tab 2.5 MG 3 tabs per day | 32 | 31 |
| Dose Optimization-Mirtazapine Tab 15 MG 3 tabs per day | 31 | 31 |
| Dose Optimization-Olanzapine Tab 5 MG 1.5 tabs per day | 30 | 29 |
| Dose Optimization-Mirtazapine Tab 30 MG 1.5 tabs per day | 28 | 27 |
| Dose Optimization-Aripiprazole Tab 10 MG 3 tabs per day | 28 | 27 |
| Dose Optimization-Aripiprazole Tab 10 MG 1.5 tabs per day | 26 | 24 |
| Dose Optimization-Venlafaxine HCl Cap SR 24HR 37.5 MG 4 tabs per day | 23 | 22 |

| | | |
|--|------------------------------|--------------------------------|
| G 1.5 tabs per day | 22 | 22 |
| 3 tabs per day | 20 | 17 |
| Concomitant Benzodiazepine | 19 | 35 |
| 3 tabs per day | 17 | 17 |
| MG 4 tabs per day | 10 | 10 |
| 1.5 tabs per day | 9 | 9 |
| Cap 10MG 3 tabs per day | 8 | 8 |
| Cap 5MG 3 tabs per day | 8 | 8 |
| MG 2 tabs per day (or more) | 6 | 6 |
| G 1.5 tabs per day | 5 | 23 |
| MG 2 tabs/caps per day | 4 | 4 |
| MG 2 tabs per day | 3 | 3 |
| MG 2 tabs per day | 2 | 2 |
| MG 2 tabs per day | 2 | 2 |
| 4 tabs per day | 2 | 2 |
| ab 10 MG 2 tabs per day | 1 | 1 |
| ab 20 MG 2 tabs per day | 1 | 1 |
| 10 MG 2 tabs per day | 1 | 1 |
| 1.5 tabs per day | 1 | 1 |
| MG 3 tabs per day | 1 | 1 |
| | Unique Members per Algorithm | Unique Providers per Algorithm |
| s in Children | 7050 | 2808 |
| tropic medications | 3542 | 1300 |
| pediatric patients < 2 years of age taking psychotropic medication | 236 | 301 |

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Current Initiatives

Pediatric Behavioral Health Algorithms



1

Pediatric Behavioral
Health (BH)
Polypharmacy- 4+
Medications

Identifies members taking 4 or more behavioral health medications in the last 30 days whose age ≤ 17 .

2

Pediatric
Antipsychotic
Polypharmacy

Identifies members continually taking more than one antipsychotic for > 60 days whose age ≤ 17

Provider Resource Toolbox



- Resources on tapering behavioral health medications
- Guidelines for metabolic monitoring
- Antipsychotic and antidepressant target doses by indication
- Long-acting injectable comparison charts and oral overlap recommendations
- Michigan Collaborative (MC3) Program Information

Field Insights and Trends



- Concurrent utilization of guanfacine and clonidine in patients with ADHD
 - Usually guanfacine ER plus clonidine IR
 - Sedating effects disappear over time with guanfacine ER but not with clonidine ER; clonidine IR settles patients at night and sedating effects help with insomnia
- IR Stimulant + XR Stimulant
 - Most common combinations
 - Adderall XR plus Adderall IR
 - Vyvanse plus Adderall IR or methylphenidate
- Duplicate antidepressants- 2 SSRIs or SSRI plus SNRI combinations
- Providers are aware of the risks associated with antipsychotic polypharmacy in pediatric patients
 - Tapering slower to prevent relapse and minimize symptom recurrence
 - Most frequently used combinations: Abilify plus Latuda or Olanzapine
- Several pediatricians were authorizing refills but not necessarily managing patients
 - Lots of coordination of care between PCPs and specialists

Outreach Summary



| Provider Participation | | 1 st Quarter 2019 | | | 2 nd Quarter 2019 | | 3 rd Quarter 2019 | | | 4 th Quarter 2019 | | | Totals |
|--------------------------------|-----------|------------------------------|---------------|------------|------------------------------|----------|------------------------------|-----------|-------------|------------------------------|--------------|---------------|--------|
| | | January 2019 | February 2019 | March 2019 | April 2019 | May 2019 | June 2019 | July 2019 | August 2019 | September 2019 | October 2019 | November 2019 | |
| Completed with Provider | Telephone | 1 | | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 1 | 1 | 20 |
| | Visit | 8 | 37 | 63 | 4 | 13 | 17 | 12 | 31 | 23 | 23 | 14 | 245 |
| | Email | | | | | | | | 5 | | | | 5 |
| Completed with Staff | Telephone | 1 | | | 2 | 3 | 4 | | 3 | 7 | 1 | 1 | 22 |
| | Visit | | 15 | 19 | 7 | 14 | 17 | 39 | 15 | 9 | 15 | 25 | 199 |
| | Email | | | | | | | | | | | | |
| Total Contacts | | 10 | 52 | 85 | 15 | 33 | 40 | 53 | 57 | 41 | 40 | 41 | 467 |
| Total Provider Mailings | | | | | | | | | | | | | 5207 |



Next DUR Meeting

- Provide an overview of initiatives for 1st quarter 2020
 - Select algorithms for 2nd quarter 2020

For questions regarding information in this slide deck,
feel free to reach out to:

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RetroDUR Reviews

DONNA JOHNSON, PHARMD

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Agenda

- **Gabapentin Utilization**

- Opioid Potentiators
- Medication Assisted Treatment (MAT) Utilization





Gabapentin Utilization

Gabapentin Utilization



- Purpose:

- Evaluate the impact of recent changes on gabapentin utilization
 - LARA categorization as a Schedule 5 controlled substance (January 9, 2019)
 - Dosage edit that limits the accumulated daily dose of gabapentin to 3600mg (September 3, 2019)
- Evaluate the prescribed dosages
- Evaluate the diagnoses of those members on high doses (>2400mg/day).
- Identify the specialties of the prescribers of high doses (>2400mg/day).

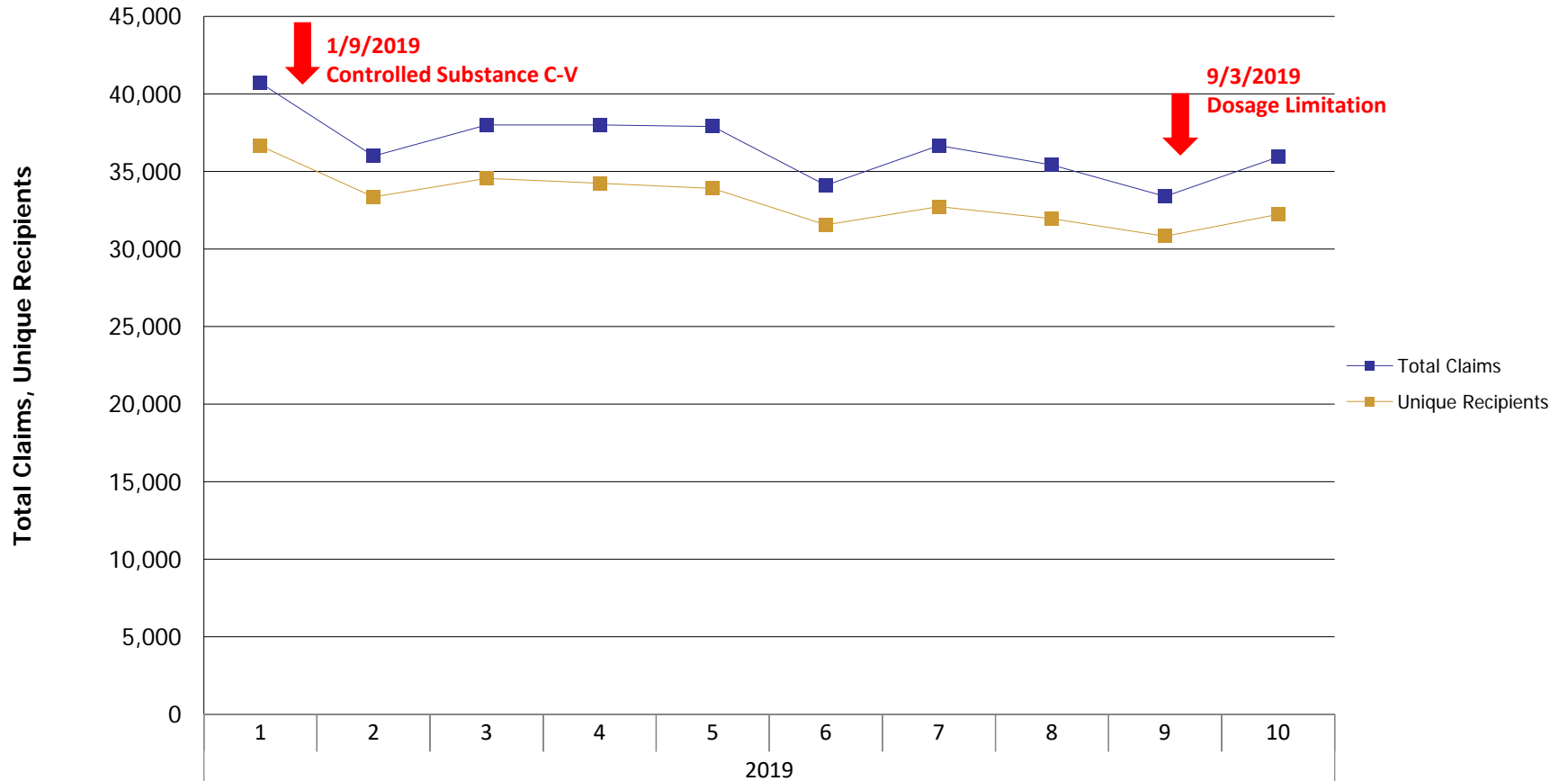
- Methods:

- Paid pharmacy claims for both FFS and MHP members were searched for gabapentin during the service period of 1/1/19 through 10/31/19 to reveal the monthly trend in 2019.
- Using service period 7/1/19 through 9/30/19, members and their prescribers were identified with paid pharmacy claims for gabapentin and their accumulated daily dosages were calculated
- Paid medical claims for members with total daily doses greater than 2400mg during September 2019 were searched for diagnoses.

Gabapentin Utilization



Gabapentin Utilization Trend



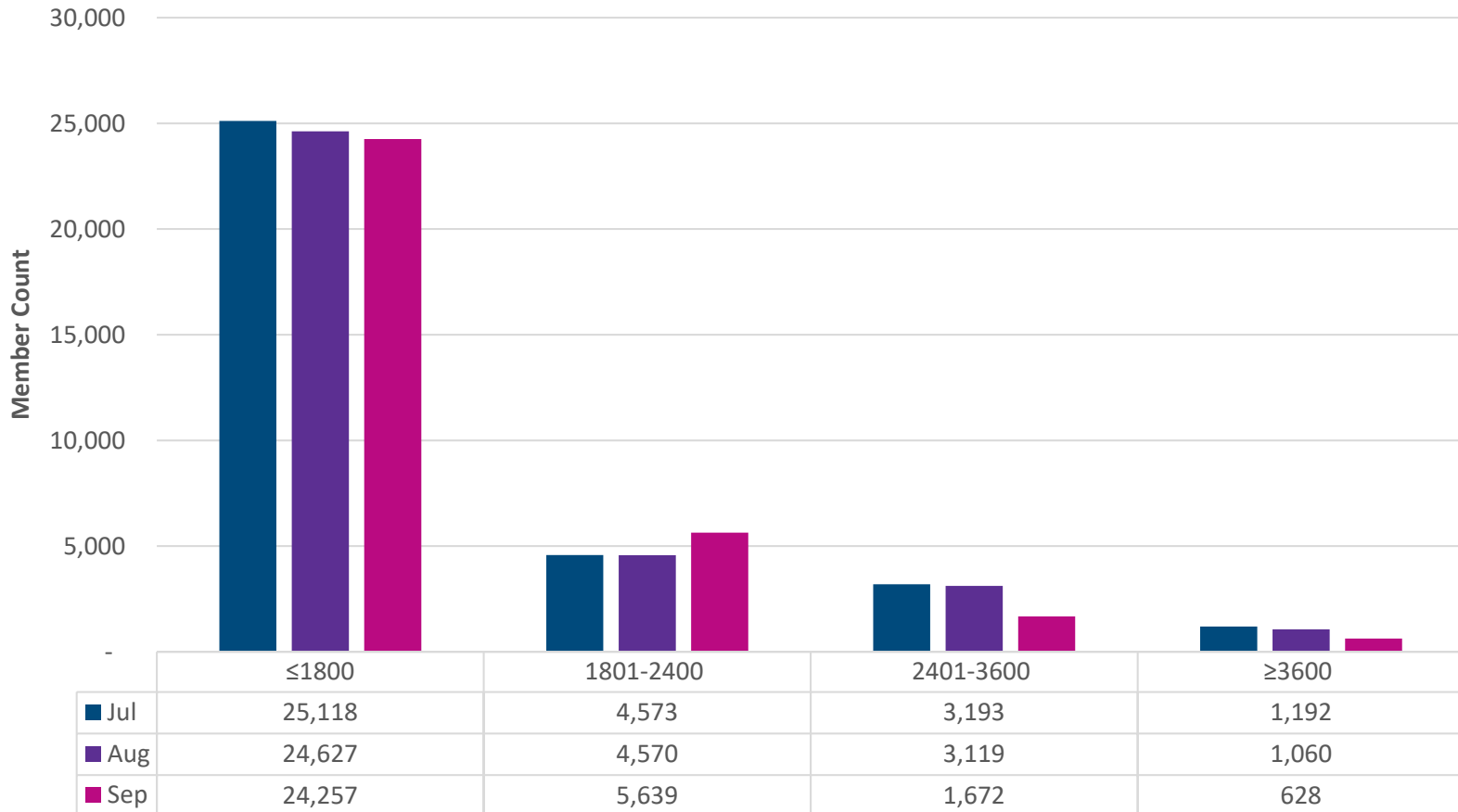
Service Year, Service Month

| | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| ■ Total Claims | 40698 | 35996 | 38003 | 38003 | 37899 | 34106 | 36675 | 35421 | 33397 | 35932 |
| ■ Unique Recipients | 36640 | 33356 | 34557 | 34244 | 33904 | 31559 | 32734 | 31958 | 30827 | 32231 |

Gabapentin Utilization



Dosage Trend – 3Q 2019



■ Jul ■ Aug ■ Sep

Daily Dosage (mg)

Gabapentin Utilization



Diagnoses of Members taking >2400mg/day
(n = 1060 members; FFS = 425, MHP = 687)

| DIAGNOSIS | MEMBER COUNT |
|------------------------------|--------------|
| Opioid Abuse | 420 |
| Back Pain | 209 |
| Major Depressive Disorder | 192 |
| Anxiety Disorder | 153 |
| Chronic Pain | 107 |
| Alcohol Abuse | 77 |
| Bipolar Disorder | 75 |
| Stress Disorders | 75 |
| Neoplasms | 63 |
| Seizure disorders | 51 |
| Neuropathies | 35 |
| Schizophrenia/Psychoses | 30 |
| Nicotine Abuse | 29 |
| Psychoactive Substance Abuse | 29 |
| Post-procedural Pain | 23 |
| Cannabis Abuse | 8 |

Gabapentin Utilization



Prescriber Specialties for High Dose Gabapentin Claims >2400mg/day
(n = 1008 prescribers)

| Prescriber Specialty | Prescriber Count |
|-------------------------|------------------|
| Family Practice | 283 |
| Nurse Practitioner | 182 |
| Internal Medicine | 134 |
| Physician Assistant | 121 |
| Neurology | 73 |
| Psychiatry | 66 |
| Pediatrics | 36 |
| Pain Specialist | 29 |
| General Practice | 24 |
| Geriatrics | 13 |
| Emergency Medicine | 12 |
| Surgery | 6 |
| Oncology | 6 |
| Rheumatology | 6 |
| Hopsice/Palliative Care | 5 |
| Sleep Medicine | 5 |
| Addiction Specialist | 4 |
| OB/GYN | 3 |

A large blue triangle points from the top-left towards the bottom-right. Several smaller triangles in various colors (orange, lime green, purple, magenta, cyan) are scattered around the blue triangle. The word "Questions" is centered in white text within the blue area, with a thin white horizontal line underneath it.

Questions

Agenda

➤ Gabapentin Utilization

➤ **Opioid Potentiators**

➤ Medication Assisted Treatment (MAT) Utilization





Opioid Potentiators

Opioid Potentiator Utilization



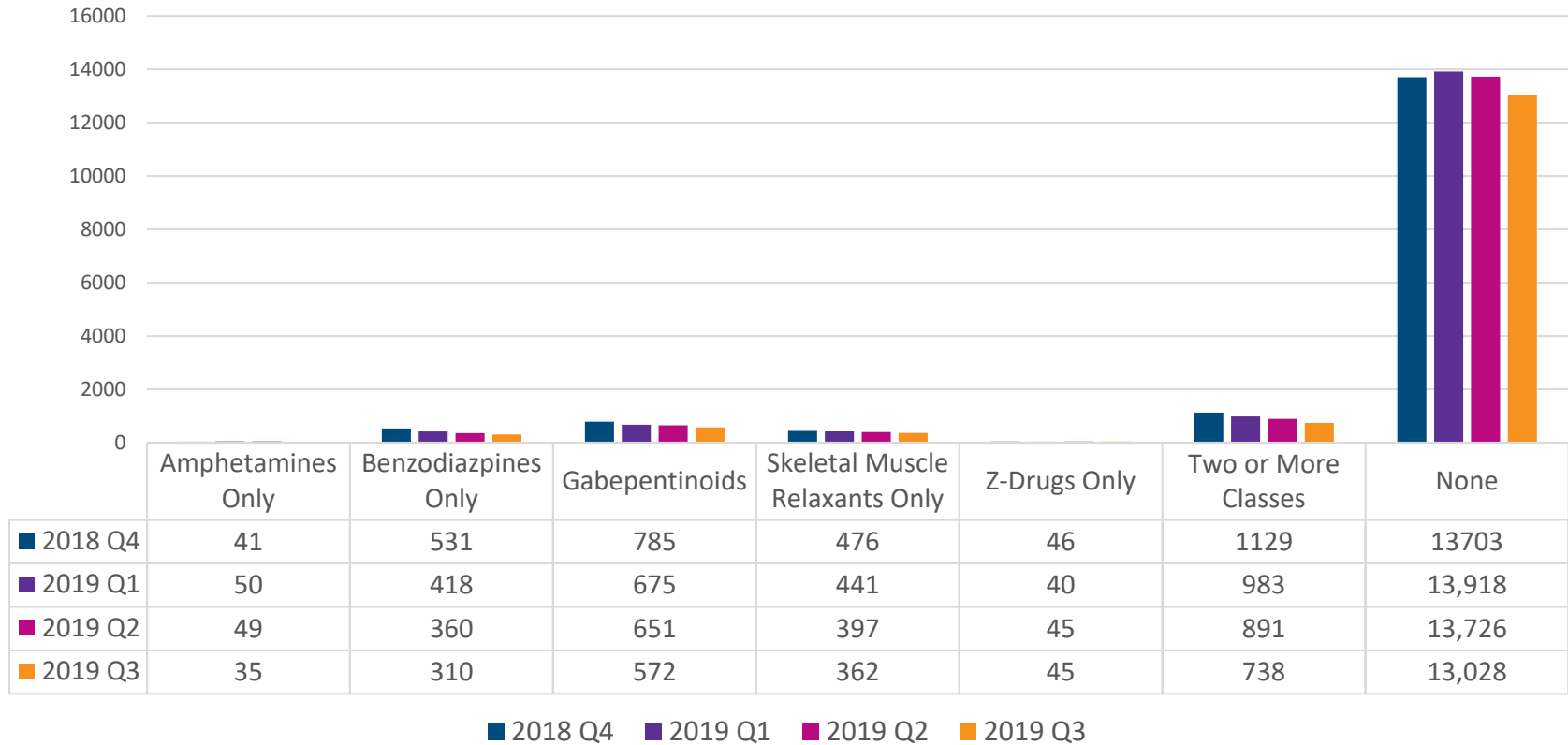
- Paid pharmacy claims were searched for opioids for both adult and pediatric FFS populations
 - Service period 10/1/2018 through 9/30/2019
- Additional analysis was performed on the identified members with concurrent utilization with a 30 day or longer overlap with potentiator medications.
 - Potentiator medications are those that enhance the opioid effect such as amphetamines, benzodiazepines, gabapentinoids, muscle relaxers and sedative hypnotics (Z-drugs)
- CMS now requires monitoring of concurrent use of opioids and antipsychotics based on the FDA's warning of increased risk of respiratory and Central Nervous System (CNS) depression. Therefore, starting with third quarter 2019 data, we also searched for concurrent use of opioids and antipsychotics in both adults and pediatrics.

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Opioid Potentiator Utilization



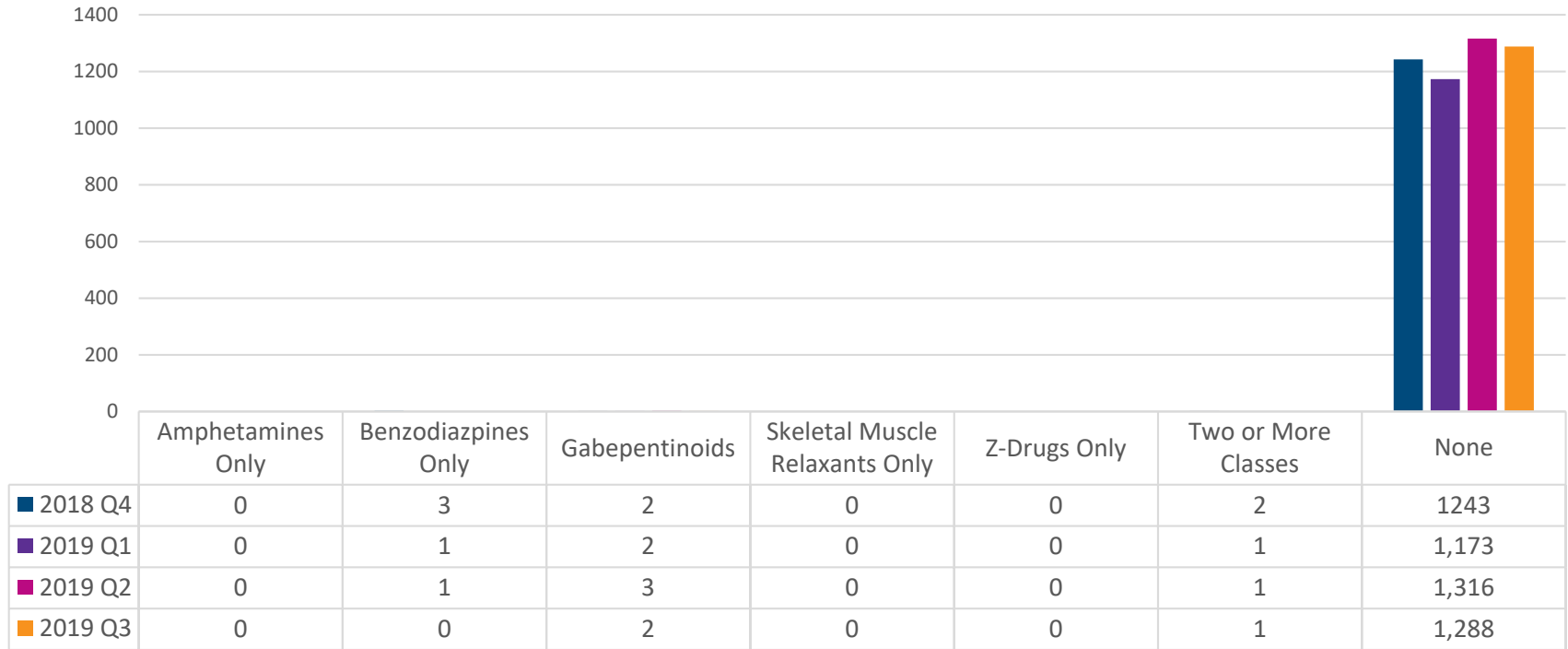
Opioid Potentiator Trend FY2019 - Adults



Opioid Potentiator Utilization



Opioid Potentiator Trend FY2019 - Pediatrics



■ 2018 Q4 ■ 2019 Q1 ■ 2019 Q2 ■ 2019 Q3

Opioid Potentiator Utilization



Concurrent Opioid and Potentiators – Adults Antipsychotics, Benzodiazepines and Gabapentinoids

| Potentiator Classes (>=30-day overlap) | Current Avg. Daily MME | | | | | | |
|---|------------------------|------------|------------|-----------|-----------|-----------|--------------|
| | < 30 | 30-49.9 | 50-89.9 | 90-119.9 | 120-200 | >200 | Total |
| Antipsychotics Only | 139 | 71 | 29 | 10 | 4 | 6 | 259 |
| Benzodiazepines Only | 238 | 167 | 89 | 29 | 34 | 11 | 568 |
| Antipsychotics and Benzodiazepines | 74 | 50 | 30 | 7 | 7 | 2 | 170 |
| Gabapentinoids Only | 355 | 106 | 76 | 14 | 12 | 9 | 572 |
| Total | 806 | 394 | 224 | 60 | 57 | 28 | 1,569 |

Opioid Potentiator Utilization



Concurrent Opioid and Potentiators – Pediatrics Antipsychotics, Benzodiazepines and Gabapentinoids

| Potentiator Classes (>=30-day overlap) | Current Avg. Daily MME | | | | | | Total |
|---|------------------------|----------|----------|----------|----------|----------|----------|
| | < 30 | 30-49.9 | 50-89.9 | 90-119.9 | 120-200 | >200 | |
| Antipsychotics Only | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Benzodiazepines Only | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Antipsychotics and Benzodiazepines | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gabapentinoids Only | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Total | 3 | 0 | 0 | 0 | 0 | 0 | 3 |

- Patient on benzodiazepine plus an opioid has seizure disorder and cerebral palsy
- One patient on gabapentin plus an opioid has seizure disorder and cerebral palsy
- And the other patient on gabapentin plus an opioid has sickle cell anemia




Questions

Agenda

- Gabapentin Utilization
 - Opioid Potentiators
 - **Medication Assisted Treatment (MAT) Utilization**
-





Medication Assisted Treatment (MAT) Utilization

Medication Assisted Treatment (MAT) Utilization

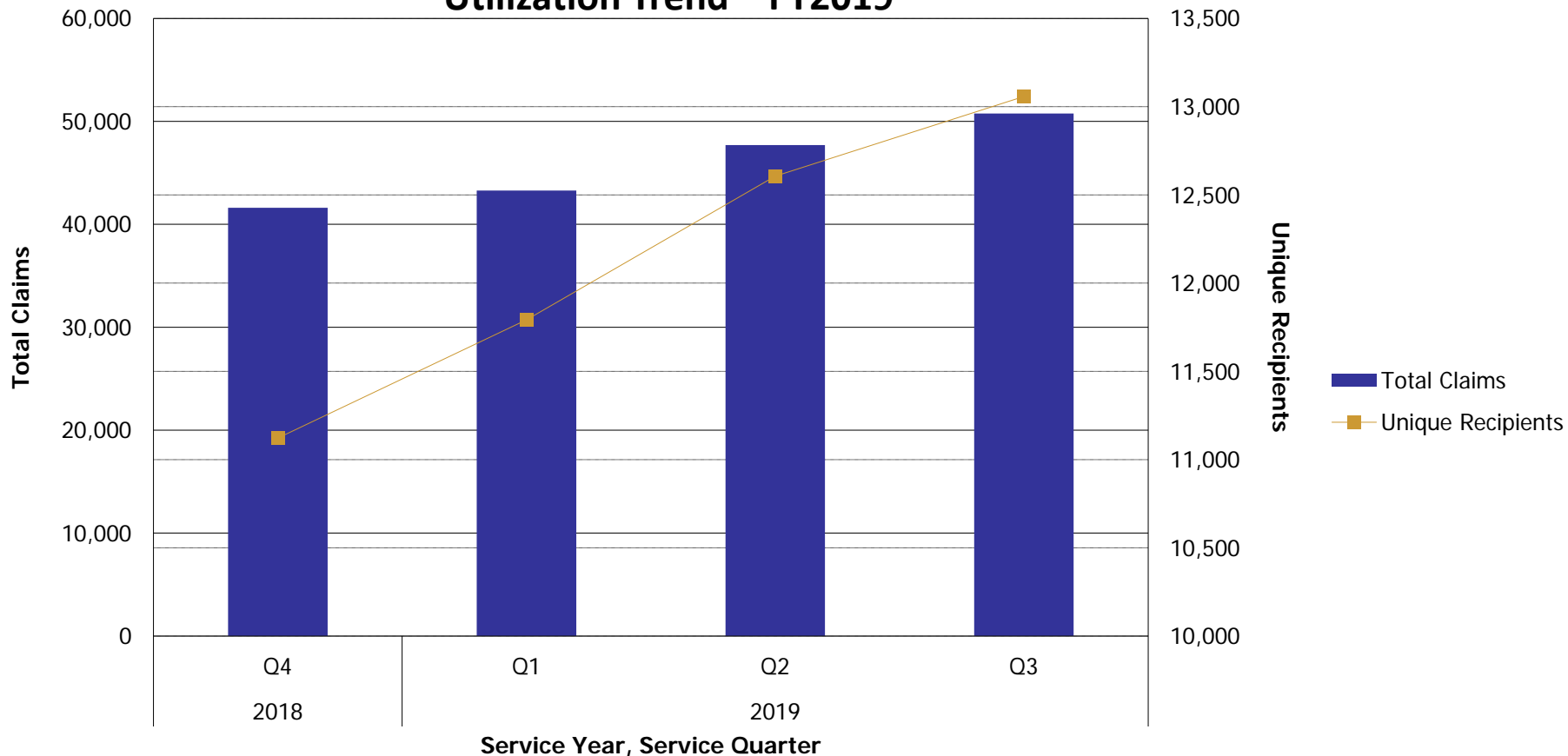


- Paid pharmacy claims were searched for FY2019 (10/1/2018 – 9/30/2019) to show the trend in utilization for each quarter.
- Paid pharmacy and medical claims were searched for FFS and managed Medicaid Health Plan (MHP) members taking MAT medications
 - Service period: 07/1/2019 through 9/30/2019
- Utilization metrics, patient demographics, and prescriber taxonomies are displayed on the following slides

Medication Assisted Treatment (MAT) Utilization



Utilization Trend – FY2019



| Service Year | Service Quarter | Total Claims | Unique Recipients |
|----------------|-----------------|----------------|-------------------|
| 2018 | Q4 | 41,607 | 11,122 |
| 2019 | Q1 | 43,278 | 11,792 |
| | Q2 | 47,697 | 12,606 |
| | Q3 | 50,758 | 13,058 |
| Summary | | 183,340 | 19,835 |

Medication Assisted Treatment (MAT) Utilization



| Drug | Nbr Mbrs | Nbr Claims | Nbr Prescribers | Avg Mbrs/ Prescriber | Avg Claims/Mbr |
|---------------------------|----------|------------|-----------------|----------------------|----------------|
| Buprenorphine products | 11,652 | 47,805 | 703 | 17 | 4.1 |
| Vivitrol (pharmacy claim) | 1,487 | 2,510 | 435 | 3 | 1.7 |
| Vivitrol (J-code claim) | 300 | 379 | n/a | n/a | 1.3 |

Note: buprenorphine products include buprenorphine/naloxone, buprenorphine medications approved for the treatment of opioid abuse

Medication Assisted Treatment (MAT) Utilization



Buprenorphine Products

| Drug | Nbr Members | Nbr Claims |
|-------------------------------|-------------|------------|
| Suboxone SL film | 9,781 | 39,343 |
| Zubsolv SL tab | 1,673 | 6,220 |
| buprenorphine SL tab | 301 | 1,311 |
| Sublocade injection | 168 | 319 |
| buprenorphine-naloxone SL tab | 124 | 463 |
| buprenorphine-naloxone film | 51 | 118 |
| Bunavail buccal film | 11 | 31 |

Medication Assisted Treatment (MAT) Utilization



Comparison of FFS vs MHP Pharmacy Claims

| Drug | All Groups | | | FFS Only | | | MHPs | | |
|----------------------------|------------|-----------------|------------|----------|-----------------|------------|----------|-----------------|------------|
| | Nbr Mbrs | Nbr Prescribers | Nbr Claims | Nbr Mbrs | Nbr Prescribers | Nbr Claims | Nbr Mbrs | Nbr Prescribers | Nbr Claims |
| Buprenorphine Products | 11,652 | 703 | 47,085 | 1,133 | 349 | 3,188 | 10,519 | 686 | 44,617 |
| Vivitrol (pharmacy claims) | 1,487 | 435 | 2,510 | 231 | 117 | 299 | 1,256 | 407 | 2,211 |

Medication Assisted Treatment (MAT) Utilization



Member Demographics

| Drug | Gender | |
|---------------------------|--------|-------|
| | Female | Male |
| Buprenorphine products | 5,998 | 5,654 |
| Vivitrol (pharmacy claim) | 614 | 873 |
| Vivitrol (J-code claim) | 128 | 172 |

Medication Assisted Treatment (MAT) Utilization



Member Demographics

| Drug | Age (yrs) | | | | | | |
|--|-----------|-------|-------|-------|-------|-------|-------|
| | 13-17 | 18-24 | 25-30 | 31-40 | 41-50 | 51-60 | 61-69 |
| Buprenorphine products [range 13 -73y] | 13 | 654 | 2,976 | 4,798 | 2,052 | 1,057 | 102 |
| Vivitrol (pharmacy claim) [range 13 -64y] | 13 | 93 | 295 | 526 | 341 | 197 | 22 |
| Vivitrol (J-code claim) [range 18 - 62y] | 0 | 24 | 80 | 114 | 48 | 29 | 5 |

Medication Assisted Treatment (MAT) Utilization



| Prescriber Taxonomy | Drug | | Total Prescribers |
|----------------------------------|------------------------|---------------------|-------------------|
| | Buprenorphine Products | Vivitrol (pharmacy) | |
| Family Practice/General Practice | 214 | 108 | 322 |
| Internal Medicine | 120 | 43 | 163 |
| Nurse Practitioner | 110 | 128 | 238 |
| Psychiatry | 98 | 66 | 164 |
| Physicians Assistant | 76 | 55 | 131 |
| Addiction Specialist | 39 | 13 | 52 |
| Emergency Medicine | 24 | 9 | 33 |
| Obstetrics/Gynecology | 19 | 1 | 20 |
| Pain Specialist | 15 | 2 | 17 |
| Pediatrics | 10 | 3 | 13 |
| Anesthesiology | 10 | 2 | 12 |
| Physical Medicine and Rehab | 8 | 1 | 9 |
| Surgery | 7 | 2 | 9 |
| Neurology | 3 | 1 | 4 |
| Hospice/Palliative Care | 1 | 1 | 2 |

Medication Assisted Treatment (MAT) Utilization



| Vivitrol Diagnoses | Nbr Mbrs |
|--------------------|----------|
| Alcohol Abuse | 339 |
| Opioid Abuse | 360 |

39 members with both alcohol and opioid abuse diagnoses

| Pregnancy-related Diagnoses | Nbr Mbrs |
|-----------------------------|----------|
| Buprenorphine products | 462 |
| Vivitrol | 48 |



Questions
