Meeting Minutes

Drug Utilization Review (DUR) Board

December 8, 2020 Meeting

Final

Board Members Present: Carrie Germain (Lennon), Jennifer Stanley (Dewitt Township), James Forshee (Caledonia) and Susan DeVuyst-Miller (Grand Rapids)

Board Members Absent: Mohammed Arsiwala, Robert DeYoung

MDHHS/Magellan Present: Trish Bouck, Matt Giering, Linda VanCamp, Michael Melvin, Colleen Barry, Santreis Cook and Donna Johnson

The MDHHS DUR Board meeting was held via Microsoft Teams web conference with teleconference only option of participation also available. Ms. Germaine opened the meeting at 3:05 pm with roll call of the members present and approval of minutes. The members provided the location from which they were attending.

Ms. Bouck explained that pursuant to the Michigan Open Meetings Act, as amended, this will be a virtual meeting to mitigate the spread of COVID-19 and protect the health of the public and members of the Board.

Conflict of interest statement was reviewed. None of the members had COI to report.

Ms. Bouck presented an update on the single Medicaid Preferred Drug List (sPDL) which was recommended in the Governor's FY21 Executive Budget. The Department implemented the single PDL to maximize drug manufacturer rebates (both Federal and PDL supplemental) to generate savings starting October 1, 2020. Both Medicaid Fee-For-Service (FFS) and the Medicaid Health Plans will follow/adopt the Michigan Preferred Drug List (PDL)/Single PDL. The P&T Committee makes clinical recommendations for both the Michigan Pharmaceutical Product List (MPPL) and the subset of drugs on the PDL. The MCO Common Formulary workgroup will provide input and recommendations on Single PDL coverage for P&T Workgroup consideration before each full P&T Committee meeting. Drugs not on the PDL will continue to be managed by the MCO Common Formulary for Medicaid Health Plan enrollees.

Ms. Bouck provided an update on the Governor's Prescription Drug Task Force which was established via Executive Order (EO) 2020-01. The Task Force meetings were postponed due to COVID-19. Ms. Bouck reported that the Task Force resumed meetings over the past few months to discuss the prescription drug supply and financing chain, hear from stakeholders, and review the legislative and administrative actions to lower drug costs. They will submit a report to the Governor with recommendations. Videos of past meetings can be found at Michigan.gov/mdhhs >> Boards and Commissions >> Prescription Drug Task Force.

MDHHS received CMS approval in October 2018 to pursue Outcomes-Based Contracts with drug manufacturers. Outcomes-Based Contracts are encouraged by the Department of Health and Human Services to help address high drug costs. MDHHS is in the process of reviewing potential agreements with several drug manufacturers. In August 2020, MDHHS executed its first outcomes-based contract with Novartis Gene Therapies for the gene therapy drug Zolgensma.

The "We Treat Hep C" request for proposal (RFP) was issued by MDHHS in collaboration with Michigan Department of Corrections (MDOC) to secure lower pricing on Hepatitis C agents. The MDHHS Public Health Administration set a goal to eliminate hepatitis C virus (HCV) in Michigan. It is leading a steering committee with stakeholders, clinicians and community leaders to develop a state plan than includes data and strategic planning, community-based interventions, and adult and pediatric interventions. They want to increase the number of prescribers for HCV treatments. Ms. Germain asked about the timeline for the program. Ms. Bouck stated that the proposals were due to be submitted to MDHHS in October and that they were targeting January 2021 for the award announcement. Implementation may be as early as April 1, 2021. Dr. Stanley stated that there were extremely tight restrictions on prescribing when the newer agents entered the market. Ms. Bouck stated that gradually restrictions are being eased but the current prior authorization criteria still requires the medications be prescribed by a specialist or in consultation with a specialist. On October 1, 2019, the hepatic metavir fibrosis score prior authorization (PA) requirement was lowered to F0. The Department continually reviews the criteria and may ultimately remove the clinical PA entirely depending on the RFP proposals.

Ms. Bouck presented the Centers for Disease Control (CDC) and the State of Michigan website resources for the Coronavirus pandemic (i.e. COVID-19). MDHHS continues to partner with contracted Medicaid Health Plans (MHPs) to evaluate Medicaid Point-Of-Sale coverage needs, utilization trends, potential or actual drugs supply shortage concerns. Additional coverage updates will be communicated via web announcements posted at https://michigan.magellanrx.com/provider/ and www.Michigan.gov/MCOPharmacy websites, provider bulletins/letters and press releases.

Ms. Bouck reported that the FFY2019 CMS annual DUR surveys for both FFS and the MHPs and attachments were uploaded and certified in the CMS DUR web application on September 30, 2020. Ms. Bouck noted that the annual national trend reports for both (FFS and MCO) and individual State FFS historical reports are available on the CMS DUR website at https://www.medicaid.gov/medicaid/prescription-drugs/drug-utilization-review/index.html. CMS will begin posting individual MCO annual reports starting this upcoming year.

The Board reviewed the draft bylaws. Ms. Bouck provided a list with the members' term begin dates. Board members terms of service should be staggered so that not everyone leaves at once. The Board recommended that the length of the terms be an initial 2-year period and limited to 3 additional terms (six years) plus an additional two years if the member becomes the Board's chairperson. The bylaws state that the Board will be comprised of seven members however one of those positions was filled by the MDHHS representative. Ms. Bouck will remove the MDHHS representative so that the bylaws will reflect a composition of six (6) members – three (3) physicians and three (3) pharmacists. The Board voted to accept the changes to the bylaws.

The Board asked Ms. Bouck to consult with other State Medicaid Agencies about their bylaws. The Board also requested that descriptions of the positions of the Board officers and members as well as their roles and expectations be drafted as a reference for future nominations. Ms. Germain announced that she is planning to leave the Board after the March meeting, but she is willing to provide guidance to the new chairperson prior to the June meeting. They will select a new chairperson and vice chairperson at the March 2021 meeting. Ms. Germain asked the Board for nominations for future members.

Santreis Cook presented the Whole Health Outcomes Report for interventions completed from June 2019 through December 2019. The report included Low Dose Seroquel, Behavioral Health Polypharmacy-6 or More Medications, Pediatric Behavioral Health Polypharmacy- 4 or More Medications, and Pediatric Antipsychotic Polypharmacy. The data showed a reduction in the utilization of Seroquel at total daily doses less than 150 mg, as well as a decrease in adult members prescribed six or more behavioral health medications. Similar reductions

in utilization were presented for pediatric members prescribed four or more behavioral health medications and pediatric members receiving two or more antipsychotic medications. The outcomes data also showed an overall increase in long-acting injectable (LAI) utilization in both the pediatric and adult populations.

Dr. Cook facilitated a discussion around Whole Health initiatives for first quarter 2021. She highlighted algorithms with upward trends in unique member and provider counts and recommended a shift in outreach to focus on Pediatric Polypharmacy- 5 or More Medications and Pediatric Antipsychotic Polypharmacy. Dr. Cook also recommended that the Board consider adding Behavioral Health Polypharmacy- 6 or More Medications or High Diazepam Equivalent Dose to the algorithm selections. The Board accepted her recommendations on outreach for pediatric polypharmacy. Due to the public health concern and the increased risk of overdose when benzodiazepines are combined with opioids and other street drugs, the Board also selected the High Diazepam Equivalent Dose algorithm for the upcoming quarter. Dr. Cook reviewed options for future algorithms on concurrent stimulant, benzodiazepine, and muscle relaxer or antipsychotic utilization. The Board would like to see data for these options with the addition of concurrent opioid utilization. The results will be presented at the next meeting.

Dr. Cook provided an update of the current initiatives, Behavioral Health (BH) Polypharmacy- 5 or more Medications, Atypical Antipsychotic Polypharmacy, and Dose Optimization for Fluoxetine 20 mg- 2 caps/tabs daily, Antidepressant Adherence, and Antipsychotic Adherence, for the Board to review. The Board may contact her directly with any questions.

Donna Johnson presented an update on the steps enacted when the March 10, 2020 Emergency Declaration was issued to ensure access to essential medications and to promote social distancing as permitted by law. The steps include allowing provider level or call center overrides to bypass quantity limits, days supply limits, early refills when at least half of the previous fill has been used; COVID-19-related prescription copays waived; and signature requirements waived to promote mailing or shipping medications. Dr. Johnson presented utilization data on these emergency steps.

Due to the coronavirus pandemic, the Centers for Disease Control and Prevention (CDC) is stressing the importance of getting an influenza vaccination for the 2020 flu season. There are concerns that immunization rates in general have drastically decreased due to the challenges with social distancing and stay-at-home orders. The Board requested a review of influenza vaccination claims be performed to determine the impact to the FFS Medicaid population. Dr. Johnson presented trends in the utilization of influenza vaccines over the past five influenza seasons from 2015 through 2019. She noted that the data only reflects claims submitted to MDHHS and not those vaccinations obtained at workplaces or free flu shot clinics. She also presented a comparison of pharmacy claims for influenza vaccines for the current 2020–21 season thus far to the same period in 2019 from August 1st through November 8th. Dr. Johnson reported that the analysis revealed a 68% increase in pharmacy vaccine claims compared to the same period last year. Dr. Forshee asked if MDHHS can obtain the MCIR reports from the Division of Immunizations for the DUR Board to review in the future. He stated that MCIR has more comprehensive medical records and can be searched by plan.

Dr. Johnson provided information and utilization data on two opioid-related standards. Claims and call center data were presented on the Department's edit that limits the coverage of short-acting narcotic analgesics for Fee-For-Service members who are opioid treatment-naïve to a 7-day supply. Additionally, she reported on naloxone claims utilization in members with opioid doses of 90 morphine milligram equivalents (MME) or more compared to the naloxone utilization of all members taking opioids.

Dr. Johnson presented a summary of the SUPPORT Act and the requirements for both the fee-for-service (FFS) and managed health plan (MHP) DUR programs. She presented reports showing the concurrent utilization of opioids with antipsychotics and with benzodiazepines for both the FFS and MHP populations for first quarter

2020. The Board noted that opioids and sleep agents are more of a concern than the SUPPORT act measures.

Dr. Johnson also presented a report on concurrent utilization of opioids and a potentiator medication in both adult and pediatric patients during the same period. She clarified that concurrent use is determined by a 30 day or greater overlap in both an opioid and a potentiator. Potentiator medications are those that enhance the opioid effect such as amphetamines, benzodiazepines, gabapentinoids, muscle relaxers, sedative hypnotics and antipsychotics. Patients on a potentiator medication who only took a short course of an opioid for acute pain are not flagged for concurrent use. The results showed that the majority of patients with opioid claims are not on concurrent potentiator medications. The Board expressed concern that patients could be on chronic opioid use and no antidepressant therapy. These patients could have undiagnosed depression. Further analysis of these cases will be presented at the next meeting.

Dr. Johnson reported on the Medication Assisted Treatment (MAT) Utilization for service period 7/1/2019 through 9/30/2020. She presented the utilization metrics, patient demographics, patient diagnoses and prescriber taxonomies for these medications. Additionally, she reported on the FFS beneficiaries who had claims for an opioid within 45 days of a MAT claim. The results of her analysis revealed that of the 2,733 beneficiaries who received a MAT medication between 4/1/2020 and 9/30/2020, only 32 received an opioid claim within 45 days. The majority of these opioid claims appeared to be for acute medical issues.

Ms. Bouck announced the proposed CY 2021 meeting dates of March 9th, June 8th, Sept 7th and Dec 7th and noted that Sept 7th is the day after Labor Day.

Meeting adjourned at 5:13 pm.