Meeting Minutes

Drug Utilization Review (DUR) Board

March 8, 2022 Meeting

Final

Board Members Present: James Forshee (Kent County), Susan DeVuyst-Miller (Kent County), Chris Meny (Oakland County), Jacob Manteuffel (Detroit), Geraldine Marks (Oakland County)

Board Members Absent: Jennifer Stanley

MDHHS/Magellan Present: Trish Bouck, Daphne Atria and Donna Johnson

The MDHHS DUR Board meeting was held via Microsoft Teams web conference with teleconference only option of participation also available.

Dr. Forshee opened the meeting at 3:04 pm with roll call of the members present and approval of minutes. The members provided the location from which they were attending.

Ms. Bouck announced that the Governor's FY23 Executive Budget Recommendation was posted on February 9, 2022. These recommendations will be considered by the Legislature. The primary focus is on numerous investments due to the current economy and COVID-19 additional funding. A summary of the recommendations summarized in a press release can be found at http://www.michigan.gov/budget.

Ms. Bouck also announced that MDHHS is undergoing an organizational restructuring. In January, the Health and Aging Services Administration (HASA) was created under Executive Order 2021-14 combining Aging and Adult Services and the former administration, Medical Services (MSA). Last week, it was announced that HASA will become Behavioral and Physical Health and Aging Services (BPHAS).

Dr. Jed Miller joined the Health and Aging Services Administration (HASA) as the Chief Medical Consultant in the Office of Medical Affairs on February 7, 2021. He is Board Certified in General Pediatrics and received a master's degree in Public Health from Johns Hopkins University. Dr. Miller also has a background in environmental health and with children with special health care needs.

Ms. Bouck presented summaries on a number of published L-Letters. L 22-05 provides clarification of Michigan Automated Prescription System (MAPS) record retention requirements. L 22-04 provides additional guidance and clarification for the coverage of COVID-19 prevention, treatment and support services. Ms. Bouck further announced several proposed policies. 2202-Pharmacy and HASA 22-02 would allow coverage of U.S. FDA EUA COVID-19 Monoclonal Antibody Injections by Pharmacy Providers. 2156-Pharmacy reaffirms that the signature log and proof of delivery requirements waived on March 26, 2020 remain waived due to the ongoing Public Health Emergency (PHE). Once the PHE waiver is terminated, the enhanced new proof of delivery requirements will go into effect. 2155-Pharmacy proposes allowing up to a 12-month supply per fill for contraceptives effective May 1, 2022.

Ms. Bouck announced that COVID-19 At-Home Tests are covered as a pharmacy benefit per MSA 21-50. A listing of the NDCs covered by Medicaid can be found at www.michigan.magellanrx.com> Providers> Documents> COVID-19 Test Products Covered NDC List. Dr. Uren asked if a prescription is needed for at-home COVID-19 tests. Ms. Bouck explained that policy requires a prescription for all covered pharmacy services however the pharmacists are authorized prescribers and can identify their own NPI as the prescriber on these claims.

CMS notified States that they are planning FFY2021 survey templates (FFS and MCO) to be finalized by 4/1/2022 and target due date of 6/30/2022. National summary and individual state reports for both FFS and MCOs from past years can be found at Medicaid.gov.

Quarterly, the MCO Common Formulary workgroup provides input and recommendations on Single PDL coverage for P&T Workgroup consideration before each full P&T Committee meeting. The P&T Committee makes clinical recommendations for both the Michigan Pharmaceutical Product List (MPPL) and the subset of drugs on the Single PDL. A quarterly 'Summary of PDL changes' is available to better inform prescribers/pharmacies following P&T Committee: https://michigan.magellanrx.com> "Recent Changes –MI Single Preferred Drug List (Single PDL)". Ms. Bouck announced the new quarterly update after the March 8th P&T will be posted with a May 1, 2022 effective date. Ms. Bouck also reminded everyone of the Brand Preferred Products (Brand over Generic) List that is posted on the website.

Ms. Bouck provided information on the Centers for Disease Control (CDC) and the State of Michigan website resources for the Coronavirus pandemic. All communications materials on the COVID-19 vaccine for providers to share with the public are available at www.Michigan.gov/covidvaccine. The CDC's information on local vaccine sites can be found at www.vaccinefinder.org. Additional coverage updates will be communicated via web announcements posted at https://michigan.magellanrx.com/provider/ and at www.Michigan.gov/MCOPharmacy. A listing of the currently approved and EUA-authorized tests is available on the FDA website at https://www.fda.gov/medicaldevices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd. A monoclonal antibody locator is available at www.michigan.gov/coronavirus > Resources > COVID-19 Therapeutics Information Page > Find An Antibody Treatment Site. Ms. Bouck noted that sotrovimab is currently available.

Daphne Atria presented an outreach summary from the current initiatives thus far during first quarter 2022. She discussed the "We Treat Hep C" initiative with a goal of reaching 100 providers with untreated HCV patients. At the time of this meeting, 84 providers had been reached. She detailed the different provider resources that had been shared. For example, the Henry Ford Health system is a great resource as it has a free consultation line for all health care professionals. They walk through any questions regarding disease management and treatment Monday through Fridays from 8 am to 5pm. Other helpful programs come from Michigan State University, Michigan Opioid Collaborative, and the WSU Midwest AIDS Education and Training Center (MATEC) which also offers free consultations and helplines. She discussed there has been substantial positive feedback from the CDC and American Association for the Study of Liver Diseases (AASLD) for the simplified treatment algorithms that were shared during these provider consultations. Some key education insights from the outreach came from difficulty overcoming patient perceptions of being diagnosed and treated for HCV. Providers also discussed delays in lab results and not having patients come back for follow up appointments which proves to be a challenge when trying to initiate treatment. Many primary care physicians also felt they lacked the time and expertise to deal with the treatment management as they have been accustomed to referring patients to infectious disease specialists and hepatologists in the past. Overall, many positive discussions came from the consultations and providers were pleased with the removal of prior authorization for treatment availability. Dr. Atria also mentioned she concurrently continued the Behavioral Health Polypharmacy and Low Dose Seroquel algorithms for overlapping providers to optimize reach and resources.

Dr. Atria provided data from the potential algorithm report for the Quarter 2 2022 algorithm selection and recommended Atypical Antipsychotic Polypharmacy and Pediatric Antipsychotic Polypharmacy algorithms. The board accepted this recommendation.

Whole Health outcomes for January 2021 through June 2021 Outreach will be presented at the next DUR board. She will also review initiatives for Quarter 2 2022 and discuss Quarter 3 2022 algorithm selection.

Dr. Johnson presented information on the current morphine milligram equivalents (MME) edit. The Department lowered the threshold from 120 MME per day to 90 MME on July 1, 2021. She presented a graph that showed the continual decline in high doses of opioids among FFS beneficiaries since October 2017. At the December meeting, Dr. DeVuyst-Miller asked if the decrease in MME limits inversely related to an increase in overdose deaths from illicit drug use. She requested that we look at emergency room (ER) data related to overdoses and overlap with the patient with MME changes. Dr. Johnson presented data showing the number of emergency room visits due to overdoses from 2017 to 2021. The incidence of overdoses due to opioids increased in 2020

and 2021 but the incidence of overdose due to any agent has been trending down since 2017. Overall, we were unable to draw a direct comparison using the available data. Dr. Manteuffel suggested using more precise ICD-10 codes to a better correlation. Dr. Johnson will rerun the analysis using the codes provided by Dr. Manteuffel for the June meeting.

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 (FFS) 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 FFS and 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 fourth quarter 2021.

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.

Dr. Johnson reported on the Medication Assisted Treatment (MAT) Utilization for service period 10/1/2020 through 12/31/2021 to show the quarterly trend comparisons. She noted that since the removal of the clinical PA on these medications, the number of claims and beneficiaries has risen 35.5% and 38.2% respectively. Additionally, she presented the utilization metrics and prescriber taxonomies for these medications.

Dr. 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. She also presented pharmacy claim utilization data on the COVID-19 vaccines since coverage began on 12/1/2020.

Effective May 8, 2021, MI Medicaid expanded vaccine administration in the pharmacy setting to mitigate the reduction in vaccine immunization rates for children as a result of the COVID-19 pandemic. Pharmacies participating in the expansion will bill VFC vaccine administration fees to Medicaid Fee-for-Service for all beneficiaries who are 3 through 18 years of age, including those who are enrolled in a Medicaid Health Plan (MHP). Dr. Johnson presented paid claims data of the non-seasonal vaccine utilization from May 2021 through September 2021. We will continue to monitor the VFC utilization. However, it was discussed that we are unlikely to see a large uptake in utilization until more pharmacies are enrolled by public health departments and limited resources seem to be playing a role.

The Board expressed an interest in reviewing additional RetroDUR reports related to asthma in particular due to the change in asthma guidelines. For CY 2019, 2020 and 2021, review short-acting beta agonist (SABA) inhaler and inhaled corticosteroid (ICS) utilization trends and evaluate the same utilization for those beneficiaries with COVID diagnoses.

Dr. Manteuffel asked that PDL coverage of Suprax (cefixime) be evaluated to consider PA removal to allow no barriers to coverage for exposed partner treatment (EPT) for gonorrhea. Ms. Bouck explained that MDHHS

will evaluate now to see if change possible prior to the June P&T Committee's scheduled annual review of same.

No requests for public comment were made.

The next meeting will be held virtually on June 7th at 3pm.

Meeting adjourned at 4:26 pm.