**Maryland Medicaid Pharmacy Program**
**Drug Use Review (DUR) Board**
**Thursday, March 7, 2013**
**Meeting Minutes**

***DUR Board Members:*** G. Cordts, K. Fink, P. Kahn, L. Moricle, K. O'Reilly, N. Sheth Pandit, B. Trentler, W. VanWie
***Maryland Medicaid Pharmacy Program (MMPP):*** A. Alexandrou, L. Burgess, P. Holly, D. Klein, A. Taylor
***Xerox:*** K. Farrakhan, J. Lafranchise
***Health Information Designs, Inc. (HID***) J. Paradis, J. Walker
***Magellan***: M. Lennertz

**Introductions**
Members of the DUR Board introduced themselves.

**Approval of Minutes**
Minutes of the December 6, 2012 DUR Board meeting were approved with no changes.

**Maryland Medicaid Pharmacy Program**
Action items were reviewed. A limit of 40mg per day of citalopram has been implemented for all dosage strengths of the drug based on FDA recommendations concerned with possible QT elevations at higher doses.

MMPP pharmacists have made presentations to the Maryland Pharmacist Association and some of the larger chain pharmacies to discuss the Tier 2 and non-preferred antipsychotic prior authorization and approval process.

MMPP noted that recruiting is underway for P&T Committee and DUR Board members. Board members were asked to refer any colleagues who they thought may be interested in serving on the Board. Several professional organizations will be contacted in an effort to recruit new members. Efforts will be made to attract candidates from Western Maryland and the Eastern Shore in order to promote more geographic diversity of the Board. It was suggested that perhaps the location of the Board meeting could be rotated on a regular basis to different areas of the state or to utilize teleconferencing technology to include members in outlying areas. However, MMPP noted that if teleconferencing technology were to be adopted in the future the meeting would still need to remain as a public meeting and there would need to be a centralized location to accommodate public attendees.

**Xerox**
Representatives from Xerox reviewed the prior authorization report of requests for non-preferred drugs. There were no significant changes from the last quarter. A review of prospective DUR alerts showed that anticonvulsants, antipsychotics and antidepressants represented the top three drug classes of therapeutic duplication edits. The most common early refill alerts were for antidepressants, anti-anxiety agents and

clonazepam. The top alerts for drug interactions were for SSRIs, antidepressants and Cymbalta®. It was noted that the prescriber contacted code (MO) continues to be the most frequently used intervention code for overrides of DUR alerts. The most commonly used outcome code was "filled as is" (code 1B). The cost savings report was reviewed. It was also noted that the number of faxed requests to the call center increased from the previous quarter.

**Health Information Designs, Inc.**
Utilization data for zolpidem (Ambien®), provided by Xerox, was reviewed. The FDA has recommended lower initial doses in women. Board members noted that lower initial starting doses are recommended in women. However, doses may be titrated to the higher dose and it may be very difficult to reduce the dose in patients who have been on the drug chronically. Although the drug is not intended to be used chronically it often is. Approximately 6,000 women were found to be taking the higher doses. Board members recommended that a prospective DUR edit alerting to the lower dose FDA recommendations be implemented. The Board also recommended that a retrospective mailing to alert for the use of the lower doses in women not be conducted. MMPP noted that there is a quantity limit of one dose per day for the drug. The Board asked that the use of the drug be monitored in the future to determine if the prospective DUR edit had any impact on utilization.

The utilization of citalopram was also discussed in light of the FDA recommendations to limit the dosing of the drug to 40mg daily. A quantity limit of 40mg has been implemented. The Board asked that the use of the drug be monitored in the future to determine the impact of the quantity limit.

The prospective DUR late refill edit which alerts for non-adherence to antiretroviral therapy was discussed. Xerox and MMPP reported that a total of 28 patients were identified who had alerts for late refills and did not have an immediate paid claim following the alert. MMPP investigated all of these cases to ensure that the patient did receive medication. MMPP also reported that further outreach is ongoing to continue to educate pharmacists on how to override the edit and recommend that patients be counseled.

HID proposed a retrospective DUR intervention focused on evaluating patients concurrently taking 3 or more atypical antipsychotic agents. Board members noted that it would also be appropriate to evaluate patients on 2 or more agents. MMPP commented that the number of patients taking 2 or more agents is significantly higher than those taking 3 or more and it with the current resources it would be more manageable to address those patients on 3 or more agents.

**New Business**
A live continuing education program is planned for the fall and the most likely topic is ADHD.