Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, June 6, 2013
Meeting Minutes

DUR Board Members: K. Fink, B. Gilliam, L. Moricle, B. Trentler, W. VanWie
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, P. Holly, D. Klein, D. Shah
Xerox: K. Farrakhan, J. Lafranchise
Health Information Designs, LLC (HID): J. Paradis, N. Osei-Boateng
Bishop House of Annapolis (Minutes): K. Holland
Magellan Medicaid Administration: M. Lennertz

Introduction

Naana Osei-Boateng of Health Information Designs, LLC was introduced. She will replace Jessica Walker and will be responsible for the Corrective Managed Care program at MMPP.

It was announced that Alex Taylor retired effective June 1, 2013. Until his replacement is identified, Dixit Shah will be the contact person at MMPP for the DUR Board.

Approval of Minutes

Minutes of the March 7, 2013 meeting were approved with no changes.

Maryland Medicaid Pharmacy Program

Action items for the March 7, 2013 meeting were reviewed. Efforts to improve response rates to DUR letters from chain pharmacies continue. There has not been an appreciable change in the response rate at this time. Board members recommended that MMPP continue to have a dialogue with chain pharmacies to determine if the chains feel that DUR letters are useful and solicit their input on how to improve response rates. MMPP will continue outreach efforts with the major chain pharmacies.

There are currently two openings on the DUR Board for pharmacists. Five (5) candidates have expressed interest in the positions, but as of this time, no one has submitted the required application.

A soft edit has now been developed for zolpidem prescriptions of 10 mg and 12.5 mg when prescribed for women, which recommends a lower initial dose. The edit is currently in production.

An edit for the use of citalopram greater than 40 mg has been in place since February 2013. Since that time, there has been no significant change in the use of citalopram. When data were evaluated, it was found that approximately 3,000 claims (about 32% of all claims) were for 40 mg or more. However, during the meeting, Xerox was able to provide data for claims greater than 40 mg and it was reported that only 159 claims were found to be for greater than 40 mg. Requests for higher doses are routinely approved. There was discussion of developing a specific limit for citalopram that could only be overridden if certain parameters were met (the patient must have had a recent EKG or not be taking other drugs which could affect EKG changes). Board members recommended that the questions regarding a recent EKG or other medications be asked during the override approval process. Board members requested that this topic be brought up again in the next meeting and that the review be focused on those patients receiving greater than 40 mg. A review of the FDA warnings for citalopram was also recommended. Retrospective DUR interventions for citalopram were conducted in June of 2012 and

January 2013 and Board members noted that it may be beneficial to repeat those interventions for patients taking greater than 40 mg.

Xerox

Xerox is in the process of developing a hard edit for use of clonazepam and any additional benzodiazepine.

Xerox reviewed the prior authorization report of requests for non-preferred drugs. There was no significant change in the number of requests from 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 anticonvulsants. It was noted that zolpidem accounted for 11% of early refill edits.

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. Code 1B, "filled as is," was the most commonly used outcome code.

Early refills represented the highest amount of potential savings on the estimated cost avoidance report. Call center numbers were consistent with those of last quarter.

Board members requested that the numbers for clonazepam be reported separately for both therapeutic duplication and early refill edits.

Health Information Designs

A retrospective DUR evaluation of patients with claims for three (3) concurrent atypical antipsychotics was performed in March 2013. A total of 594 patients met the criteria for the use of 3 concurrent atypical antipsychotic agents based on GCN (drug and dose combination). Upon further evaluation, 339 patients were found to be using two (2) different agents, with 2 different doses of a single agent, all prescribed from the same prescriber. Another 206 patients had 3 claims for different strengths of the same agent, all prescribed from the same prescriber. A total of 43 patients found to be using 3 different agents were selected for intervention, and intervention letters were sent to the prescribers and pharmacy providers for these patients. The response rate from prescribers was 21% and from pharmacies 28%. The Board asked if the actual drugs involved in the multiple drug therapy could be reported for the September meeting and if multiple drug therapy with antipsychotics could be monitored on an ongoing basis. A few responses indicated that changes in therapy would be made. Board members noted that each time that claims of this type are processed, the pharmacist would be alerted to the duplicate therapy.

HID reported that DUR intervention performed in 2012, focusing on non-adherence of atypical antipsychotics, seemed to have improved compliance in about 70% of patients upon whom intervention was performed and who had pharmacy claims available to evaluate after a 6 month follow-up period. In the past, other DUR interventions have focused on non-adherence to antidepressants, lipid-lowering drugs, and antihypertensive agents. Board members recommended that these types of interventions continue to be performed. HID also proposed the evaluation of the use of duplicate sedative agents and Board members recommended that intervention letters be mailed to providers for patients found to be taking duplicate sedative therapy. Board members noted that some prescribers will manage patients with benzodiazepines for anxiety during the day and use a sedative benzodiazepine at night for insomnia,

which is not recommended. However, Board members noted that it would be very difficult to change this type of prescribing behavior.

Additional Business

It was announced that in the future, the closed Corrective Managed Care Committee meeting will extend to 9:15 am and the open DUR Board meetings will begin at 9:15 am.

The meeting adjourned at 10:20 am.