

**Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board Meeting
Thursday, December 5, 2013
Meeting Minutes**

DUR Board Members: G. Cordts, K. Fink, G. Herpel, P. Kahn, I. Kornbluth, L. Moricle, S. Osotimehin, N. Sheth Pandit, W. VanWie

Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, S. Brice, P. Holly, D. Klein, D. Shah

Xerox: K. Farrakhan, J. Lafranchise

Health Information Designs, Inc. (HID) J. Paradis, N. Osei-Boateng

Bishop House of Annapolis (Minutes): K. Holland

Magellan Medicaid Administration: M. Lennertz

Department of Health and Mental Hygiene: M. Baier

Introductions

Board members and all other attendees introduced themselves.

Election of DUR Board Chair and Co-Chair

Dr. Kahn was elected as the new DUR Board Chair. Dr. Sheth Pandit was elected to the position of Vice Chair.

Minutes

Minutes from the September 5, 2013 DUR Board meeting were approved with no changes.

MMPP

Review of action items from September 5, 2013 DUR Board meeting:

- Edit is now in effect for use of clonazepam with another benzodiazepine. A pharmacist can override this edit by using the appropriate intervention and outcome codes. Related data will be provided at March DUR Board meeting.
- Outreach continues to chain pharmacies to try to improve DUR letter response rates. One of the issues is that local contacts for the major chains often change and new personnel move into the Maryland regional positions.

Xerox

Action Item from September 5, 2013 DUR Board meeting:

- Call center volumes reported at the previous meeting were investigated. When data were compiled, some data were not loaded; therefore the numbers have been corrected.

Preferred Drug List (PDL) prior authorizations were reviewed. Cymbalta® is one of the most requested drugs. It was noted that Cymbalta® will become a preferred drug in January of 2014; it will also soon be available in generic form.

Of the top 20 therapeutic duplication alerts, antidepressants represented the highest number of alerts at 26% and clonazepam made up 16% of alerts. Of the top 20 early refill alerts, the most requested medications were anti-anxiety agents and antidepressants. SSRIs represented half of all drug interaction alerts. As in previous reports, the most common outcome code utilized by pharmacies was “contacted the prescriber.”

Discussion was held regarding the Prospective DUR Cost Avoidance Report. While the numbers represent only costs potentially saved or deferred, this format of reporting is required by CMS. Early refills represented the highest potential cost avoidance this quarter.

It was noted that the increase in July call center volume was due to the publication of the new PDL.

Health Information Designs, LLC

Action Items from September 5, 2013 DUR Board meeting:

- A summary of DUR alerts for duplicate sedatives was presented. The use of duplicate sedatives will be evaluated monthly by HID. There was a 34% response rate on intervention letters from prescribers and a 33% response rate from pharmacies. Most feedback was positive.
- A summary of DUR interventions alerting prescribing of their patients who appear to be non-adherent to ACE/ARB and lipid lowering agents was reviewed.

DUR Interventions - Diabetes

Criteria were developed to identify patients with a diagnosis of diabetes with no recent claims for medications used to treat diabetes. Dual eligible patients were found to have exceptions to the criteria since Medicaid has diagnosis data available, without drug claims data being available for review. HID is working on a method to exclude the dual eligible patients and focus on those patients with only Medicaid as their primary payer.

Multiple Atypical Antipsychotics

There were 43 patients identified as using 3 different atypical antipsychotics, with 60 unique prescribers involved. The majority of prescribers were found to be psychiatrists. After 6 month follow-up, 37 patients of the original 43 were found to have pharmacy claims for medication, and approximately two-thirds of patients no longer met the criteria for triple atypical antipsychotic therapy. Board members recommended repeating this evaluation.

Future DUR Topics

Future DUR topics that HID will evaluate were discussed and include: non-adherence to antipsychotic medications, non-adherence of long acting asthma controller and appropriate utilization of lipid lowering agents and ACE/ARB in the diabetic population.

Other Business

The Continuing Education Program held at November 9, 2013 was discussed. Three speakers presented on the subject of ADHD, one on the Mental Health First Aid program and one on the Peer Review Program. The program was very well-received by participants. Approximately 150 attended. Based on a review of the program evaluations, the top suggestions for future continuing education topics included anxiety, depression, HIV/AIDS and pain management. It was suggested that depression/anxiety could be an appropriate topic since it had not been discussed at previous programs. MMPP suggested that the State take a few days to go over the survey responses and review all suggested topics before making a decision. Dr. Kahn volunteered to assist the State in developing specific topics related to anxiety and depression and recommend appropriate speakers if it was agreed upon that depression and anxiety would indeed be the topic for the 2014 CE program.

Effective December 16, 2013, the Peer Review Program for use of antipsychotics in children will expand to cover children up to the age of 15.

An announcement was made that the National Community Pharmacy Association has awarded a grant to DUR Board member Wayne Van Wie to develop pain management services provided by independent pharmacies. The Board congratulated Dr. Van Wie on his achievement.

MMPP noted that the process of hiring a new Division Chief for MMPP continues.

Board members asked who they should contact if in their practice they observe patients with excessively high doses of opioids or providers prescribing high doses. DHMH has established a Controlled Dangerous Substance Integration Unit (CDSIU) to identify providers who may be prescribing excessive quantities of controlled substances. As far as individual patient referral, it was suggested that follow up calls be made to the CMC pharmacist for further assistance.

The first DUR Board meeting of 2014 will be held on Thursday, March 6. The meeting was adjourned at 10:45 a.m.