Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board Meeting
Thursday, June 5, 2014

DUR Board Members: G. Cordts, K. Fink, G. Herpel, P. Kahn, L. Moricle, N. Sheth Pandit, W. VanWie
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, S. Brice, L. Burgess, M. Gahunia, R. Hilliard, P. Holly, D. Klein, D. Shah
Xerox Government Healthcare: 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

Introduction
Members of the Board introduced themselves.

Minutes
Minutes from the March 7, 2014 DUR Board Meeting were approved with no changes.

Maryland Medicaid Pharmacy Program
The Department has determined that copies of DUR letters can be provided to representatives of chain pharmacies on the condition that they are forwarded to individual pharmacists who have oversight of the stores at which the letters are received. One chain manager was provided copies of letters sent to their individual stores and response rates for that chain has almost doubled. Outreach will continue to other chain pharmacies.

The provider response form associated with the DUR intervention letters has been updated with a section soliciting feedback as to how the process can be improved.

MMPP is in the process of implementing a quantity limit of 2 inhalers per month in an effort to ensure the safe and efficacious use of short-acting beta agonist inhalers.

Xerox Government Healthcare
A summary of therapeutic duplication alerts for the use of clonazepam with another benzodiazepine recorded during the first quarter of 2014 was presented. Majority of the alerts were overridden at the pharmacy. It was suggested that a review be conducted to measure the amount of time elapsed between the posting of an alert and the entry of the override to determine if a reasonable amount of time had passed for the pharmacy to have reviewed the information and contacted the prescriber if necessary. MMPP will make further inquiries with the Xerox

Systems Management Team to determine if time stamp data associated with submitted claims is available for review.

Xerox reported that prior authorization (PA) requests for non-preferred drugs decreased during the first quarter of 2014 due to the fact that duloxetine became a preferred drug in the neuropathic pain category on January 1, 2014. All other PA requests remained consistent with the data reported in previous quarters with the highest numbers being in the categories of narcotics and antipsychotic agents.

The top therapeutic duplication alerts and top requests for early refills remain consistent with data from previous quarters. The top drug-drug interaction alerts were for selective serotonin re-uptake inhibitors (SSRIs), antidepressants, duloxetine and antipsychotics. There is no appreciable change from the findings observed from previous quarters.

There was discussion on the potential of educating providers regarding specific drug interactions. Xerox utilizes First DataBank (FDB) Severity Level 1 Alerts as the source for prospective DUR drug interaction alerts. In the past, Board members assisted MMPP in reviewing specific drug interactions and found that very few of the alerts were absolute contraindications. Hence, it was concluded that no further action needed to be taken in terms of educating providers.

Xerox reviewed a summary of the conflict, intervention and outcome codes for prospective DUR alerts. The prescriber contacted code, MO continues to be the most frequently utilized code to override claims with alerts. It was also noted that the call center volume may increase as new members are enrolled in Medicaid based on changes in eligibility as result of the Affordable Care Act (ACA).

Health Information Designs, LLC

HID presented a summary of DUR initiatives performed in the first quarter of 2014. Providers received intervention letters for recipients who appeared to be on duplicate sedatives. Six months later, a follow-up review was conducted and it was determined that the mailings had reduced utilization of duplicate agents. Interventions will continue monthly.

Intervention letters were mailed to providers in an attempt to identify patients with a diagnosis of diabetes with no current claims for drugs used for the treatment of diabetes. Response rates from this mailing were poor and after follow-up it was found that very few patients had diabetes drugs added to their regimen. The Board recommended focusing efforts on creating alerts for patients who are found to be non-adherent to their existing diabetes drug therapy. Hence, HID will evaluate adherence to metformin.

In January 2014 intervention letters were mailed to providers for patients found to be non-adherence to antipsychotic therapy. An evaluation will be conducted during the third quarter of 2014 to evaluate the number of patients who remain non-adherent.

DUR intervention was performed for patients with claims for medications to treat diabetes and a diagnosis of hypertension, but no concurrent claims for an ACE inhibitor or an ARB. A review of claims data from April of 2014 showed that 14% of the selected patients had new claims for an ACE inhibitor or an ARB.

DUR intervention letters were also mailed to providers on record for patients with concurrent ACE inhibitor and ARB therapies. A follow up evaluation will be performed during the third quarter of 2014 to determine if patients have discontinued the combination therapy.

Based on the recent National Cholesterol Education Program (NCEP) guidelines, published in December 2013, new criteria have been developed to identify patients with a diagnosis of diabetes without concurrent lipid lowering therapy. In March of 2014, intervention letters were mailed to the providers. A follow up evaluation will be scheduled for the fourth quarter of 2014.

The Board recommended that the number of patients with concurrent claims for multiple atypical antipsychotics was not large enough to warrant a repeat evaluation.

Other Business

The Peer Review Program for the use of antipsychotic agents in children has been fully implemented. Prior authorization is now required for the use of antipsychotics in all children under the age of 18.

MMPP and various stakeholders have developed clinical criteria for hepatitis C treatment. The criteria can be viewed at:
https://mmcp.dhmh.maryland.gov/pap/docs/Clinical%20Criteria%20for%20Hepatitis%20.pdf

MMPP will host a live continuing education seminar on the management and treatment of depression and anxiety on October 25, 2014, at St. Agnes Hospital.

The next DUR Board meeting is scheduled for Thursday, September 4, 2014.

With there being no additional discussion, the meeting adjourned at 10:15 a.m.