Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board Meeting
Thursday, December 4, 2014
Meeting Minutes

DUR Board Members: K. Fink, P. Kahn, L. Moricle, S. Osotimehin, 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: K. Farrakhan, J. Lafranchise
Health Information Designs, LLC (HID) R. Boyer, S. Donald, N. Ellermeier, N. Osei-Boateng
Bishop House of Annapolis (Minutes): K. Holland
Magellan Medicaid Administration: M. Lennertz

Introduction
Members of the Board and other attendees introduced themselves. Rachel Boyer, PharmD, BCPS, was introduced as the new Clinical Account Manager for Health Information Designs.

Minutes
Minutes from the September 4, 2014 DUR Board Meeting were approved with no changes.

Maryland Medicaid Pharmacy Program Update
On October 1, 2014, injectable naloxone was carved-out of the HealthChoice managed care benefit and is now covered by Medicaid fee-for-service.

On January 1, 2015, as part of the integrated behavioral health service delivery and financing system, the Department will carve out additional substance use services. The substance abuse medications included are: opioid partial agonists, opioid antagonists, alcohol deterrents and smoking cessation agents. A list of medications, including clinical criteria and Quantity Limits, is available online at: https://mmcp.dhmh.maryland.gov/pap/docs/Substance%20Use%20Disorder%20%20Medication%20Clinical%20Criteria%20Final%20Dec%205%2014%20%281%29.pdf.
Email blasts will be issued to alert prescribers and providers of these changes.

On October 10, 2014, Harvoni®, the new agent for the treatment of Hepatitis C, was approved by the FDA. The Department's updated clinical criteria for Hepatitis C (HCV) therapy is available online at: https://mmcp.dhmh.maryland.gov/pap/docs/Hep%20C%20clinical%20criteria%20.pdf.

Xerox Government Healthcare Solutions
A summary of therapeutic duplication alerts for the use of clonazepam with another benzodiazepine for the third quarter of 2014 was presented. Since clonazepam is classified as an anticonvulsant and not a benzodiazepine, it is selected for separate review from the benzodiazepine class. Approximately 91% of recipients whose claims posted the edit went on to have the claim paid.

An overview of the PDL PA report included a list of the top ten therapeutic classes approved in the third quarter of 2014. No particular therapeutic class stood out.

Claims information related to the top 20 drugs with alerts for therapeutic duplications, early refills and drug-drug interactions were presented. It was noted that 68% of claims that posted the therapeutic duplication alerts were for anticonvulsants, antidepressants, and clonazepam. Antidepressants and antianxiety drugs remained the top requested classes for early refill requests. The top 20 drugs involved in drug-drug interactions were presented and it was noted that 43% of the drugs involved were SSRI's and 21% of the drugs were classified as other antidepressants. Of those alerts that may be overridden by a pharmacist at the point of sale, it was observed that the most common DUR intervention and outcome codes utilized were that the pharmacist contacted the physician and the prescription was filled as entered.

Lastly, Xerox reported on the quarterly cost avoidance and call center activity.

Health Information Designs, LLC

Health Information Designs (HID) provided a summary of two retrospective drug utilization review (RDUR) initiatives introduced in previous quarters. One intervention targeted patients who are non-adherent to antipsychotic therapy. Patients selected for intervention totaled 336, with letters mailed to providers in January 2014. A six month follow-up identified 97% of patients were no longer considered non-compliant to antipsychotic therapy. The second intervention identified patients with a diagnosis of diabetes who were not on a lipid-lowering agent. Of the 418 patients who had letters mailed to providers in March 2014 regarding this issue, a six month follow-up revealed that 55% of those patients now receive a lipid-lowering agent.

HID also reported results of a recurring intervention addressing patients identified as using duplicate sedative/hypnotic agents. Every month patient profiles are identified and reviewed for patients receiving duplicate sedative/hypnotic agents. Intervention letters are sent to prescribers and pharmacy providers. After a six month follow-up period, a positive trend can be seen as the number of patients on concurrent sedative/hypnotics continues to decline.

A summary of active interventions was presented for review. Results of interventions for non-adherence to metformin and non-adherence to long acting asthma controllers will be presented at the March 2015 meeting, in addition to continued reporting of results of interventions for duplicate sedative/hypnotic use.

A third quarter RDUR intervention summary was also presented. The number of patients selected for intervention, a brief detail of the criteria used, the number of letters mailed and the response rates achieved were also presented to the DUR Board. Regarding duplicate sedative/hypnotic use, the most common prescriber response was that the patient will discontinue or plan to discontinue duplicate therapy, and pharmacy providers overwhelmingly responded that counseling would be provided to the patient at the next opportunity. On the subject of long-term use of short-acting opioids without long-acting opioid use in patients with cancer/chronic pain, 20% of prescriber responses showed the

intention to discuss treatment options with the patient and 85% of pharmacy providers responded they would contact the prescriber or patient regarding the issue.

In conclusion, HID proposed a future intervention aimed at identifying patients who may be at a greater risk of central nervous system (CNS) depression due to polypharmacy with long-acting opioids, anxiolytics, skeletal muscle relaxants and sedative/hypnotic agents. Intervention letters would recommend prescribers reassess therapy and consider dosage adjustments or discontinuation of therapy. The DUR Board approved this intervention to start with the next review cycle.

Other Business

Special recognition was given to DUR Board members whose term ends on 12/31/2014. All members in attendance were presented with Certificates of Appreciation, signed by J. Sharfstein, MD, Secretary, DHMH and A. Alexandrou, Director, Maryland Medicaid Pharmacy Program.

All current members were thanked for their service to the State of Maryland and Department of Health and Mental Hygiene.

The next DUR Board meeting is scheduled for March 5, 2015.

There being no additional business, the meeting adjourned at 9:43 a.m.