**Maryland Medicaid Pharmacy Program**
**Drug Use Review (DUR) Board Meeting**
**Thursday, March 19, 2015**
**Meeting Minutes**

***DUR Board Members***: G. Berrebi, K. Dodge, K. Fink, M. McPherson, J. O'Leary, S. Osotimehin, B. Trentler, W. VanWie
***Maryland Medicaid Pharmacy Program (MMPP)***: A. Alexandrou, L. Burgess, R. Hilliard, P. Holly, D. Klein, D. Shah, S. Singh
***Xerox:*** K. Farrakhan
***Health Information Designs, Inc. (HID)***: R. Boyer, N. Osei-Boateng
***Bishop House of Annapolis (Minutes)***: K. Holland
***Magellan Medicaid Administration***: M. Lennertz

The meeting was called to order at 9:15 a.m.

**Introduction**

Members of the Board and other attendees introduced themselves, including new DUR Board members G. Berrebi, K. Dodge, M. McPherson and J. O'Leary.

**Minutes**

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

**Maryland Medicaid Pharmacy Program Update**

It was pointed out that on January 1, 2015 all remaining substance use disorder medications were carved -out of the Managed Care Organization (MCO) benefit and paid by fee-for-service (FFS). The Board was asked to consider the Department's request to change the quantity limits for buprenorphine (Subutex®) SL tablets to conform to the FDA's recommended maximum maintenance dose of 24 mg per day. Hence, the quantity limit (QL) for both strengths of buprenorphine would change from 4 to 3 tablets per day. A DUR Board member made a motion for the QL changes and they were unanimously approved.

A list of substance use disorder 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%20.pdf.

Since the DUR Board met in early December and mentioned the arrival of Harvoni®, the FDA approved another interferon free regimen, Viekira Pak™, which is also indicated for the treatment of chronic Hepatitis C genotype 1. The Pharmacy and Therapeutics (P&T) Committee will determine the PDL status of the newer direct acting agents to treat Hepatitis C at the next P&T meeting on May 7, 2015. 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.

It was also shared that opioid intervention letters were updated to include information on the availability of the Prescription Drug Monitoring Program (PDMP) for both prescribing and pharmacy providers. In addition, prescriber letters contain a reference for a risk-assessment tool that can be used for patients who are prescribed opioid-containing products.

Lastly, there is an ongoing collaborative effort by DHMH, OAG and HealthChoice to develop a Corrective Managed Care (CMC) program with uniform criteria to be utilized by both the Department and each MCO. The projected implementation date is September 1, 2015. The current criteria for automatic lock-in was reviewed with the DUR Board.

**Xerox State Healthcare Systems**

An overview of the PDL PA report included a list of the top ten therapeutic classes approved in the fourth quarter of 2014. The majority of requests were for narcotic analgesics and anticonvulsants.

Claims' information related to the top 20 drugs with alerts for therapeutic duplications, early refills and drug-drug interactions was presented. It was noted that the majority of claims that posted therapeutic duplication alerts were for antidepressants, anticonvulsants, and clonazepam. Antidepressants and antianxiety drugs were most commonly requested for early refill, which is consistent with previous quarters. For drug-drug interactions, it was noted that antidepressants accounted for the majority of the interactions. The most common drug utilization review intervention and outcome codes for the 4th quarter 2014 were that the pharmacist contacted the physician and the prescription was filled as is.

A discussion occurred about the use of clonazepam with other antianxiety medications. Since Xerox uses First Databank (FDB) to classify medications, a special edit was created to monitor use of clonazepam with other benzodiazepines. This information is also reviewed quarterly.

**Health Information Designs, LLC**

Health Information Designs (HID) presented six-month intervention outcomes for three DUR interventions. The three interventions include: concurrent use of two sedative/hypnotics, non-adherence to long-acting asthma controllers, and non-adherence to metformin-containing agents. FFS recipients who were selected for intervention in June 2014 and still active within the FFS system were re-evaluated after a six-month monitoring period for the above pharmacologic issues. None of the recipients were found to have medication overuse or non-adherence during the follow up period. Further discussion ensued. It was noted that while no intervention is in place to address the continued use of short-acting beta agonists (i.e. albuterol), Maryland Medicaid Pharmacy Program (MMPP) has a quantity limit on these agents to help ensure appropriate utilization. All interventions were determined to have a positive impact on the DUR issue addressed.

Subsequently, active interventions were reviewed with the DUR Board. There are 3 active, monthly interventions performed by the DUR pharmacist. They include: concurrent use of 2 sedative/hypnotics, long-term use of short-acting opioids in the absence of a long-acting agent in patients with cancer/chronic pain, and concurrent use of 4 different classes of medications with additive CNS depressant effects. Outcomes are currently only available for the first intervention, and a positive impact can been seen as the rate of duplicate sedative/hypnotic use has continued to decrease. HID reported the response rates of active interventions as well as prescriber and pharmacy feedback.

Prescriber feedback included the intention of the prescriber to review patient medications and reassess therapy. The most common pharmacist response was that patient counseling would occur.

HID also suggested ideas for a new intervention for the next quarter. Further discussion ensued. The Board members unanimously decided that assessing non-adherence to antiretroviral agents in HIV positive patients with the intervention alerting providers that non-compliance may lead to treatment failure and poor patient outcomes should be performed It was also noted that currently there is a clinical edit within the POS system to alert pharmacy providers of late refills of antiretroviral agents.

Furthermore, a Board member proposed an intervention that would assess the medication regimens of patients with chronic non-cancer pain receiving more than a total daily dose of 100 mg of morphine equivalents with the intervention alerting prescribers that higher doses of opioids put the patient at risk for opioid-related adverse effects and overdose. After further discussion, motions were made by Board members to postpone further discussion of the buprenorphine adherence intervention until recipient utilization data is provided and defer additional discussion on the total daily dose of morphine equivalents intervention until MMPP meets with its vendors to determine the feasibility on how it can be implemented. The members also rendered a motion for a list of the top 10 medication claims to be provided to aid in the decision-making process of implementing new interventions. All motions were approved without opposition by the DUR Board members and the aforementioned data will be provided to conclude the discussion on these topics at the next meeting in June.

**Guest Speaker from the Behavioral Health Administration**

An update on the PDMP was provided by Michael Baier. The PDMP collects and securely stores information on drugs that contain controlled substances and are dispensed to patients in Maryland. Drug dispensers, including pharmacies and healthcare practitioners, electronically report the information that is stored in the PDMP database. This program falls under the Behavioral Health Administration, as it is considered a tool used to prevent opioid overdose in Maryland. Maryland regulations require that all dispensing of Controlled Drug Substances (CDS) be reported to the PDMP within 3 business days. However, current statues do not require that prescribing providers consult the PDMP prior to prescribing CDS.

The PDMP utilizes the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and the District of Columbia (DC) area. Requests for information from CRISP are made through the PDMP program and must be approved prior to any information being released. Currently, the PDMP program in Maryland is not connected to PDMP programs in other States. The Maryland PDMP is working on connecting with neighboring States with similar legislation as to who can access the PDMP and for what purposes the data from the PDMP can be used. It was noted that while DC has passed legislation to approve a PDMP, it does not currently have a system in place.

**Election of DUR Board Chairperson**

The Board unanimously elected J. O'Leary as Chairperson of the DUR Board, with K. Fink as Vice Chair.

The next DUR Board meeting will be held on June 4, 2015. There being no additional business, the meeting was adjourned at 11:01am.