Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board Meeting
Thursday, June 4, 2015
Approved Meeting Minutes

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

The Drug Use Review (DUR) Board was called to order at 9:07am on Thursday, June 4, 2015**.**

Introductions
Members of the board and other attendees introduced themselves.

Minutes
Minutes from the March 19, 2015 DUR Board meeting were approved with no changes.

Maryland Medicaid Pharmacy Program Update
It was announced that Renee Hilliard has stepped down as Division Chief, Clinical Services Division of the Maryland Medicaid Pharmacy Program to take a position at CMS.

Recent changes in carved-out medications include Injectable naloxone (October 2014) and substance abuse deterrents (January 2015), both of which are now being paid fee-for-service (FFS). The transition occurred smoothly. A full listing of these products can be found at:
https://mmcp.dhmh.maryland.gov/pap/docs/Substance%20Use%20Disorder%20%20Medication%20Clinical%20Criteria%20Final%20%20%282%29.pdf

Important changes from the Pharmacy & Therapeutics committee meeting in May 2015 include the addition of Harvoni® and Viekera Pak® for the treatment of Hepatitis C. This change will be effective July 1, 2015. The preferred drug list is available at:
https://mmcp.dhmh.maryland.gov/pap/docs/PDA%28Rev%207-1-15%29.pdf

In an effort to establish a unified Corrective Managed Care (CMC) program, the DHMH continues to work with the Office of the Attorney General, Xerox, and HealthChoice to develop a consensus guideline on lock-in criteria that can be utilized by both the Department and each MCO.

MMPP is in the progress of changing the pharmacy reimbursement methodology to utilize the National Average Drug Acquisition Cost (NADAC). NADAC was designed by CMS to create a national benchmark that is reflective of the prices paid by retail community pharmacies to acquire medications. The results of the fiscal impact analysis revealed that utilizing actual acquisition costs with an enhanced dispensing fee would be overall cost neutral to the state. As a result, MMPP conducted a pharmacy stakeholders meeting in March to present the results with an accompanying comment period that ended on April 20, 2015. At this time, MMPP is still evaluating the feedback from the stakeholders and will provide an update at the next DUR Board meeting.

Xerox State Healthcare System

A summary of prospective DUR alerts for use of clonazepam with other antianxiety medications was reviewed. 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 reviewed quarterly.

An overview of the PDL PA report included a list of the top ten therapeutic classes approved in the first quarter of 2015. The majority of requests were for opioid dependence treatments agents and narcotic analgesics. Hepatitis C agents appeared on the top ten list for the first time.

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 antipsychotics. Regarding early refill edits and drug-drug interactions, antidepressants, anticonvulsants and antipsychotics were again the most common medications involved. The most common drug utilization review intervention and outcome code for the 1st quarter of 2015 were that pharmacist contacted the prescriber/provider and the prescriptions was filled as is.

Health Information Designs, LLC

Health Information Designs (HID) presented six-month intervention outcomes for two DUR interventions. The two interventions include: concurrent use of two sedative/hypnotic agents and patients with long-term use of short-acting opioids without long-acting opioid therapy in those with a diagnosis of chronic or cancer pain. FFS recipients are reviewed monthly for interventions related to duplicate sedative/hypnotic use. Of those patients still active within the FFS population after the 6 month follow-up period in February, March and April 2015, recurrence rates for concurrent use of sedative/hypnotics continue to be low. Similar results were seen for patients on long-term use of short-acting opioids reviewed during the six month follow up period from September 2014.

HID presented information related to current active interventions. These interventions include duplicate sedative/hypnotic use, long-term use of short-acting opioids in chronic/cancer pain, concomitant use of CNS depressants (at least four different classes of CNS depressants), and non-adherence to antiretroviral agents. Six month intervention outcomes for duplicate/sedative hypnotic agents continues to show positive trends as a result of RDUR interventions. Regarding the long-term use of short-acting opioids in chronic and cancer pain, a positive trend was also seen after RDUR intervention. Outcomes for other active interventions are still being tabulated. For current active interventions, the most common provider response was that the prescriber will reassess and modify therapy. For pharmacists, the most common response was that patient counseling would occur at the next visit regarding the information provided in the educational letters. It was noted by the DUR board that some providers respond that they were not involved in the identified prescribing or use of an agent. Discussion ensued regarding the follow up provided in these instances. Since HID does not have access to actual written prescription information, it was recommended that, in these cases, the identified case be further investigated and results be reported to the DUR Board and the Department.

Regarding future interventions, HID provided follow up information related to buprenorphine use in the FFS population. A previous intervention discussed at the March 2015 meeting was to evaluate non-compliance to buprenorphine products for substance abuse deterrence. Based on the numbers of claims received in the 1st quarter of 2015, the board decided that non-adherence to buprenorphine is unlikely to be a major issue in this population, and, therefore, was tabled at this time. Another intervention which was previously discussed (patients receiving greater than 100 mg oral morphine equivalents daily for chronic, non-cancer pain), was re-introduced by the DUR board. Further information was provided by HID as to how the computer system would identify claims and how recipients would be chosen for intervention by a clinical pharmacist. After further discussion, it was determined that a small sample of recipients would be presented at the next meeting to determine if this is a worthwhile intervention. HID will send a list of patients who met criteria to the State, and this list will be cross-referenced with patients for a diagnosis of cancer for further evaluation by HID.

A DUR board member mentioned a concern regarding common drug-drug interactions that have been increasing in frequency in his practice setting. These include the use of potassium sparing products without the proper monitoring (ACEI, ARB, spironolactone, K supplements), as well as the use of ACEI/ARB/diuretics and NSAIDs. This intervention will also be discussed at the next meeting.

Other Business

Wayne VanWie, RPh and current DUR Board member, was congratulated for his induction (along with his brother John) into the University of Maryland School of Pharmacy Dean's Hall of Fame for Distinguished Community Pharmacists.

The next DUR Board meeting will be held on September 3, 2015.

There being no further business, the meeting was adjourned at 10:15 a.m.