Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, September 3, 2015
Approved Meeting Minutes

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

Introductions
Members of the board and other attendees introduced themselves.

Approval of Minutes
Minutes from the June 4, 2015 DUR Board meeting were approved with no changes.

Maryland Medicaid Pharmacy Program Update
The position previous held by Renee Hilliard as the Division Chief, Clinical Services Division has been advertised and the Department is in the process of interviewing candidates. The goal is to have the position filled by November 2015.

It was noted that drugs for substance use disorders have been carved out of the MCO benefit and covered under the FFS program since January 1, 2015. This transition has been relatively seamless and continues to be beneficial for recipients and the Department. 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 May Pharmacy & Therapeutics (P & T) Committee meeting include the addition of Harvoni® and Viekira Pak® to the Preferred Drug List (PDL) effective July 1, 2015. Clinical criteria is available for Hepatitis C treatment from the MMPP, and is currently utilized by all of the MCOs. Clinical criteria can be found at:
https://mmcp.dhmh.maryland.gov/pap/SitePages/Hepatitis%20C%20Therapy.aspx
The newer Hepatitis C agents Daklinza® and Technivie® will be reviewed at the November 2015 P & T Committee meeting.

Work continues on the development of a unified Corrective Managed Care (CMC) lock-in program that will be utilized by both the Department and each HealthChoice MCO. This comprehensive program will ensure that all MCOs and the Department have identical lock-in criteria in place, therefore allowing more efficient and expedient referrals or transfers of those Medicaid recipients who may be enrolled in their respective lock-in programs. Henceforth, when patients transition between MCOs and are returned to the FFS program, they will remain locked-in and vice versa. The anticipated effective date is early 2016.

MMPP will implement a new pharmacy reimbursement methodology utilizing the National Average Drug Acquisition Cost (NADAC) as a benchmark for drug pricing. NADAC was designed by CMS to create a national benchmark that is reflective of the prices paid by retail community pharmacies to acquire medications. Initial analysis revealed that utilizing actual acquisition costs with an enhanced dispensing fee would be overall cost neutral to the State. MMPP is still evaluating feedback from stakeholders concerning the transition to NADAC, and further updates will be available at the December meeting.

Xerox State Healthcare System

A summary of prospective DUR alerts for use of clonazepam with other antianxiety medications was reviewed. Xerox uses First Databank (FDB) to classify medications, and a special edit was created to monitor use of clonazepam with other benzodiazepines, which can be overridden at the Point-of-Sale (POS). This information is reviewed quarterly.

An overview of the PDL PA report included a list of the top ten therapeutic classes approved in the second quarter of 2015. The majority of requests were for neuropathic pain treatment agents, opioid dependence treatment agents and narcotic analgesics.

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 and anti-anxiety medications. Regarding early refill edits and drug-drug interactions, antidepressants, anticonvulsants and antipsychotics continue to be the most common medications involved. It was noted that the early refill denial is the only alert that leads to a claim denial that requires the pharmacist to obtain an authorization by calling the Xerox help desk. The most frequently used drug utilization review intervention and outcome codes for the second quarter of 2015 were that pharmacist contacted the prescriber/provider and the prescriptions was filled as is.

Health Information Designs, LLC

Health Information Designs, LLC (HID) presented six-month intervention outcomes for three DUR interventions. The three interventions include: concurrent use of two sedative/hypnotic agents, patients with long-term use of short-acting opioids without long-acting opioid therapy in those with a diagnosis of chronic or cancer pain and concomitant use of four drug classes with additive central nervous system (CNS) depressant effects. 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 November and December 2014, 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 and concurrent CNS depressant medication use reviewed during the six month follow up period from November and December 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 continue to show positive trends as a result of RDUR interventions. Regarding the long-term use of short-acting opioids in chronic and cancer pain and concomitant use of CNS depressants, a positive trend was also seen after RDUR intervention. Outcomes for non-adherence to antiretroviral agents are still being tabulated. For current active interventions, the most common provider response for duplicate sedative use was that the prescriber has or will reassess and modify therapy. Regarding non-adherence to antiretroviral agents, the most common provider response was that the prescriber attempted modification of therapy but the patient was uncooperative. For pharmacists, the most common response was that patient counseling would occur at the next visit regarding the information provided in the educational letters for all interventions. HID also reported on the investigation into responses from prescribers who responded that they were not involved in the identified prescribing or use of an agent. Of those cases that could be resolved, it was discovered that the provider may have misunderstood or miscoded the response, as the original prescription obtained clearly listed the identified prescriber. It was noted by a DUR Board member that some pharmacies respond that an intervention interaction is considered insignificant or that the pharmacist disagrees with the identified patient issue. 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.

HID reported results of a sampling of current FFS recipients received greater than 100 mg of oral morphine equivalents daily. Results from this sampling revealed that a majority of patients are receiving on average, less than two prescriptions from less than 2 providers for opioids. Further discussion ensued. Dr. Gahunia reported that future updates to the Prescription Drug Monitoring Program (PDMP) may incorporate reporting on high dose opioid prescribing patterns. The Board decided to invite a representative from the PDMP to discuss this matter further at the next meeting.

HID presented an option for a future intervention for FFS recipients. After DUR Board discussion, the intervention approved will identify patients at risk for acute kidney injury (AKI) in recipients prescribed non-steroidal anti-inflammatory medications (NSAIDs) and other agents known to cause AKI (e.g. ACEI/ARB and diuretics). This intervention will be performed in the fourth quarter of 2015.

A DUR board member mentioned concern regarding the duplicate sedative intervention, specifically related to the inclusion of Rozerem® (ramelteon). Discussion regarding appropriate use of this agent ensued. The board requested further information regarding the AHFS classification of this medication

and further inclusion of this drug in the ongoing intervention will be discussed at the next DUR Board meeting.

Other Business

Dr. L Burgess discussed the Peer-Review Program's (Antipsychotic) dosing guidelines, requesting the DUR Board's input. The Board will review the guidelines and discuss at the December DUR Board meeting.

It was pointed out that there is currently an opening for one physician for the DUR Board. The deadline to apply is 9/30/15. Anyone interested in this position should contact P. Holly for application materials.

The annual free Continuing Education Series, co-sponsored by the Maryland Department of Health and Mental Hygiene, Maryland Medicaid Pharmacy Program and Health Information Designs, LLC, will be held at St. Agnes Hospital on Saturday, October 24, 2015 from 8:30 am – 1:00 pm. The program is intended for prescribers and pharmacists and registration is anticipated to open on September 17, 2015. The topics will include substance use disorders and updates in hepatitis C treatment.

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

There being no further business, the meeting adjourned at 10:11 a.m.