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

DUR Board Members: K. Dodge, K. Fink, M. McPherson, L. Moricle, J. O'Leary, S. Osotimehin, D. Riedel, W. VanWie
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, L. Burgess, P. Holly, D. Klein, D. Shah, S. Singh
Xerox Government Healthcare Solutions*:* K. Farrakhan, J. Lafranchise
Health Information Designs, Inc. (HID) R. Boyer, N. Osei-Boateng
Bishop House of Annapolis (Minutes): K. Holland
Guest: Kate Jackson (DHMH Behavioral Health Administration)

The Drug Use Review (DUR) Board meeting was called to order at 9:11 am on Thursday, December 3, 2015.

Introductions
Members of the Board and other attendees introduced themselves.

Minutes
Minutes from the September 3, 2015 Drug Utilization Review Board meeting were approved with no changes.

Maryland Medicaid Pharmacy Program (MMPP) Update

An update was given on the replacement of the Division Chief of Clinical Services, formerly held by Renee Hilliard. A second job posting has been sent out and a review of applicants is currently taking place.

A discussion occurred about the new lock-in program that will be adhered to by all Managed Care Organizations (MCOs) participating in the Maryland HealthChoice program, as well as MMPP. It was also shared that in early November 2015, a meeting was held which included representatives from the Office of the Attorney General, all MCOs and Xerox Government Healthcare Solutions regarding the new lock-in criteria. A patient will remain locked-into a pharmacy, regardless of whether they move among MCOs and fee-for-service programs. The implementation date is scheduled for March 1, 2016.

MMPP gave an update on status of 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 completed fiscal impact analysis revealed that utilizing this pharmacy reimbursement methodology with an enhanced dispensing fee will be cost neutral to the State. A vendor will be contracted to help with the implementation of this program once the final ruling has been published by CMS.

An announcement was made that Dr. Lisa Burgess will be the new Maryland Medicaid Chief Medical Officer, effective January 6, 2016. This role was previously held by Dr. Mona Gahunia, who vacated the position in September 2015. Dr. Burgess, a board certified in General and Child and Adolescent

psychiatry, joined the program in 2012, and have been instrumental in the development and management of the mental health programs provided by the MMPP.

Lastly, DUR Board members were thanked for their participation over the past year.

Xerox Government Healthcare Solutions

Xerox provided information related to prior authorization requests and prospective drug utilization review edits completed for the third quarter of 2015.

Regarding therapeutic duplication of clonazepam with another benzodiazepine a separate slide is shown at each quarterly DUR Board meeting of the number of interactions and outcome. Discussion followed as to whether the Board feels it is necessary to continue showing this information separately, as a majority of these therapeutic duplications alerts are overridden by the pharmacist, and do not have a negative impact on recipients. It was pointed out that, without a separate review of these interactions, the Board may not be alerted to this prescribing pattern. After further discussion, the Board decided that the slide should remain in the report. The DUR Board also decided that additional data analysis should be presented on therapeutic duplication of all benzodiazepines, and to assess the impact of requiring a prior authorization for this therapeutic drug combination by the prescriber verses currently by pharmacist.

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 anticonvulsants. Regarding early refill edits and drug-drug interactions, antidepressants the most common medications involved. The most common drug utilization review intervention and outcome codes for the 3rd quarter of 2015 were that the pharmacist contacted the prescriber/provider and the prescriptions were filled as is. A review of the cost avoidance report listed by intervention conflict was provided, as well as calls center volume.

Finally, Xerox presented to the DUR Board members a new format for their PowerPoint slides .This format would condense information with the goal of providing a more comprehensive view of topics to the Board members. A sample slide was shown for review. The Board unanimously approved a motion to adopt the new format.

Health Information Designs, LLC

Health Information Designs (HID) presented the retrospective drug utilization review (RDUR; a review of action items from the previous meeting; an overview of active interventions; the quarterly summary of RDUR activities and information regarding future interventions.

The recurring monthly intervention addressing duplicate sedative/hypnotic use by fee-for-service recipients continues to provide a significant decrease in therapeutic duplication of these agents. This intervention will continue to be performed monthly, with six month outcomes reported at each DUR Board meeting.

Results from an intervention addressing inappropriate long-term use of short-acting opioids in cancer or chronic pain were presented. This intervention was initiated in September 2014 and was performed

monthly through March 2015. Recurrence rates for the last three months of the intervention showed a significant decrease in inappropriate use of these medications. Final results were reported on another intervention, concomitant use of four central nervous system (CNS) depressants from four different drug classes. This intervention resulted in decreased recurrent use rates as well. These two interventions are now complete.

Follow up information requested at the last DUR Board meeting, was presented in regards to the data analysis of recipients with chronic, non-cancer pain using greater than 100mg of oral morphine equivalents per day. A review of the prescribers from this analysis revealed that there was no significant identification of individual providers who potentially may be over-prescribing opioids in this group. Specifically, the review of the information showed only one provider who prescribed opioid analgesics for two of the patients identified by cumulative dose of opioid medications.

A summary of active interventions was presented to the DUR Board. Currently there are two interventions that are in the suppression period, and will be reassessed after six months for recurrence. These include non-adherence to antiretroviral agents and medication combinations with an increased risk of renal injury.

At the Board's direction, follow up to the educational intervention letters occurred in two instances. The first related to prescribers who provided a response that the prescription was incorrectly attributed to them. The specific physician was contacted to determine if prescription forgery or fraud had occurred. In this instance, the physician miscoded the response. In the other instance, the pharmacist determined the information was incorrect or that the pharmacist disagreed with the interaction identified in the letter. Outreach occurred to the pharmacies in question. However, the pharmacist who provided this information could not be identified, as responses to the intervention letters are anonymous. Follow up outreach will continue to occur depending on coded responses received.

A list was provided of medications that are included in the duplicate sedative/hypnotic criteria, based on a previous request from a DUR board member in response to receiving an educational intervention letter. A modification to the intervention was proposed and unanimously approved by the Board, to no longer send intervention letters to recipients receiving ramelteon or tasimelteon and another agent in this criteria, due to the differing mechanism of action of these agents.

HID presented a number of potential interventions, with criteria, to the Board for future consideration. One of the suggested interventions would retrospectively evaluate adherence to select substance use disorder agents (disulfiram, acamprosate and naltrexone). A motion was made and the Board approved this intervention for the next quarter.

Other Business:

Prescription Drug Monitoring Program (PDMP)

A representative from the PDMP was invited to provide updates to the program. Kate Jackson, PDMP Manager, gave an overview of recommendations related to the PDMP and prescription drug abuse that are the result of the recently released final report from Governor Hogan's Heroin & Opioid Emergency Task Force. The Task Force Final Recommendations details 33 recommendations. Among them, The Task Force recommends legislation with phased implementation to require prescribers and dispensers to register with and then use the PDMP when prescribing or dispensing controlled substances that contain an opioid or a benzodiazepine. This report also suggests expanded delegates access to the PDMP data

for unlicensed healthcare personnel to aid in the use of this program, as well as the implementation of a statewide buprenorphine access expansion plan. It was recommended that the Behavioral Health Administration (BHA) develop a plan to increase access to buprenorphine by increasing the number of physicians authorized and willing to prescribe the drug.

The Board was also informed that new regulations were adopted pursuant to recently passed legislation to allow unsolicited reporting of the PDMP data. This allows for a proactive approach to identify indicators of potential misuse or abuse and inform prescribers or dispensers of these findings. The Program will begin implementing this activity very soon in the form of unsolicited reporting notification mailings to prescribers of controlled substance prescription recipients who meet or exceed thresholds of potential misuse or abuse. It was noted that unsolicited reporting capabilities in other states have resulted in increased PDMP usage. Also, prescribers may now request a report of all prescriptions attributed to them in the PDMP, to self-monitor prescribing, identify any pharmacy data errors, or to identify potential fraud. Recent PDMP-related enhancements in the Chesapeake Regional Information System (CRISP) include the availability of out-of-state PDMP information, as allowed by individual state laws, as well as enhancements to improve the speed of the system in retrieving information. The PDMP utilizes for our Patients CRISP, a regional health information exchange.

Peer Review Program policy

A draft policy was presented by Dr. Lisa Burgess. This policy discussed the approval for use of antipsychotic agents as part of the Peer Review Program. In the event it is determined that a request for an antipsychotic falls outside accepted prescribing patterns (including starting doses), outreach will occur to providers. This outreach may be in the form of a letter or phone call to discuss the proposed plan and ensure sound clinical judgement. If no agreement can be reached, the request for the medication may not receive approval. Providers who receive a non-approval notification are to be made aware of their right to request a reconsideration of adverse decisions. The DUR Board supports the implementation of this policy.

Continuing Education

The free annual Continuing Education (CE) program was held on October 24, 2015 at the St. Agnes Hospital Alagia auditorium. A total of four hours of CE were provided to prescribers and pharmacists in Maryland. The topics presented included treatment strategies involving buprenorphine for substance use disorder and updates in the management of Hepatitis C. There was a 15% increase in attendance. The response was overwhelmingly positive for this event. The 2016 CE event is tentatively scheduled for October. The Board was requested to submit any ideas for topics or presenters to the Department.

The next DUR Board meeting will be held on March 3, 2016. A calendar reminder for all meetings in 2016 will be sent to Board members after the meeting. The Board was thanked for their service.

There being no additional business, the meeting was adjourned at 10:45 am.