Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, March 3, 2016
Meeting Minutes

DUR Board Members: K. Dodge, K. Fink, G. Herpel, L. Moricle, J. O'Leary, S. Osotimehin, B. Trentler, W. Van Wie
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
Magellan Medicaid Administration: Kathy Novak
Health Information Designs, LLC: R. Boyer, N. Osei-Boateng
Bishop House of Annapolis (Minutes): K. Holland

The Drug Use Review (DUR) Board meeting was called to order at 9:17 a.m. on Thursday, March 3, 2016.

Introductions
Members of the Board and other attendees introduced themselves.

Minutes
The minutes from the December 3, 2015 DUR 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 did not produce any applicants. MMPP will delay advertising for the position for three or four months in hopes that the job market will change. Any recommendations from DUR Board members are welcome.

A progress report was given on the new unified lock-in program that will be adhered to by all Managed Care Organizations (MCOs) participating in the Maryland HealthChoice program, as well as MMPP. The comprehensive lock in program will begin on April 1, 2016. When a patient is locked in, it will be for all the medications, including carve-out medications, any change in MCO or Fee- For-Service (FFS) coverage will allow the patient to remain locked-in to the same pharmacy.

MMPP gave an update on the 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. In February 2016, CMS published the final ruling on Covered Outpatient Drugs and MMPP is working with Xerox to incorporate the various pricing mechanisms required as a result of this final ruling. The future reimbursement method that State Medicaid Pharmacy programs will use must be approved by CMS. The entire reimbursement methodology must be implemented by April 1, 2017.

DUR Board members were thanked for their participation.

Xerox Government Healthcare Solutions

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

Regarding therapeutic duplication (TD) of clonazepam with another benzodiazepine, it was reported that the majority of these alerts were overridden by the pharmacy provider. It was also reported that placing a hard stop on these edits and requiring a prior authorization by the prescriber, would result in a significant impact on the Xerox call center, due to the large number of participants. It was mentioned that the information a pharmacist sees on denials is dependent on the type of software the pharmacy uses. Discussion followed on education of pharmacists on these TDs. Xerox will check to see if there is an alert that could be created when two benzodiazepines are prescribed by different providers. In this instance, a Prospective DUR (PRODUR) edit could be created. Further discussion ensued, and it was determined that this topic should be considered for inclusion in future quarterly newsletter that delivers educational information to prescribers and pharmacy providers.

It was pointed out that the pharmacist or a technician inputs override information (PRODUR alert codes) from the pharmacy, though it is recommended the pharmacist intervene and document any information on the prescription.

Claims information related to the top 20 drugs with alerts for therapeutic duplication, early refills and drug-drug interactions were presented. It was noted that the majority of claims that posted therapeutic duplication alerts this quarter were for antidepressants and anticonvulsants. Antidepressants represented over a third of early refill edits. SSRIs had the most drug-drug interaction alerts. Information was also presented on cost avoidance and call center volume.

Health Information Designs, LLC

Health Information Designs (HID) presented 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.

<u>Review of Previous Meeting Action Items:</u>
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 number of cases identified, provider and pharmacy intervention letter results, and six month outcomes reported at each DUR Board meeting.

Results from an intervention regarding potential nonadherence to antiretroviral agents to treat HIV infection were reported. The educational intervention letters were sent to providers and pharmacies in April 2015. The six month outcomes show a very impressive reduction in non-adherence rate on the intervened recipients.

Overview of Active Interactions:
Reports were given on the renal failure initiative, and included number of identified cases and response rates to intervention letters. This initiative yielded lower than normal response rates from the educational letters. Overall, most providers responded that the benefit of therapy outweighed the risk. Six month outcomes are pending and will be reported once available.

Information related to another active intervention, nonadherence to select substance use deterrent agents, will be reported at the next DUR Board meeting.

Of patients receiving prescriptions for duplicate sedatives, 197 patients were selected and 500 letters were sent to all respected providers. Prescriber response rate was 24% and pharmacy response rate was 26%. Comments reflecting "prescriber did not prescribe" were found to be the result of incorrect coding of responses.

Retrospective DUR Quarterly Summary:
At the Board's direction, follow up to the educational intervention letters occurred in seventeen (17) instances due to a response code indicating the patient was not under the prescribers care. After reviewing claims information, utilizing copies of prescriptions and speaking with providers, it was determined that the responses were miscoded by the healthcare professional who completed the voluntary response form.

Future Retrospective DUR Intervention Discussion:
New criteria for RDUR review was presented to the Board. These include overuse of Belbuca® (opioid analgesic) and non-adherence to Genvoya® (antiretroviral). The DUR Board agreed to add these criteria to the current RDUR analysis.

Potential future interventions were discussed, and included interventions regarding therapeutic duplication of benzodiazepines or concurrent use of benzodiazepines and opioid analgesics. After discussion with Board members, this topic was tabled to determine current and planned educational interventions and other activities that may be underway by the Departments within the Maryland Department of Health and Mental Hygiene. It was noted that MMPP will work with Xerox to determine the impact on current resources if we were to place a hard stop edit and require PA by the prescriber.

Other Business
A free continuing education program will be held on October 22, 2016 at St. Agnes Hospital. Although outreach to prescribers is highlighted, only a small percentage of attendees are prescribers. Possible topics were presented by DUR Board members.

The next DUR Board meeting will be held on June 2, 2016.

There being no other new business, the meeting was adjourned at 10:55 a.m.