

**Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, September 1, 2016
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

Department of Health and Mental Hygiene (DHMH): L. Burgess

Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, P. Holly, D. Shah, S. Singh

Senior Prescription Drug Assistance Program: S. Stafford

Xerox Government Healthcare Solutions: K. Farrakhan, J. Lafranchise

Magellan Medicaid Administrator: A. Harpalani

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 9:25 a.m. on Thursday, September 1, 2016.

Introductions

Members of the Board and other attendees introduced themselves.

Minutes

The minutes from the June 2, 2016 DUR Board were approved with no changes.

Maryland Medicaid Pharmacy Program (MMPP) Update

An update was provided on the replacement of the Division Chief position. The position was re-advertised on August 9, 2016, with a closing date of September 16, 2016. Board members were asked to refer any good candidates to Paul Holly.

As mentioned at the June meeting, effective April 1, 2016, the Unified Corrective Managed Care (CMC) program was implemented. This program addresses recipient abuse of controlled substances, regardless if the recipient is a fee-for-service (FFS) or Managed Care Organization (MCO) member. Uniform lock in criteria will be used and recipients will remain locked-in to the CMC program whether they move from FFS to a MCO or from one MCO to another. As of the end of July, 128 new members have been locked-in.

Over the past few years, the Department has been working on changing our prescription reimbursement methodology to utilize National Average Drug Acquisition Cost (NADAC). The NADAC was developed by CMS and was designed to create a national benchmark that is reflective of the prices paid by retail community pharmacies to acquire prescription and some over-the-counter covered outpatient medications. In January of this year, CMS published the final rule which implements provisions of the Affordable Care Act, pertaining to Medicaid reimbursement for Covered Outpatient Drugs. State

Medicaid Pharmacy programs must ensure that their reimbursement methodologies as they relate to ingredient costs and professional dispensing fees are in-line with the final rule. The Department is at the final stages of selecting a vendor to help navigate through the multiple provisions of the rule and be ready to implement a reimbursement methodology which would be in-line with the federal requirements by April 1, 2017. An update will be provided at the next DUR Board meeting in December.

Dr. Burgess provided a summary of a statewide initiative, requested by the Secretary of DHMH. Over the past three months, the Department has been working with the eight Maryland HealthChoice MCOs and FFS program to determine what DUR activities all the programs should engage in, in order to educate and support providers in the appropriate prescribing of opioids for pain. Several interventions are planned, including provider outreach and education, encouraging the use of the Prescription Drug Monitoring Program (PDMP), and creating quantity limits and prior authorization criteria for use of opioids for Medicaid recipients regardless of coverage through a MCO or FFS.

Sean Stafford, Director of the Senior Prescription Drug Assistance Program (SPDAP), was introduced to the Board. Mr. Stafford works with Medicare Part D beneficiaries who may not meet the threshold for Medicaid coverage, but experience financial hardship in paying their Medicare Part D premiums. The SPDAP was under the Maryland Health Insurance Plan (MHIP), which ended June 30, 2016. Effective July 1, 2016, the SPDA was transferred to the Department of Health and Mental Hygiene, under MMPP.

DUR Board members were thanked for ongoing participation.

Xerox Government Healthcare Solutions

Xerox provided information related to Preferred Drug List (PDL) new Prior Authorizations (PA) requests and prospective drug use review (ProDUR) edits completed for the 2nd quarter of 2016.

Regarding therapeutic duplication of clonazepam with another benzodiazepine, Xerox reported that a majority of these alerts are overridden at the point of sale by a pharmacy provider.

Opiate dependence treatment agents continue to be the top agents with requests for new PDL PAs, while requests for narcotic analgesics declined this quarter. Discussion occurred regarding PDL prior authorization determination and it was pointed out that the Maryland Medicaid Pharmacy & Therapeutics Committee is responsible for determining preferred vs. non-preferred agents.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions. For this quarter, it was noted that the majority of therapeutic duplication alerts relate to antidepressants and anticonvulsants, and over one third of early refill edits were for antidepressants. Selective serotonin reuptake inhibitors (SSRIs) made up the majority of drug-drug interaction alerts. Lastly, Xerox reported cost avoidance information as well as call center volume information for this quarter.

Health Information Designs, LLC (HID)

HID presented a review of action items from the June 2016 meeting, overview of active interventions, a retrospective DUR (RDUR) intervention summary for the second quarter of 2016 and information related to future RDUR interventions for the Maryland Medicaid fee-for-service population.

Review of action items from June 2016 DUR Board meeting:

The recurring monthly intervention related to therapeutic duplication of sedative/hypnotic agents continues to provide a significant decrease in use of these agents. This intervention will continue to be performed monthly, with available results provided at each meeting. A summary of the renal injury intervention, initiated in October 2015, resulted in a significant decrease in drug-drug and drug-disease interactions. The renal injury intervention has been completed at this time.

Overview of Active Interventions:

Active interventions during the second quarter of 2016 include the therapeutic duplication of sedative/hypnotics, non-adherence to select substance use disorder agents and concurrent opioid and muscle relaxant use. Six month outcomes will be reported as they become available.

RDUR Quarterly Summary:

For the second quarter of 2016, educational intervention letters were sent to prescribers and pharmacies related to therapeutic duplication of sedative/hypnotics as well as concurrent opioid and muscle relaxant use. Of the 580 letters sent, response rates averaged 27% for prescribers and 29% for pharmacies. The most common response from prescribers included that the prescriber has or will discontinue therapy or the benefits of therapy outweigh the risks. For pharmacist responses, the most common response was that the recipient would be counseled at the next visit. At the Board's direction, follow up on responses reflecting "prescriber did not prescribe" or "patient was never under prescriber's care" were further investigated. After reviewing claims information, utilizing copies of prescriptions and speaking to providers, it was determined that the responses were miscoded by the healthcare professional who completed the voluntary response form.

Future RDUR Intervention Discussion:

New criteria available from HID for RDUR review was presented to the Board. These included the use of more than 50 milligrams of morphine oral equivalents in patients with or without cancer, end of life related pain and sickle cell disease, the use of opioids during pregnancy and risk of neonatal opioid withdrawal syndrome, overutilization and age appropriate use of amphetamine-related stimulants (Adzensys XR-ODT, Dynavel XR and Quillichew ER) and overutilization or non-adherence to Jentaduet XR (antidiabetic combination agent). The DUR Board agreed to add these criteria to the current RDUR analysis for monitoring and potential future educational interventions.

Discussion occurred regarding interventions related to the use of opioids. Information from a draft educational intervention letter was provided to the Board. After discussion and review of the draft letter, the Board voted to initiate an educational intervention for recipients identified as using more than 50 milligrams of morphine oral equivalents unless they have a concurrent diagnosis of cancer, end of life pain or sickle cell disease, for the fourth quarter of 2016.

Other Business

An update regarding the annual free continuing educational program co-sponsored by MMPP at St. Agnes Hospital on October 22, 2016 was provided. Continuing medical education (CME) credits are still pending from MedChi; however, continuing education credits for pharmacists (ACPE) have been approved. Registration information will be provided to the Board once finalized.

Further information was provided by the Department regarding ProDUR edits related to the use of opioids and benzodiazepines. Given the new information provided by Dr. Burgess regarding the planned interventions involving both MCOs and FFS, this issue may not be necessary to further discuss. The Board decided to no longer pursue specific ProDUR edits at this time.

The next DUR Board meeting will be held on December 1, 2016.

There being no additional business, the meeting was adjourned at 10:52 a.m.