Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, December 1, 2016
Meeting Minutes

***DUR Board Members*:** K. Dodge, K. Fink, G. Herpel, L. Moricle, J. O'Leary, F. Osotimehin, B. Trentler, W. VanWie
***Department of Health and Mental Hygiene (DHMH)*:** L. Burgess
***Maryland Medicaid Pharmacy Program (MMPP)*:** A. Alexandrou, P. Holly, S. Kazmi, D. Shah, S. Singh
***Xerox Government Healthcare Solutions*:** K. Farrakhan, J. Lafranchise
***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 9:16 a.m. on Thursday, December 1, 2016.

Introductions
Members of the Board and other attendees introduced themselves.

Minutes
The minutes from the September 1, 2016 DUR Board meeting were approved with no changes.

Maryland Medicaid Pharmacy Program (MMPP)

An introduction was made of Seema Kazmi, PharmD, who is the new Clinical Pharmacist responsible for performing audits on pharmacy claims. She will replace Dennis Klein, RPh, who will be transitioning out of this position.

An update was provided on the replacement of the Division Chief position. Interviews for this position have been completed and reference checks will soon be completed. It is hopeful that this position will be filled by the March 2017 DUR Board meeting.

As mentioned at previous meetings, effective April 1, 2016, the Unified Corrective Managed Care (CMC) program was implemented. This program addresses recipient abuse or misuse of controlled substances, regardless if the recipient is a fee-for-service (FFS) or Managed Care Organization (MCO) member. Uniform lock in criteria is utilized by all programs. Recipients remain locked-in to the CMC program

whether they move from FFS to a MCO or from one MCO to another. As of October 2016, there were 361 patients locked in, including all FFS and MCO patients. This is a 180% increase in enrollment.

Over the past few years, the Department has been working on changing their prescription reimbursement methodology to utilize National Average Drug Acquisition Cost (NADAC). 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 in the final stages of implementing methodology in-line with the final rule. An update will be provided at the March 2017 meeting.

In was announced to the Board that beginning January 1, 2017, all claims for fentanyl products will deny at the point of sale and will require prior authorization (PA) prior to dispensing those drugs.

A new program regarding standards of use for specific medications used for analgesia will be implemented beginning July 1, 2017. New standards include prior authorizations for long-acting opioids and select non-opioid products. There will also be a maximum 30 day supply dispensed for each fill at point-of-sale (POS). In addition, the maximum day supply will incorporate a maximum dose of 90 milligrams per day of morphine oral equivalents. This program will be instituted by the FFS program as well as all MCOs participating in the HealthChoice program. This program excludes recipients with a diagnosis of cancer, sickle cell disease and those in hospice care. As this program evolves, more information will be provided to the Board.

Members were thanked for their ongoing service on the DUR Board.

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 3rd 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. . 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 presented a review of action items from the September 2016 meeting, overview of active interventions, a retrospective DUR (RDUR) intervention summary for the third quarter of 2016 and information related to future RDUR interventions for the Maryland Medicaid FFS population.

Review of action items from September 2016 DUR Board meeting:

The recurring monthly intervention related to therapeutic duplication of sedative/hypnotic agents continues to provide a significant decrease in duplicate use of these agents. This intervention will continue to be performed monthly, with available results provided at each meeting. A summary of the non-adherence to select substance use disorder agent's intervention, performed in December 2015 and January 2016, resulted in a significant decrease in non-adherence to these agents. This non-adherence intervention has been completed at this time.

Overview of Active Interventions:

Active interventions during the third quarter of 2016 include the therapeutic duplication of sedative/hypnotics, concurrent opioid and muscle relaxant use and opioid use greater than 50 milligrams per day of morphine oral equivalents. Six month outcomes will be reported as they become available.

RDUR Quarterly Summary:

For the third quarter of 2016, educational intervention letters were sent to prescribers and pharmacies related to therapeutic duplication of sedative/hypnotics. Of the 335 letters sent, response rates were 39% for prescribers and 27% for pharmacies. The most common responses from prescribers included that the prescriber has or will discontinue therapy or the prescriber will reassess and modify therapy. For pharmacist responses, the most common responses were that the recipient would be counseled at the next visit or the pharmacist spoke to the provider and a modification in therapy is expected. 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 non-adherence to new antiretroviral agents, COPD agents and diabetic agents. The DUR Board agreed to add

these criteria to the current RDUR analysis for monitoring and potential future educational interventions.

Discussion occurred regarding future intervention ideas related to the use of stimulants in the FFS population. Information related to available interventions pertaining to the therapeutic duplication of stimulant agents for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) was provided to the Board. After discussion regarding the appropriate use of all stimulant agents for adults and children, the Board voted to initiate an educational intervention for all recipients identified as using two or more immediate-release stimulants concurrently for the first quarter of 2017.

Other Business

Results were presented regarding the annual free continuing educational program co-sponsored by MMPP at St. Agnes Hospital Alagia Auditorium on October 22, 2016. Continuing medical and pharmacy education credits have been approved at this time for all practitioners who attended the live event. Feedback from the program evaluations were overwhelmingly positive for each presenter as well as the overall program. This seminar was audio recorded and a link to the presentation will be made available to DUR Board members once approved by the Department. The DUR Board was encouraged to provide suggestions for future continuing education programs.

Discussion was held regarding the current classification of aripiprazole and olanzapine as Tier 2 products on the Maryland Medicaid Preferred Drug List. A proposal was made to move these agents to Tier 1 as they are now generic products and all safety and efficacy information has been available and incorporated into clinical practice. The DUR Board voted and approved this change, noting that it reflects current practice standards.

Lastly, Brian Trentler, RPh, MBA, was presented with a Certificate of Appreciation, thanking him for his six years of service on the DUR Board. DUR Board members have term limits of two, three year terms (six years total). As his second term ends December 31, 2016, a new Board member will be introduced at the next DUR meeting.

The next DUR Board meeting will be held on March 2, 2017.

There being no additional business, the meeting was adjourned at 10:14 a.m.