



**Maryland Medicaid Pharmacy Program  
Drug Use Review (DUR) Board  
Thursday, March 2, 2017  
Meeting Minutes**

**DUR Board Members:** K. Dodge, K. Fink, G. Herpel, C. Lefebvre, M. McPherson, J. O'Leary, D. Riedel, W. VanWie

**Maryland Medicaid Pharmacy Program (MMPP):** A. Alexandrou, M. Closson, P. Holly, M. Joglekar, S. Kazmi, D. Klein, 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 was called to order at 9:07 a.m. on Thursday, March 2, 2017.

#### **Introductions**

Members of the Board and other attendees introduced themselves.

#### **Minutes**

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

#### **Maryland Medicaid Pharmacy Program (MMPP)**

Mangesh Y. Joglekar, RPh., was introduced as the new Chief of Clinical Services Division with MMPP. He joined the Department on January 18, 2017 and brings over 19 years of experience to the Department. Most recently, he was a clinical pharmacist who served Medicare beneficiaries with a major pharmacy benefit manager (PBM).

Malika Closson, MD, was also introduced to the Board. Dr. Closson joined the Department in January 2017 and replaces Dr. Lisa Burgess as the lead child psychiatrist. She most recently served the Maryland population as a child psychiatrist based out of a large healthcare organization in Baltimore County, Maryland.

As mentioned at the December meeting, an update was provided regarding the Unified Corrective Managed Care (CMC) program. This program became effective April 1, 2016. Misuse or abuse of controlled substances is overseen by this program, regardless of whether the participant is fee-for-service (FFS) or Managed Care Organization (MCO) member. All programs utilize the same lock-in criteria and participants remain locked-in to the CMC program, whether they move from FFS to an MCO

or from one MCO to another. As of January 2017, there is a total of 553 patients locked in to the program. This represents a 53% increase since December 1, 2016.

Over the past two and ½ years, the Department has been working on changing their prescription reimbursement methodology. After reviewing various methodologies, the Maryland Medicaid Pharmacy Program (MMPP) made the determination to utilize the National Average Drug Acquisition Cost (NADAC), calculated by CMS, as the primary basis for AAC ingredient reimbursement. MMPP has contracted with Myers and Stauffer, LC, a national accounting and consulting firm, to assist in developing and maintaining an up-to-date State Actual Acquisition Cost (SAAC) list for those drugs/products which do not have a NADAC. Currently, the Department is on track to meet the April 1, 2017 mandate.

Further information was provided to the Board regarding a new program that establishes minimum standards for opioid prescribing, as part of a State-wide movement to combat the current opioid epidemic. New standards include prior authorizations for all long-acting opioids. There will also be a maximum 30 day quantity limit dispensed for each fill at point-of-sale (POS) as well as 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. The Department has mailed informational letters to prescribers regarding this new program and additional information is also available online through scheduled webinars. The program excludes participants with a diagnosis of cancer, sickle cell disease and those in hospice care. The planned implementation date is July 2017. 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 fourth quarter of 2016.

Regarding therapeutic duplication of clonazepam with another benzodiazepine, Xerox reported that a vast 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 PDL PAs, with requests for Suboxone® (buprenorphine/naloxone) as the number one requested agent requiring a PA. It was also noted that, during the fourth quarter of 2016, gabapentin tablets were the number four requested product. During this timeframe, gabapentin tablets were still a non-preferred agent. Effective January 1, 2017, gabapentin tablets became preferred on the Maryland Medicaid PDL. Therefore, the MMPP expects in reduction of PDL PAs in the first quarter of 2017.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions. For the fourth quarter of 2016, it was noted that the majority of therapeutic duplication alerts relate to antidepressants and anticonvulsants, and over one third of early refill edits and drug-drug interaction 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 December 2016 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the fourth quarter of 2016 and information related to future RDUR interventions for the Maryland Medicaid FFS population.

#### Review of action items from December 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.

#### Overview of Active Interventions:

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

#### RDUR Quarterly Summary:

For the fourth quarter of 2016, educational intervention letters were sent to prescribers and pharmacies related to therapeutic duplication of sedative/hypnotics and opioid use greater than 50 milligrams (mg) per day of morphine oral equivalents. Of the 1,018 letters sent, response rates were 27% for prescribers and 22% for pharmacies for therapeutic duplication of sedative/hypnotics. For the morphine oral equivalents greater than 50 mg, the response rates were 19% for prescribers and 23% for pharmacies. The most common response from prescribers, regardless of intervention, included that the prescriber and/or patient has or will discontinue therapy. For pharmacist responses, the most common response (regardless of intervention) was that the participant 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. Due to the continued issue of miscoding by providers, a Board member asked if the voluntary response form could be revised to address this issue. The Department noted this request would be reviewed internally and presented at the next meeting. Also, while reviewing the provider and pharmacy responses, a Board member suggested a communication be sent to pharmacists, possibly through the quarterly newsletter, on how to handle DUR-related issues appropriately, with the goal of optimizing the identified issues found during the retrospective DUR process.

### Future RDUR Intervention Discussion:

New criteria available from HID for RDUR review was presented to the Board. For the first quarter of 2017, the recommended criteria to add is related to non-adherence to lixisenatide, a GLP-1 agonist for treatment of type 2 diabetes. The DUR Board agreed to add this criteria to the current RDUR analysis for monitoring and potential future educational interventions.

Discussion occurred regarding future intervention ideas related to the concurrent use of an opioid, benzodiazepine and carisoprodol-containing product in the FFS population. This intervention was previously recommended by a DUR Board member due to the additive CNS-sedation and risk of abuse/diversion. Information related to specific criteria for the intervention was provided to the Board. Information related to the inclusion of clonazepam as a benzodiazepine for this intervention was discussed, and it was determined by the Board that this agent should be included regardless of indication (anticonvulsant vs. antianxiety). The Board voted to initiate an educational intervention for all participants identified as using the above noted three agents concurrently for the second quarter of 2017 and to continue on a monthly basis similar to the therapeutic duplication of sedative/hypnotic agents

### **Other Business**

The annual continuing education program will be held October 14, 2017 at St. Agnes. The following topics were suggested by attendees of the 2016 continuing education program:

- Evolving information on opioid prescribing
- Stimulant use in adolescents and children
- Safe medication prescribing
- Anti-depressant use
- Seizure disorder.

In the discussion that followed, various ideas were discussed, such as medication safety, in addition to a live presentation, a webinar to be included to capture additional participants, a motivational-type interview showing scenarios of how a prescriber could approach communicating issues with a patient and use of an online application that has an opioid calculator for opioid conversions. The Department will further discuss potential topics for the annual live CE program and provide updates at future Board meetings.

The next DUR Board meeting will be held on Thursday, June 1, 2017 at the same time and location.

There being no additional business, the meeting was adjourned at 10:08 a.m.