

**Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, June 2, 2011
Meeting Minutes**

DUR Board Members: G. Cordts, R. Ebiasah, B. Gilliam, M. Kaplan, N. Leikach, E. Munch, K. O'Reilly, N. Sheth, B. Trentler

DHMH: A. Alexandrou, P. Holly, G. Homer, D. Klein, M. Shook, D. Shah, A. Taylor

ACS: I. Ivey, K. Farrakhan

HID: K. Holland, J. Paradis, J. Walker

Provider Synergies: G. McKnight-Smith

Introductions

New DUR Board member Brian Trentler and DHMH employee Gina Homer were introduced to the Board.

Approval of Minutes

Minutes from the March 3, 2011 meeting were approved without change.

Maryland Medicaid Pharmacy Program

A report summarizing the top 100 drug-drug interactions based on a review of prospective DUR edits currently in place was sent to DUR Board members for review prior to the meeting. Board members commented that some of the interactions noted on the report are utilized as therapeutic interactions and are used as a means of increasing drug levels of specific drugs. It was recommended that these specific therapeutic interactions be removed from the report or noted on the report if the report was to be utilized on an ongoing basis. It was also recommended by Board members that a brief note should be included for each interaction explaining what the interaction represents.

Board members with expertise in specific therapeutic areas were asked to review the drug interaction report in detail and recommend to MMPP those drug interactions which are considered contraindicated. Prospective DUR edits for contraindicated drug interactions could be modified in the system and made to be a hard edit which would require a pharmacist's override. The report will also be sent to Board members not present at the meeting for their review and comment. The MMPP will review comments made regarding the report by Board members to determine if any edits for drug interactions should be updated to hard edits in the Prospective DUR system.

It was also recommended to rerun the drug interaction report for the top 150 drug-drug interactions and by excluding clinical interactions and less significant interactions the report would cover at least the top 100 significant interactions. It was also noted that interactions with drugs that are not utilized very often could be potentially dangerous. However, these types of interactions would not be part of the top 100 interaction. Board members noted that almost all pharmacy software dispensing programs flag potentially serious drug interactions.

Plans to implement prospective DUR late refill alerts for all antiretroviral agents were discussed. The MMPP met with the Maryland AIDS Drug Assistance Program (MADAP) and MADAP was supportive of whatever decision is made by MMPP with respect to handling late refill alerts for antiretroviral agents. Board members asked what threshold, as far as the number of days late, would be used to determine late refills. Criteria should be established that would alert for patients if refills were being requested within a few days of the expected date and no longer than 5 to 7 days and certainly not as long as 30 days late. The implementation of activating late refill alerts for antiretroviral agents is in development with MMPP and ACS.

Plans for the pharmacy newsletter were discussed. It is anticipated that up to six issues of the newsletter will be published yearly. Two of the issues will include the entire Preferred Drug List (PDL) as it is updated twice a year. Each of the other four issues will contain at least one clinically related article in the Clinical Corner section which was first included in the newsletter published in February 2011.

In an attempt to make use of digital technology, MMPP is endeavoring to collect e-mail addresses for as many providers as possible. It is anticipated that the newsletter could be sent out electronically in the future as more e-mail addresses are added to the database of addresses that is currently used to distribute Advisories.

MMPP and the Mental Health Administration met again to discuss efforts to reduce any duplication of sending DUR intervention letters to prescribers. The Mental Health Administration has been sending intervention letters only to psychiatrists for selected topics related to the use of antipsychotic agents. Their focus has been in evaluating the use of antipsychotics in young children and in evaluating discontinuation of therapy and non-adherence to therapy.

Effective July 1, 2011, MMPP will no longer be a member of the Drug Effectiveness Review Project (DERP), although many reports are available online in the public section of the DERP website.

A. Alexandrou opened a discussion regarding the May 24, 2011 Pharmaceutical and Therapeutics (P&T) Committee Meeting. At this meeting one P&T member brought up a

concern that at the previous P&T meeting in August 2010 the P&T committee voted to request that the DUR Board consider extending the look-back period for non-preferred and tier 2 antipsychotic drugs from 120 days to 2 years. The P&T member felt that information was not adequately communicated to the DUR Board at the September 2010. Since A. Alexandrou did not attend the September 2010 DUR Board meeting, he wanted to bring this up for discussion again to be sure that the DUR Board had all the information they needed in order to address the issue.

There was considerable discussion over the issue of the look back period. DUR Board members asked if there was a cost associated with making the change from 120 days to 2 year. There would be some administrative cost with making the change but increased costs may come from higher utilization of Tier 2 or non-preferred drugs. Board members discussed the current prior authorization process to obtain non-preferred and Tier 2 antipsychotic agents and noted that the process is very straightforward and much less restrictive than other commercial insurance plans and other neighboring state Medicaid Programs. Board members noted that there was a variety of preferred antipsychotic agents to choose from and if prescribers felt that non-preferred agents were clinically indicated the prior authorization process was not at all difficult.

It was decided that there were three possible courses of action that the Board could take with respect to the look back period for use of non-preferred or Tier 2 antipsychotic agents.

- Since the issue was previously voted on at the September 2010 meeting the Board could elect to take no further action at all on this issue.
- Since two members are absent (both absent members are psychiatrist) the issue could be voted on again at the September 2011 meeting. An effort would be made to insure that all members attend that meeting.
- Table this for discussion and make a decision to vote or not to vote again on this issue at the September 2011 meeting.

The Board decided to table the issue and wait until the September 2011 meeting to determine if another vote will be taken on the issue.

ACS State Healthcare Systems

There have been no significant changes in Preferred Drug List (PDL) prior authorization requests from the previous quarter.

Board members asked for clarification on how to process claims for Adderall[®] XR since it is a preferred brand. A DAW code 6 is needed to process these claims.

For this quarter, there were no significant changes in the top 20 therapeutic duplications alerts. The top two alerts were anticonvulsants and antipsychotics. No significant changes were noted for early refill alerts. Anti-anxiety agents and antidepressants represented the largest percentage. On the drug-drug interaction report, SSRIs and antidepressants accounted for the largest percentages of alerts. There were no significant changes in the intervention outcomes report this quarter. The Call Center report showed no significant changes in the number of calls from month to month compared to last quarter.

Health Information Designs, Inc.

At the March 2011 DUR Board meeting Board members recommended that intervention letters be mailed to prescribers for patients who were taking both an SSRI and a tricyclic antidepressant (TCA) since some SSRIs could cause an increase in TCA blood levels and increase the risk of potential adverse events.

A total of 887 patients met the criteria of concurrent TCA and SSRI use. Of those, 425 were selected for intervention. These were patients with claims for any dose of fluoxetine, paroxetine or 100mg or more of sertraline and doses of TCA of 25mg or more. Of 564 prescriber letters generated, 537 were successfully mailed. The response rate to these letters was 19%.

Pharmacy letters had a response rate of 17%. A letter was sent to contacts at some of the major chain pharmacies, asking for help in improving response rates from chain pharmacists. MMPP is currently identifying local contacts, such as district or regional managers, for the major chain pharmacies. The plan is to send each local chain pharmacy contact identified a list of stores within their chain that received DUR letters and asking them to follow-up at the store level in an effort to improve response rates.

Other Business

A CME/CE program will be hosted by MMPP on November 5, 2011 at St. Agnes Hospital. The topic will be HIV and infectious diseases. This session will be coordinated by J. Walker, N. Sheth and B. Gilliam

There being no additional business, the meeting was adjourned at 10:30am.