

Maryland Medicaid Pharmacy Program  
Drug Use Review (DUR) Board  
Thursday, March 1, 2012  
Meeting Minutes

DUR Board Members: G. Cordts, K. Fink, P. Kahn, L. Moricle, K. O'Reilly, N. Sheth, W. Van Wie  
DHMH: A. Alexandrou, P. Holly, I. Klein, S. Rice, D. Shah, M. Shook, A. Taylor  
ACS State Healthcare Systems: K. Farrakhan, I. Ivey  
HID: K. Holland, J. Paradis, J. Walker  
Provider Synergies: G. McKnight-Smith

#### Introductions

Introductions of DUR Board members were made.

#### Proposed Criteria for Pharmacy Lock-in

There was some business regarding proposed criteria and policies for the Corrective Managed Care (CMC) Advisory Committee that was discussed prior to the initiation of the DUR Board meeting. Since these criteria and policies did not involve the discussion of individual patients they were discussed in the public DUR Board meeting.

Since the inception of the Corrective Managed Care Program, a recipient could not be restricted to a single pharmacy (locked-in to a pharmacy) until the CMC Committee met to review that recipient's specific drug utilization history and made a specific recommendation. The Committee meets only on a quarterly basis. In an effort to expedite the lock-in process, it has been proposed that lock-in criteria be developed that could initiate the lock-in process prior to the next CMC Committee meeting. The proposed criteria for restricting a patient to a single pharmacy without CMC Committee review are as follows:

Send lock-in warning letter to prescriber, pharmacy provider and patient for patients who are screened and reviewed by a clinical pharmacist and meet the following criteria below. Patients with 6 or more claims for controlled substances in the previous 30 days obtained from 4 or more different pharmacies and 3 or more prescribers. Patients with claims for buprenorphine/naloxone (Suboxone®) or buprenorphine (Subutex®) followed in time sequence for any claims for opioids.

Had the above rules been in effect in September, October and November, there would have been twelve (12) patients who met the criteria for lock-in during that period. It was noted that two (2) of the HealthChoice MCOs that have active lock-in program use similar criteria.

There was discussion among Board members and the Department regarding the advantages and disadvantages of adopting specific criteria for lock-in or leaving the decision up to the CMC Committee after review of each recipient. It was noted that the State legislature has approved a State wide prescription drug monitoring program.

However, the program is not funded at this point. This program may help reduce potential misuse of controlled substances. It was also noted that under COMAR patients have the right to appeal if they are recommended for lock-in. COMAR also indicates that the lock-in period is 2 years. However, the CMC Committee could make other recommendations.

If specific criteria for lock-in are adopted, some individual patients would still be reviewed by the CMC Committee. The number of patients who met the criteria and had the lock-in process initiated will be reported to the Committee at each meeting.

The Board voted unanimously to accept the proposed criteria.

It was noted that the DUR Board is currently seeking a replacement for a former member whose expertise was in the area of pain management.

#### Proposed Changes to CMC Advisory Committee Policies and Procedures

The following changes in wording were recommended based on the acceptance of the lock-in criteria and advice from legal counsel that COMAR citations be added:

#### Under Function

Add COMAR citation as follows: Code of Maryland Regulations (COMAR 10.09.24.13, 10.09.24.14-1, 10.09.75.01 and 10.09.75.03).

Add the words "criteria and " (Evaluate criteria and interventions)

#### Under Composition

In the first sentence, add the words "DUR Board also serve." (All members of the DUR Board also serve on the CMC Advisory Committee.)

The Board voted unanimously to accept the proposed changes to CMC Advisory Committee Policies and Procedures.

There being no additional business, the CMC Committee portion of the meeting adjourned at 9:30 a.m.

#### Approval of DUR Board Meeting Minutes

Minutes from the December 1, 2011 DUR Board meeting were approved with no changes. DUR

Board meeting minutes are now posted on the MMPP website.

#### Maryland Medicaid Pharmacy Program

Information on the top 100 drug-drug interactions report is under review by the Department. Board members were asked for any additional comments. Currently all prospective drug-drug interaction alerts in the Maryland Medicaid Coordinated Prospective DUR system do not require an override by the dispensing pharmacist. The list of interactions may be used to identify some alerts that are clinically significant or even contraindicated. These specific alerts could be processed as hard edits that would

require a pharmacist override. It was noted that all pharmacies utilize some kind of drug interaction software as well. There was discussion regarding the drug interaction alerts and that many of them are based on the dose of the drugs. It may also be recommended that interactions that are contraindicated be made to require prior authorization from the prescriber. ACS indicated that customized messaging could be developed for alerts.

ACS made the necessary changes so that late refill alerts for antiretroviral medications were able to be activated in January. Some pharmacists were not aware of how to override the alerts. MMPP has identified all recipients who may have been affected by alerts that were not processed properly in an effort to ensure that no patient is without medication. MMPP is also making efforts to educate pharmacists with regard to how to process these alerts. MMPP has also received support from the Maryland AIDS Drug Assistance Program (MADAP) to continue alerting patients who may not be compliant with antiretroviral therapy. Board members were asked how often they see alerts for late refills from other health plans. Members indicated that all pharmacy systems are different as to how they process alerts. Many times additional computer screens need to be accessed in order to identify how to process the alert.

An effort is being made to obtain pharmacy e-mail addresses from the Board of Pharmacy so that Pharmacy News & Views can be sent electronically to all pharmacists. The MMPP website has been updated to allow pharmacist to input their e-mail addresses as well.

It was noted that intervention letters have been revised to include a bolded banner indicating that a response to the letter is requested. In addition, envelopes have been marked with "response requested." In January chain pharmacies were contacted to determine if a local Maryland representative was available to assist in improving follow-up with DUR letters at the store level. The plan is to send a list on a monthly basis to the chain representative and indicate which stores received letters and ask that a follow-up at the store level be made to improve response rates.

On October 19, 2011, a new Peer Review Program began to manage the use of antipsychotics in patients under age five (5). The purpose of the program is to provide education to prescribers to ensure that antipsychotics are used appropriately in these young children. A total of 59 cases have been reviewed by the program and 38 were approved. These statistics are as of December 31, 2011. In July 2012, the program will be expanded to include children up to age nine (9).

A hard edit for the use of clonazepam with another benzodiazepine is being developed. Clonazepam is classified as an anticonvulsant and therefore use of clonazepam and another benzodiazepine is not considered a therapeutic duplication and is currently not alerted by the prospective DUR system.

Discussion was held regarding new drug treatments for hepatitis C. Both of the agents require prior authorization. Victrelis® is the preferred drug and Incivek® is non-preferred. Board members asked why both agents were not preferred. Since no comparative clinical data is available, Victrelis® was chosen since it is more cost

effective for the MMPP. Proposed clinical criteria require that lab results be submitted at specific time intervals. Board members were concerned that therapy may be interrupted if lab results were required prior to approving continued therapy. MMPP will revise criteria to clarify length of approval and what requirements will be needed to approve continued therapy. MMPP revised criteria will be forward to the Board for review.

#### ACS

During the quarterly report review, it was pointed out that there was a decline in the numbers of Analgesics and Central Nervous System drug prior authorizations in December, probably due to the holidays. Of the top 20 Therapeutic Duplications edits, 35% were for anticonvulsants, 25% antipsychotics and 22% antidepressants. Of the top 20 Early Refill edits, 33% represented antidepressants, 31% antianxiety drugs, 16% clonazepam, 11% zolpidem and 9% other. Of Drug-Drug Interaction edits, SSRIs were 46%, antidepressants and other 18%, Cymbalta 17%, antipsychotics 16% and aspirin 3%. Call center numbers have not significantly changed this quarter.

#### HID

HID is currently performing retrospective evaluations of high dose citalopram and simvastatin and drug interactions with both drugs. Alert letters will be sent to prescribers and pharmacies.

#### New Business

After today's meeting, J. Paradis, P. Holly and A. Alexandrou will remain to answer any questions new Board members may have.

It was announced that there is now Wi-Fi available in the meeting room for those who wish to have access to it at future meetings.

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