Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, September 5, 2013
Meeting Minutes

DUR Board Members: G. Cordts, G. Herpel, L. Moricle, S. Osotimehin, W. VanWie
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, L. Burgess, P. Holly, D. Shah
Xerox: K. Farrakhan, J. Lafranchise
Health Information Designs, LLC (HID) J. Paradis, N. Osei-Boateng
Bishop House of Annapolis (Minutes): K. Holland
Magellan Medicaid Administration: M. Lennertz

Introductions
DUR Board members introduced themselves, including two new members, Gerald Herpel, RPH, and Sade Osotimehin, PharmD.

Approval of Minutes
Minutes of the June 6, 2013 meeting were approved with no changes.

Action Items from June 6, 2013 Meeting
Discussions with chain pharmacy representatives have been underway to determine ways in which to improve response rates to DUR intervention letters. Some of the chains have been very cooperative. Each month, the list of stores to which DUR letters were sent is provided to contacts at the major chains. Outreach will continue.

A soft edit for higher dose zolpidem (Ambien®) (10mg and 12.15mg ER) use in women was implemented by Xerox on May 23, 2013. This type of soft edit posts the alert to the pharmacist and does not deny the claim. Based on an evaluation of all claims data for second quarter 2013, it was found that 1.22% of women taking zolpidem (Ambien®) have claims for doses greater than 10mg or 12.5mg per day.

The use of citalopram in doses greater than 40mg per day was monitored during second quarter 2013. A hard edit was implemented in February 2013 for doses over 40mg per day based on the concern that higher doses may result in EKG changes. A prior authorization has been required since then for doses greater than 40mg. It was found that 0.31% of all patients exceeded that daily dosage. DUR letters alerting for the use of high dose citalopram were mailed in January 2013 before the edit was put into place. The Board did note that prescribers should be obtaining regular EKGs for their patients taking greater than 40mg. However, they also noted that a recently published study showed no increased risk associated with the use of citalopram when compared to other SSRIs. Since a prior authorization is now required for use of the higher dose, no further follow-up on this action item is required.

Xerox is in the process of developing a hard edit that can be overridden by pharmacists for the interaction of clonazepam and any other benzodiazepine. This edit is required since clonazepam is classified as an anticonvulsant and is not include in the duplicate benzodiazepine edit that is currently in place.

Other action items concerning retrospective DUR were discussed by HID later in the meeting.

Xerox

New prior authorization (PA) requests for fee-for-service patients were slightly lower this quarter. It was pointed out that authorizations for non-preferred agents are granted for a period of one year.

In response to an action item from June 2013, Xerox presented data on clonazepam as a separate item on pie charts for Early Refill (ER) and Therapeutic Duplication (TD) conflicts. Of the top 20 TD drugs, clonazepam represented 15%. At 28%, antidepressants had the highest number of edits.

For ER requests, clonazepam represents 12% and antidepressants 41%. Board members pointed out that sertraline is generally started at lower doses and then increased over time, which could account for a portion of the ER requests.

SSRIs represented 45% of the top 20 Drug-Drug interactions.

In the Summary Report by DUR Conflict, it was pointed out that TD requires pharmacist intervention. The intervention code MO (prescriber contacted) continues to have the highest number of occurrences. The call center report showed a decrease in calls in recent months. Xerox will verify the call center report numbers.

Health Information Designs

HID noted that overall it appears that higher response rates are achieved when DUR letters are sent that reference issues with the use of controlled substances when compared to alerts for other drugs.

A follow-up was performed on DUR letters mailed to prescribers of patients with concurrent claims for 3 different atypical antipsychotic agents. Of the 43 patients analyzed, it was found that 20 patients were on 3 different oral agents and 11 patients were on 2 different agents, using multiple strengths of one agent or sustained release with immediate release. A total of 7 patients were using an injectable agent with two other different oral agents and 5 patients were using an injectable agent with the same oral agent and an additional different oral agent. For 16 out of 43 patients, all claims were associated with the same prescriber numbers. HID will follow up to determine if all of the prescribers for these 16 patients are psychiatrists. The total number of patients taking 3 concurrent atypical antipsychotic agents appears to be relatively small compared to the overall population. It was mentioned that if evaluated, the number of patients taking 2 concurrent atypical antipsychotic agents would be much higher.

An evaluation of the use of duplicate sedatives was performed in June 2013. A total of 172 patients met the criteria for having claims for 2 concurrent sedatives (long acting benzodiazepines and either zolpidem or zaleplon). A total of 222 DUR letters were mailed to prescribers and a 34% response rate was achieved. Many comments made on responses reflected that this information was beneficial to prescribers. The Board recommended that this intervention be performed on a regular basis. HID will add this evaluation to the monthly DUR cycle and intervention letters will be mailed on an ongoing basis.

Letters regarding non-adherence to beta blockers, ACE/ARBs, and lipid-lowering drugs were sent to prescribers at the end of August. A report on responses to these letters will be given at the December 2013 meeting. The Board asked if it was possible to identify patients who have discontinued a maintenance drug completely, such as antihypertensives, lipid lowering therapy, or drugs for the treatment of diabetes. For example, identifying those patients with a history of claims for drugs to treat diabetes, and then determining those who no longer have claims in their current history for the same or similar drugs. HID will evaluate the data and report back to the Board in December.

Other Business

MMPP updated the Board on the status of the Peer Review Program for the use of antipsychotics in children. The program was first implemented for patients ages 5 and under. Between now and January 2014, the program will be expanded in phases so that by January 2014 all prescriptions for antipsychotics for children under the age of 18 will require consultation with the Peer Review Program in order to determine if a prior authorization will be granted. Currently the authorizations are granted for 6 months.

Information was provided on the November 9, 2013 Pharmacy Continuing Education (CE) and Continuing Medical Education (CME) seminar to be held at The Maritime Institute Conference Center in Linthicum Heights, MD. The seminar topics will be: Update on Attention Deficit Hyperactivity Disorder (ADHD) and Discussion of Maryland Mental Health Initiatives. St. Agnes will be providing CME credits for this seminar. An invitation will be sent to top prescribers of ADHD drugs. Notice will also be sent to the Maryland Pharmacists Association, Med Chi, and Maryland Psychiatric Society.

It was mentioned that MMPP is in process of hiring a replacement for Alex Taylor's position.

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