Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board Meeting
Thursday, March 6, 2014
Meeting Minutes

***DUR Board Members*:** G. Cordts, K. Fink, G. Herpel, P. Kahn, S. Osotimehin, N. Sheth-Pandit, B. Trentler, W. VanWie
***Maryland Medicaid Pharmacy Program (MMPP)*:** A. Alexandrou, S. Brice, L. Burgess, R. Hilliard, P. Holly, D. Shah
***Xerox Government Healthcare*:** K. Farrakhan
Health Information Designs, LLC (HID): J. Paradis, N. Osei-Boateng
***Bishop House of Annapolis (Minutes)*:** K. Holland
Magellan Medicaid Administration: M. Lennertz

Introduction
Members introduced themselves. Renee Hilliard, PharmD, the new Chief of the Clinical Services Division of the Maryland Medicaid Pharmacy Program, was introduced to the board. A brief overview of her diverse professional experience was provided by Dixit Shah.

Minutes
Minutes from the December 5, 2013 DUR Board meeting were approved with no changes.

Maryland Medicaid Pharmacy Program
Action items from the December 5, 2013 meeting were reviewed. The outreach to chain pharmacies to improve RDUR letter response rates continues. The possibility of sending the original letter or copies of DUR letters to representatives from specific chain pharmacies was discussed. MMPP will verify with their legal department to determine if this is possible. A request in writing from the specific chain would be required.

Approximately 10% of providers who had recently received intervention letters indicated that they did not find the letters to be useful. These providers were contacted in a separate mailing soliciting further feedback on why they considered these letters to be "not useful." To date, the following responses have been received:

- Forms are too cumbersome to complete – 1 response
- I do not find the RDUR letters to be clinically relevant to my practice – 5 responses
- I do not have time to read and respond to these letters – 6 responses
- Other – 10 responses

Prescribers who indicated "other" entered a variety of handwritten comments, some actually indicating that they did indeed consider the letters useful. Board members suggested that perhaps the response

form could be modified to include another question regarding the usefulness of the DUR process. Providers who respond that they do not find the letters useful could be asked how the process could be improved to make it more useful. HID and MMPP will develop language to insert into the response forms.

Xerox Government Healthcare

Prospective DUR edits of duplicate therapy with clonazepam and other benzodiazepines were reviewed.

The review of the top 10 requested non-preferred drug classes indicated that data were fairly consistent with previous quarters. It was noted that Cymbalta®, which has accounted for numerous non-PDL requests in the past, is now a preferred drug.

Of the top 20 Therapeutic Duplications alerts, anticonvulsants, antipsychotics, and antidepressants represented the greatest number of exceptions in that category.

Of the top 20 edits for Early Refill conflicts, antidepressants accounted for 38% of requests and anti-anxiety agents accounted for 19% of requests.

Of the top 20 Drug-Drug Interaction conflicts, SSRIs accounted for 45% of requests, other antidepressants accounted for 20%, and Cymbalta® accounted for 17%.

It was noted that Early Refill is the only alert that leads to a claim denial and requires authorization by calling the help desk. Therapeutic Duplication alerts can be overridden at the point of service by entering appropriate conflict and outcome codes. Xerox noted the conflict code data are being evaluated since the number of exceptions reported was higher than in previous quarters.

In the discussion of the Cost Avoidance report, it was noted that the data presented in the "Reversed Amount" column represented actual dollar amounts from reversed claims.

Call center volume remains fairly consistent from quarter to quarter.

Health Information Designs, LLC

Duplicate sedative agents have been added to the monthly criteria to be reviewed on an ongoing basis. In June 2013, 172 patients were selected for intervention and letters were sent to their prescribers and pharmacy providers. After a 6-month follow-up period, criteria were re-evaluated against those patients who had current pharmacy claims (152 patients). The evaluation found that while 64% of patients no longer met the criteria for duplicate sedative use, 34% continued to meet the criteria. HID will continue to monitor results for these interventions.

From December 2013 to February 2014, a total of 206 fee-for-service patients were identified who had a history of a diagnosis of diabetes but no claims for drugs to treat diabetes in the past 6 months. Intervention letters were sent to the provider number associated with the diagnosis of diabetes. A small

number of responses have been returned and the majority have indicated that the provider is no longer caring for the patient. Two responses indicated that the patient's diabetes was under control with their diet. HID will evaluate recent claims data to determine if medication to treat diabetes has been added to these patients' therapy.

Retrospective DUR interventions were performed for patients not adherent to antipsychotic therapy, specifically patients with less than 75% adherence to aripiprazole, olanzapine, risperidone, or ziprasidone. Intervention letters were sent to prescribers and pharmacies for 321 patients in January. There have been 51 prescriber responses to date; 28 responded that prescribers tried to modify therapy but the patient was non-cooperative. Of the 67 pharmacy responses received, 32 indicated that they will counsel the patient on their next visit. HID will continue to monitor responses and results of the intervention.

In February 2014, retrospective DUR interventions were performed for patients with claims for medications to treat diabetes and a diagnosis of hypertension with no concurrent claims for ACE inhibitors or ARBs. There were 213 patients who met the criteria. Patients were not selected for intervention if they had claims for two other antihypertensive agents. Prescribers and pharmacies for 104 patients were recently sent intervention letters. HID will follow-up on responses and results of the intervention.

MMPP recommended evaluating any patient on a combination of an ACE inhibitor plus an ARB due to the potential for adverse effects with this combination. DUR letters will be sent during the March cycle for patients found to have concurrent claims for both agents.

Other DUR interventions planned for the second or third quarter of this year include an evaluation of patients with a diagnosis of diabetes without claims for lipid lowering agents. New criteria have been developed based on recently revised National Cholesterol Education Program (NCEP) guidelines published in December 2013.

The overuse of beta agonist inhalers has been suggested by the Board in the past as a topic to be evaluated retrospectively. However, MMPP is discussing the possibility of implementing a quantity limit on short-acting inhalers in order to promote the use of long-acting asthma controller agents. Board members suggested that pharmacists be made aware of the limits by means of a soft edit that would warn that within a specific time period there would be a hard edit forthcoming.

An evaluation of the use of three or more atypical antipsychotics will be repeated during the third quarter.

An overall summary of the number of DUR letters and responses was presented by HID.

Other Business

Saturday, October 25, 2014 has been set as the date for the next live continuing education program at St. Agnes Hospital. The topic will be the treatment of depression and anxiety. Two speakers have been confirmed to date.

The next DUR Board meeting will take place on Thursday, June 5, 2014.

There being no additional business, the meeting adjourned at 10:15 a.m.