Maryland Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board Meeting
Thursday, September 4, 2014

DUR Board Members: K. Fink, G. Herpel, P. Kahn, L. Moricle, 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. Klein, D. Shah
Xerox Government Healthcare Solutions: K. Farrakhan, J. Lafranchise
Health Information Designs, LLC (HID): N. Osei-Boateng, N. Ellermeier, S. Donald
Bishop House of Annapolis (Minutes): K. Holland
Magellan Medicaid Administration: M. Lennertz

Introduction
Members of the Board and other attendees introduced themselves.

Minutes
Minutes from the June 5, 2014 DUR Board Meeting were approved with no changes.

Xerox Government Healthcare Solutions

A summary of therapeutic duplication alerts for the use of clonazepam with another benzodiazepine for the second quarter of 2014 was presented. Since clonazepam is classified as an anticonvulsant and not a benzodiazepine, it is selected for separate review from the benzodiazepine class. Approximately 90% of recipients whose claims posted the edit, went on to have the claim paid.

The overview of the PDL PA report included a list of the top ten therapeutic classes approved in the second quarter of 2014. No particular drug class stood out.

The top therapeutic duplication alerts remain consistent with those observed in previous quarters. The top denials for early refill were for anti-anxiety and antidepressant agents. Clonazepam, zolpidem tartrate, and gabapentin together made up 28% of the top denials for early refills. The early refill denial is the only alert that leads to a claim denial that requires the pharmacist to obtain an authorization by calling the Xerox help desk. It was pointed out that therapeutic duplication and late refill alerts can be overridden by a pharmacist at the point of sale by entering appropriate conflict and outcome codes.

There was discussion centered on the feasibility of Xerox specifically highlighting only anticipated severe drug-drug interactions in the transmissions that are returned to the pharmacy after the drug interaction check. After further discussion, was concluded that specifically highlighting only severe drug-drug interactions is a function that is not available within the current system.

Lastly, Xerox provided an update on the call center activity. During the first two quarters of the year there has been an increase in call volume, due to new Medicaid enrollments as a result of the Affordable Care Act (ACA) as well as changes in the PDL.

Health Information Designs, LLC

Health Information Designs (HID) provided a summary of DUR initiatives conducted in the second quarter. These initiatives included interventions targeted at prescribers for patients who appeared to be on duplicate sedative agents, non-adherent to long-acting asthma controllers and non-adherent to their metformin therapy. The number of patients selected for intervention, a brief detail of the criteria used, the number of letters mailed and the response rates achieved were also presented to the DUR Board.

HID pointed out that sometimes even when a prescriber or a pharmacist doesn't respond to the intervention letter, upon further investigation, we determine that positive action was taken by the prescriber or pharmacist.

A preliminary summary of intervention letters sent to prescribers pertaining to their patients who appear non-adherent to their antipsychotic medications showed a 28% response rate from prescribers and a 28% response rate from pharmacists. The letters were originally mailed in January and a final analysis of the results will be presented in December.

Patients with a diagnosis of diabetes and who were not on lipid-lowering therapy were selected for intervention. Responses received through July 2014 for the letters mailed in March 2014 indicated that 15% of these patients had lipid-lowering therapies initiated.

Diabetic patients not on an ACE inhibitor or an ARB were also targeted. Twenty percent (20%) of these patients have since received new prescriptions for an ACE inhibitor or an ARB. Of the intervention letters sent on patients receiving concurrent ACE and ARB therapy, 56% had one of the duplicated therapies discontinued.

Retrospective DUR intervention letters for non-adherence to metformin were mailed to providers in June 2014. These results are expected to be reported at the December meeting.

In conclusion, HID proposed a fourth quarter intervention that would be aimed at patients with long term use of short-acting opioids. The criteria would identify patients who have had greater than a 90 day supply of a short-acting opioid agent and either a cancer or chronic pain diagnosis. Intervention letters would recommend the prescribers consider the addition of a long-acting agent to the patient's drug therapy.

Maryland Medicaid Pharmacy Program (MMPP) Behavioral Health Carve-Out Initiative

Beginning January 1, 2015, all Behavioral Health medications will be carved out of the Managed Care Organization (MCO) benefits and be paid fee-for-service. There was discussion as to what prompted this change. MMPP informed the Board that the legislature had called for this change in an effort to provide more comprehensive care.

Additionally, MMPP presented the Board with a proposed change in the current quantity limits of buprenorphine/naloxone8mg/2mg tablets to ensure compliance with the current Food and Drug Administration's recommended maintenance daily dose of 16mg. Further discussion ensued. Conclusively, the DUR Board unanimously agreed to this proposed change.

Other Business

Continuing Education Program

The MMPP-sponsored live CME/CE on Depression and Anxiety will be held on Saturday, October 25, 2014 at St. Agnes Hospital.

The next DUR Board is scheduled for December 4, 2014.

There being no additional business, the meeting adjourned at 9:50 a.m.