Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, June 2, 2016
Meeting Minutes

DUR Board Members: K. Dodge, G. Herpel, L. Moricle, M. McPherson, J. O'Leary, D. Reidel, B. Trentler, W. Van Wie
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, L. Burgess, P. Holly, D. Klein, D. Shah, S. Singh
***Xerox Government Healthcare Solutions*:** K. Farrakhan, J. Lafranchise
Health Information Designs, LLC: R. Boyer, N. Osei-Boateng
Bishop House of Annapolis (Minutes): K. Holland

The Drug Use Review (DUR) Board meeting was called to order at 9:15 a.m. on Thursday, June 2, 2016.

Introductions
Members of the Board and other attendees introduced themselves.

Minutes
The minutes from the March 3, 2016 DUR Board meeting were approved with no changes.

Maryland Medicaid Pharmacy Program (MMPP) Update

An update was given on the replacement of the Division Chief of Clinical Services formerly held by Renee Hilliard. The position remains vacant and MMPP will resume active recruitment toward the end of summer. DUR Board members were encouraged to provide any recommendations to the Department.

The new unified Corrective Managed Care Lock-In Program was implemented on April 1, 2016. This program will be adhered to by all Managed Care Organizations (MCOs) participating in the Maryland HealthChoice Program, as well as MMPP. This comprehensive lock-in program allows Medicaid recipients to remain locked-in to the same pharmacy provider regardless of any changes in MCO or Fee-For-Service (FFS) coverage.

MMPP gave an update on the status of the National Average Drug Acquisition Cost (NADAC). NADAC was designed by CMS to create a national benchmark that is reflective of the prices paid by retail community pharmacies to acquire medications. In February 2016, CMS published the final ruling on Covered Outpatient Drugs. MMPP is in the process of identifying a vendor to assist in the implementation of this program. The future reimbursement method that State Medicaid Pharmacy programs will use must be approved by CMS. The entire reimbursement methodology must be implemented by April 1, 2017.

DUR Board members were thanked for their participation.

Xerox Government Healthcare Solutions

Xerox provided information related to prior authorization requests and prospective drug utilization review edits completed for the first quarter of 2016.

Regarding therapeutic duplication (TD) of clonazepam with another benzodiazepine, it was reported that the majority of these alerts were overridden by the pharmacy provider. Further discussion regarding provider education and other interventions available from Xerox was deferred until later in the meeting.

Claims information related to the top 20 drugs with alerts for therapeutic duplication, early refills and drug-drug interactions were presented. It was noted that the majority of claims that posted therapeutic duplication alerts this quarter were for antidepressants and anticonvulsants. Once again, antidepressants represented over a third of early refill edits. SSRIs had the most drug-drug interaction alerts. Information was also presented on cost avoidance and call center volume for the quarter.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the previous meeting; an overview of active interventions; the quarterly summary of RDUR activities and information regarding future interventions.

Review of Previous Meeting Action Items:
The recurring monthly intervention addressing duplicate sedative/hypnotic use by fee-for-service recipients continues to provide a significant decrease in therapeutic duplication of these agents. This intervention will continue to be performed monthly, with number of cases identified, provider and pharmacy intervention letter results and six month outcomes reported at each DUR Board meeting.

Overview of Active Interactions:
An update for the timeline of active interventions was reported for renal failure initiative and the non-adherence to select substance use disorder initiative. Six month outcomes will be reported once available.

Retrospective DUR Quarterly Summary:
Regarding response rates of educational intervention letters for the duplicate sedative/hypnotic and non-adherence to select substance use disorder initiatives, prescribers and pharmacy responses averaged 30% and 22%, respectively, for the 591 letters sent. The most common response from prescribers included follow up for re-evaluation of therapy or discontinuation of therapy, while responses from pharmacies primarily indicated counseling would be provided to the recipient. At the Board's direction, follow up on responses reflecting "prescriber did not prescribe" or "patient was never under prescriber's care" were further investigated. After reviewing claims information, utilizing copies of prescriptions and speaking with providers, it was determined that the responses were miscoded by the healthcare professional who completed the voluntary response form.

Future Retrospective DUR Intervention Discussion:
New criteria available for RDUR review was presented to the Board. These include overutilization, therapeutic duplication or non-adherence to Briviact® (anticonvulsant), non-adherence to Synjardy® (antidiabetic), non-adherence or therapeutic appropriateness of PCSK9 inhibitors Praluent® and Repatha® (antilipemic) and non-adherence to Vraylar™ (antipsychotic). The DUR Board agreed to add these criteria to the current RDUR analysis for monitoring and potential future educational intervention.

Potential future educational interventions were provided by HID and included interventions regarding the use of greater than 100mg of morphine oral equivalents daily in chronic non-cancer pain, long-acting opioid use in recipients without a diagnosis of cancer and concurrent use of muscle relaxants and opioids. Further discussion occurred regarding the creation of more specific educational interventions involving particular drugs of abuse or high-risk medication combinations. HID will provide criteria and a draft educational intervention letter at the September 2016 meeting for the three interventions recommended by the DUR Board. Also, the DUR Board voted to initiate an educational intervention for the concurrent use of muscle relaxants and opioids for the 3rd quarter of 2016.

Other Business

An update was provided regarding the free continuing education program sponsored by MMPP on October 22, 2016 at St. Agnes Hospital. More information will be presented once the program has been approved for continuing education credits by MedChi.

Copies of the April 2016 News & Views Pharmacy newsletter were distributed to Board members. This issue provided educational information regarding the risks associated with concurrent use of opioids and benzodiazepines, as well as the availability of naloxone in Maryland.

Further information was provided by the Department on the prospective drug utilization review (ProDUR) regarding therapeutic duplication of benzodiazepines. Xerox provided data regarding the number of duplications, including the concurrent use of clonazepam with any benzodiazepine, concurrent use of any two benzodiazepines, and the use of any benzodiazepine (excluding clonazepam) with an opioid. Personnel resources required for these enhanced edits, as well as providing educational information for providers, were also presented. After further discussion, the Board requested further information regarding a ProDUR alert that included concurrent use of clonazepam or any benzodiazepine and the use of an opioid. This information, along with potential educational resources, will be discussed at the next DUR Board meeting.

The next DUR Board meeting will be held on September 1, 2016.

There being no other new business, the meeting was adjourned at 11:05 a.m.