



**Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, June 1, 2017
Meeting Minutes**

DUR Board Members: K. Dodge, K. Fink, G. Herpel, C. Lefebvre, M. McPherson, L. Moricle, F. Osotimehin, J. O’Leary,
Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, M. Closson, P. Holly, M. Joglekar, S. Kazmi, D. Klein, D. Shah, S. Singh
Magellan Medicaid Administration: K. Novak
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 was called to order at 9:15 a.m. on Thursday, June 1, 2017.

Introductions

Members of the Board and other attendees introduced themselves.

Minutes

The minutes from the March 2, 2017 DUR Board meeting were approved with no changes.

Maryland Medicaid Pharmacy Program (MMPP)

As mentioned at the March meeting, effective April 1, 2016, the Department implemented the Unified Corrective Managed Care (CMC) program, which addresses participant aberrant use of controlled substances, regardless if the participant is a fee-for-service (FFS) or managed care organization (MCO) member. Under the Program, there are uniform lock-in criteria, so that participants enrolled in the CMC program remain locked in whether they move from FFS to a MCO or from one MCO to another. As of the end of April 2017, there are 678 members which have been locked in. This represents an increase of almost 23% compared to the number reported in March 2017.

Over the past two and a half years, the Department has been working on changing our prescription reimbursement methodology to utilize the National Average Drug Acquisition Cost, commonly referred to as NADAC. The NADAC was developed by CMS and was designed to create a national benchmark that is reflective of prices paid by retail community pharmacies to acquire prescription and some over-the-counter (OTC) covered outpatient medications. In January of 2016, CMS published the final rule which implements provisions of the Affordable Care Act, pertaining to Medicaid reimbursement for Covered

Outpatient Drugs. State Medicaid agencies must ensure that their reimbursement methodologies, as they relate to ingredient costs and professional dispensing fees, are in-line with the final rule. The Department selected a vendor to help implement an Actual Acquisition Cost methodology utilizing NADAC as the primary price benchmark, as well as a State-calculated Actual Acquisition Cost, which is referred to as SAAC, for certain drugs without a NADAC. This new reimbursement methodology was successfully implemented on April 1, 2017, as mandated by CMS.

Also mentioned at the March meeting, over the last 12 months the Department has been working with the eight (8) Maryland HealthChoice Managed Care Organizations and the FFS program, to implement minimum standards that will be applied by both the FFS program and the MCOs, in order to combat the overdose epidemic which affects Maryland Medicaid members. The minimum standards will be applied in July of this year. These standards will include coverage of non-opioids to be considered first-line treatment for chronic non-cancer pain and require prior authorization for all long-acting opioids, fentanyl, methadone for pain and any opioid prescription that results in a patient exceeding 90 morphine milligram equivalents (MME) per day. In addition, a standard 30-day quantity limit for all opioids will be set at or below 90 morphine milligram equivalents. The standards do not apply to patients with diagnosis of cancer or sickle cell anemia or who are in hospice care. In order to inform and educate prescribers, over the last four months, the Department and the MCOs engaged in an extensive outreach campaign. In February and March, letters were sent to providers, informing them of the changes related to the minimum standards. Multiple webinars were also conducted for providers over the past four months. Furthermore, a dedicated website was created with information about the opioid epidemic landscape in Maryland and included resources for providers and MCOs. Resources made available on the website have information for improving the opioid prescribing process in efforts to reduce opioid misuse, dependence, overdose and death. The FFS program began requiring prior authorization for all fentanyl claims on January 1, 2017.

Members were thanked for their ongoing service on the DUR Board.

Xerox Government Healthcare Solutions

Xerox provided information related to Preferred Drug List (PDL) new Prior Authorizations (PA) requests and prospective drug use review (ProDUR) edits completed for the first quarter of 2017.

Regarding therapeutic duplication of clonazepam with another benzodiazepine, Xerox reported that a vast majority of these alerts are overridden at the point of sale by the pharmacy provider.

Opiate dependence treatment agents continue to be the top agents with requests for PDL PAs, with requests for Suboxone® (buprenorphine/naloxone) as the number one requested agent requiring a PA. Oral antiviral agents were new to the list; this may be attributed to the longer than usual flu season this year.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions. For the first quarter of 2017, it was noted that the majority of therapeutic duplication alerts relate to antidepressants and anticonvulsants and over one third of early refill edits were for

antidepressants. The majority of drug-drug interactions reported were for antidepressants with almost half of all drug-drug interaction edits related to selective serotonin reuptake inhibitors (SSRIs). Lastly, Xerox reported cost avoidance information as well as call center volume information for this quarter.

Health Information Designs, LLC

HID presented a review of action items from the March 2017 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the first quarter of 2017 and information related to future RDUR interventions for the Maryland Medicaid FFS population.

Review of action items from March 2017 DUR Board meeting:

At the March 2017 meeting, the DUR Board inquired about any potential changes that could be made to the voluntary response form sent with all RDUR educational intervention letters, in order to better identify provider responses and prevent miscoding. After inquiring with the production team, it was determined that the letters are unable to be altered as they are standardized documents.

The recurring monthly intervention related to therapeutic duplication of sedative/hypnotic agents continues to provide a significant decrease in duplicate use of these agents. This intervention will continue to be performed monthly, with available results provided at each meeting.

Outcomes from the RDUR intervention related to the concurrent use of an opioid and muscle relaxant were presented. Intervention letters were sent in June-July 2016. After a standard six-month suppression period, it was shown that an overall 72% reduction in concurrent use was seen over the evaluation period by FFS participants. This intervention is complete at this time.

Overview of Active Interventions:

Active interventions during the first quarter of 2017 include the therapeutic duplication of sedative/hypnotics, opioid use greater than 50 milligrams per day of morphine oral equivalents, therapeutic duplication of immediate-release stimulants and concurrent use of an opioid, benzodiazepine and carisoprodol. Six month outcomes will be reported as they become available.

RDUR Quarterly Summary:

For the first quarter of 2017, educational intervention letters were sent to prescribers and pharmacies related to therapeutic duplication of sedative/hypnotics and duplicate use of immediate release stimulants. Of the 748 letters sent, response rates were 29% for prescribers and 30% for pharmacies for therapeutic duplication of sedative/hypnotics. For the duplicate immediate release stimulant letters, the response rates were 11% for prescribers and 19% for pharmacies. The most common response from prescribers, regardless of intervention, stated that the prescriber did not write the prescription attributed to him/her. Upon further investigation, it was determined that the provider had miscoded the response and did not realize another provider was also prescribing duplicate therapy. For pharmacist responses, the most common response (regardless of intervention) was that the participant

would be counseled at the next visit. In instances where the pharmacist noted disagreement, it was found that therapy had already been changed to the use of one agent.

Future RDUR Intervention Discussion:

New criteria available from HID for RDUR review was presented to the Board. For the second quarter of 2017, the recommended criteria to add relates to various antidiabetic medications, co-administration of benzodiazepines and opioids, non-adherence to medications for cystic fibrosis, updated information on contraindications with the use of Tybost® (cobicistat), appropriate use of elvitegravir therapy, overutilization and therapeutic appropriateness of Relistor® products and updated FDA guidelines on the use of codeine and/or tramadol in the pediatric population. The DUR Board agreed to add all recommended criteria to the current RDUR analysis for monitoring and potential future educational interventions.

Discussion occurred regarding future intervention ideas for the FFS population. The DUR Board decided to intervene on non-adherence to antiretroviral therapies used for the treatment of HIV, due to great importance of adherence in maintaining health of the FFS population.

Other Business

Updates regarding the annual live continuing education program were provided to Board members. Various aspects of the current opioid epidemic will be explored, including the safe and appropriate use of opioids, management of pain with other comorbidities or history of substance use disorder, as well as legislative updates and initiatives from the Department.

The Department noted that a number of Board members will complete their second-term at the end of 2017. The Department is open to any recommendations for replacements by outgoing members.

A presentation from Dr. Lisa Burgess, Chief Medical Officer of Maryland Medicaid, will be sent to all Board members for review, as Dr. Burgess was unable to attend the Board meeting. Any questions or comments may be sent to the Health Information Designs, LLC account manager and will be forwarded to the Department for review.

The next DUR Board meeting will be held on Thursday, September 7, 2017.

There was no additional business, and the meeting was adjourned at 10:20 a.m.