

**Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, December 1, 2011
Meeting Minutes**

DUR Board Members: G. Cordts, R. Ebiasah, B. Gilliam, P. Kahn, N. Leikach, E. Munch, K. O'Reilly, B. Trentler

DHMH: A. Alexandrou, M. Shook, A. Taylor

ACS: K. Farrakhan, I. Ivey

HID: K. Holland, J. Paradis, J. Walker

Provider Synergies: G. McKnight-Smith

Introductions

Several representatives from The Centers for Medicare and Medicaid Services (CMS) were in attendance as guests. They have been observing the structure and function of the Drug Use Review (DUR) Board and the Pharmacy and Therapeutics (P&T) Committee in the State of Maryland. Board members and other attendees introduced themselves.

Approval of Minutes

Minutes from the September 1, 2011 meeting were approved with no changes.

Maryland Medicaid Pharmacy Program

Action items from the previous meeting were reviewed. The Department is reviewing input from Board members regarding the top 100 prospective DUR drug-drug interactions report. Despite the fact that Dr. Sandson's term has ended on the DUR Board, he has offered to continue to be available for consultation. His expertise in the area of drug-drug interactions will be utilized by the Department.

The late refill alert for antiretroviral agents was activated. However, activating this alert resulted in some unexpected changes to the way in which other alerts processed. The alert has been temporarily deactivated and the problem will be addressed by ACS after the first of the year.

The Continuing Education seminar at St. Agnes Hospital in November was well attended and initial comments from attendees were very positive. A summary of attendee evaluations is being prepared.

The Pharmacy News and Views Newsletter is now available in electronic format. Prescribers and pharmacist are now able to register on the newsletter website to receive the document via e-mail.

A new program to manage the utilization of antipsychotic medication in children under the age of five has been implemented. Since none of the antipsychotic agents are FDA approved for use in children under age five, all claims for antipsychotic agents processed for children under the age of five will now require prior authorization through a peer review process. A clinical pharmacist with expertise in the use of antipsychotic medication and a child psychiatrist are available to review requests for the use of antipsychotics in children under the age of five. An effort was made to contact all prescribers of

antipsychotics in children under age five in order to make them aware of the new requirements. As of November 30, 2011, 51 requests have gone through the peer review process with 30 claims being approved. In June 2012 the peer review program will be expanded to include use of antipsychotics in children age five to nine for those drugs that are not FDA approved for use in children of those ages.

ACS State Healthcare Systems

A review of this quarter's report showed no significant changes in the Preferred Drug List (PDL) prior authorization requests compared to the previous quarter.

The top two therapeutic duplication alerts were for antipsychotics at 40% and anticonvulsants at 24% of all requests.

Top early refill requests were for anti-anxiety medications represented at 32% and antidepressants at 29% of all requests.

SSRIs drug interactions were the most common drug-drug interaction alert at 44% and other antidepressants represented 18% of drug-drug interaction alerts.

There were no significant changes in the intervention outcomes report this quarter. There were no significant changes in the number of calls received by the call center.

Board members asked if serious drug-drug interactions were alerted by the prospective DUR system. MMPP noted that currently all drug-drug interaction alerts are set up to post the alert and then pay the claim. No override is needed in order for the claim to process. However, based on review of the drug-drug interaction report and comments received from Board members, it is likely that in the future alerts for more significant drug interactions will be converted to hard edits. For selected drug interactions an override will be required to be entered by the pharmacist in order for the claim to be processed.

Health Information Designs (HID)

Results were presented for DUR alerts mailed for therapeutic duplication of benzodiazepines. Based on the criteria a total of 2,447 recipients met the criteria. However, the criteria alerts for duplicate therapy when the same drug is used at two different doses. HID uses a risk score to identify patients who may be more at risk for adverse events based on the number of prescribers and pharmacies utilized. High risk score patients are those who have utilized the most number of different providers. There were 605 patients with high risk scores and these patients were selected for review and potential intervention. A total of 307 patients were selected for intervention. If patients had a benzodiazepine sedative agents along with a benzodiazepine anti-anxiety agent prescribed by the name prescriber they were not selected for intervention. A total of 625 prescriber letters were mailed for the 307 patients and a 20% response rate was noted.

There was discussion concerning the use of clonazepam with another benzodiazepine. Since clonazepam is categorized as an anticonvulsant, there is no prospective DUR duplicate therapy alert for its use with another benzodiazepine. Board members recommended that a prospective DUR alert with a hard edit be

developed for the use of clonazepam with another benzodiazepine. Board members did not feel that this new alert would add any unnecessary burden on the dispensing pharmacists.

Drug interactions with simvastatin were discussed along with the recent warnings concerning daily doses of 80mg. Board members recommended that DUR alert letters be sent to prescribers of patients taking 80mg of simvastatin along with those patients taking interacting drugs such as amlodipine, diltiazem, amiodarone and verapamil. Board members recommended that alert letters also be sent to prescribers of those patients taking simvastatin and fibrates for use in treating high triglycerides.

A similar discussion was held regarding the use of doses of citalopram of greater than 40mg per day and the risk of QT interval prolongation. Board members recommended that prescribers for patients receiving doses of citalopram of greater than 40mg be sent an intervention letter as well.

Pharmacy responses to DUR letters were discussed. Pharmacies are copied on all DUR letters that are mailed to prescribers. Response rates from independent pharmacies are much higher than responses from chain pharmacies (27% response rate vs. 8% response rate). The current pharmacy response form is very complex and HID recommended that the pharmacy response form be simplified to help improve response rates. A revised simplified response form was reviewed. A bolded banner has been added to the letters indicating that a response is requested. Board members made some recommended changes to the form which will be adopted. Board members also suggested that envelopes used to mail DUR letters be stamped with a notice indicating that a response is requested. Once the form is modified it will be sent to all chain pharmacy contacts in an effort to improve response rates. The plan for the future is to send a monthly list to the chain contacts alerting them as to which of their stores received DUR letters as another means of improving response rates. The Board recommended that a contact for the Epic chain of independent pharmacies be added to the chain contact list.

New Business

Input from the Board was requested regarding prior authorization criteria under development for new drugs to treat Hepatitis C. Board members noted that although these drugs are not FDA indicated for use in patients co-infected with HIV, they are routinely being used in this population and newer drugs are on the horizon that should be available within the next 18 to 24 months. There was discussion as to how to determine the overall cost of treating hepatitis C infected patients since many of the drugs are paid for by the MCOs on a capitation basis but antiretroviral therapy is paid fee-for-service.

Board members asked about the status of Lipitor[®]. There is now a generic available for Lipitor[®] and Lipitor[®] will be non-preferred unless after evaluation the price of the brand with rebates it is determined to be less than the cost of the generic.

Certificates of appreciation were given to departing Board members who served 6 years on the DUR Board.

Next year's DUR Board meetings will be held the first Thursdays of March, June, September and December.

There being no further business, the meeting adjourned at 10:15am.