

**Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, June 3, 2010
Meeting Minutes**

DUR Board Members: G. Cordts, B. Gilliam, P. Kahn, M. Kaplan, N. Leikach,
E. Munch, N. Sheth, S. Wiener

DHMH: A. Alexandrou, P. Holly, D. Klein, D. Shah, M. Shook, A. Taylor

ACS: I. Ivey, K. Farrakhkan

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

Provider Synergies: G. McKnight-Smith

New Member

E. Munch was introduced to the DUR Board.

Old Business

Minutes from the March 4, 2010 meeting were approved.

Maryland Medicaid Pharmacy Program

Industry representatives may continue to contact the Pharmacy Program vendors, including ACS Government Solutions, Provider Synergies and Health Information Designs. However, any requests made by the industry or subsequent action taken based on meetings or discussions with vendors would need to be approved by the Department.

At last DUR Board meeting, members requested an evaluation of the possibility of exempting psychiatrists from Preferred Drug List (PDL) restrictions for mental health drugs. The State of Ohio Medicaid Program has such an exemption in place and they also utilize ACS Government Solutions as their claims processor. Ohio Medicaid is able to provide ACS with an accurate specialty code for all providers as a means of identifying psychiatrists. Currently the State does not provide ACS with the Maryland Medicaid prescriber file, therefore, ACS does not have prescriber specialty codes in their database to perform edits based on prescriber specialty and there would be a significant cost and need of additional resources associated with providing ACS with a prescriber file. At this time the Department does not have the funding or the resources to pursue this matter.

There was some discussion about restrictions on the use of atypical antipsychotics in children Pennsylvania and the need for clinical review prior to approval. There was also discussion regarding the issue of patients stabilized as an inpatient on a non-preferred agent and then having to obtain prior authorization upon discharge. It was noted that prior authorization can be obtained prior to discharge and the 30 days emergency supplies of antipsychotics are available to provide for adequate time for the prior authorization to be processed.

Board members asked if since the addition of the atypical antipsychotics to the PDL has utilization of the antipsychotics changed. The overall use of antipsychotics has not changed but in general utilization has

shifted to higher utilization of the preferred agents. It was also noted that in the future, when e-prescribing is put into place, prescribers will be able to identify and select preferred agents at the time of prescribing electronically.

The new Health Care and Education Reconciliation Act of 2010 will expand the number of patients eligible for Medicaid. The new law also increases the drug rebate amounts and provides for the ability of State Medicaid Programs to collect rebates from drugs covered and reimbursed by Managed Care. Rebates from Managed care reimbursed drugs will be shared between the State Medicaid Agency and the federal government. However, additional rebate amounts, based on the increases put into place by the law, will be directed to the federal government and not shared with the State.

Per the DUR Board request, the Code of Conduct for contact between Industry Representatives and DUR Board members now appears on the Department's web site.

Maryland Medicaid is a member of the Drug Effectiveness Review Project (DERP) along with several other State Medicaid agencies. DERP is a collaboration of two public entities, the Center for Evidence-based Policy and the Oregon Evidence-based Practice Center. The group produces evidence-based reviews of the comparative effectiveness and safety of drugs in many widely used drug classes. All detailed reports of drug classes that have been reviewed are available to the public. However, these reports are very lengthy and cumbersome to review. Executive summaries of reports are available to all member states. The Department will contact DUR Board members and inquire if there are any members interested in receiving executive summaries of any of the available reports.

Based on the request of the DUR Board, representatives of the Pharmacy Program met with HealthChoice representatives within the Department to discuss the possibility of standardizing all early refill alerts. The current policy for the Pharmacy Program is to reject claims that are filled before 85% of the medication is used or 90% for maintenance drugs (those prescriptions filled for 100 days supply). Most of the MCO use a 75% early refill alert which is based on the policies of their claims processor, not necessarily the MCO. It would be very difficult to try and standardize these alerts.

It was noted that late refill edits are not active at this time. At one time several years ago late refill edits were active for antiretroviral agents. The possibility of reactivating these alerts just for the antiretroviral agents was discussed and will be evaluated.

Board members asked about the evaluation of serious drug-drug interactions influenced by cytochrome P-450 enzymes that were discussed at the previous meeting. It was decided that interested Board members would meet with the Department and Health Information Designs and discuss this topic in more detail prior to the next Board meeting.

ACS State Healthcare Systems

ACS discussed quarterly reports summarizing prior authorization requests for non-preferred drugs and prospective DUR edits. The number of prior authorization request for the first quarter decreased over the previous quarter. It was suggested that perhaps the extreme weather conditions during the months of January and February may have been a factor.

The three top drug classes with respect to therapeutic duplication alerts were anticonvulsants, antipsychotics and antianxiety agents. The intervention code most frequently used continues to be the “MO” code, prescriber contacted.

The top two drugs for requests for early refills were clonazepam and zolpidem. Top drug classes for early refill requests were antianxiety agents and antidepressants.

Top drug classes with respect to drug-drug Interactions were SSRIs and other antidepressants. The top five drug interactions were noted. Three of the five interactions involved the drug fluoxetine. There was discussion about expanding the list of top drug interactions to include at least the top ten or twenty or perhaps even more. It was suggested that an article be included in the next newsletter discussing the most frequent significant drug-drug interactions.

There was a slight increase in call center volume which was attributed to drug shortages during the past quarter. The cost avoidance report was also reviewed.

There was additional discussion regarding drug interactions and those which involve specific enzyme pathways. Many patients may be at risk for specific drug interactions or adverse effects based on the level of specific enzyme activity. Patients may need to be tested to rule out specific enzyme deficiencies.

HID

Two newsletters were mailed during the month of May. The first was a detailed list of the PDL and the second contained a number of other articles discussing various topics of interest to providers. Both newsletters were mailed to all prescribers and pharmacy providers in Maryland who had recent pharmacy claims associated with their provider number or approximately 25,000 addresses.

HID reviewed drug and diagnosis history profiles for those patients who appeared to be non-adherent with ongoing antipsychotic therapy. A total of 434 patients were selected for intervention, letters to prescribers and pharmacy providers will be mailed next week.

A 20% response rate was achieved for letters mailed to prescribers in March which discussed non-adherence to antiretroviral therapy. Pharmacy response rates were 16%.

A response rate of 24% was achieved for letters sent in regard to patients with diabetes and coronary disease who were not on lipid-lowering medications. Response rates from pharmacies were 9%. Chain pharmacy representatives were recently contacted and asked for suggestions on how to improve response rates. No responses have been received as yet.

A small number of patients were also identified who had diabetes and coronary artery disease who were not currently taking lipid lowering therapy. Board members commented that some patients cannot tolerate ongoing lipid lowering therapy.

Board members suggested that information contained in letters to prescribers and pharmacies should additionally be provided to patients. HID has prepared patient letters in the past for other State Medicaid programs, but these have been mailed to the prescriber and then given to the patient at their next office visit. The suggestion was made that perhaps pharmacists could provide information directly to the patients by means of using the pharmacy's own computer system. Messages for particular patients could be entered into the pharmacy's system that the patient must be counseled at the next visit. The Department will discuss the possibility of developing patient educational letters or alerts. However, the current ACS claims processing system would not be available to deliver specific patient messages at this time.

There was some discussion regarding late refills alerts. In the past these alerts were turned on for antiretroviral therapy. Board members noted that many pharmacies have their own refill reminder programs in place. The possibility of reactivating the late refill alerts for antiretroviral therapy will be discussed at the next meeting.

Continuing Education

On October 16, a Continuing Education session will be held at St. Agnes from 8:30 a.m. – 1:00 p.m. Topics associated with drug therapy for mental health conditions, including depression and anxiety will be on the agenda.

There being no further business, the meeting was adjourned at 10:45 a.m.