

**Maryland Medicaid Pharmacy Program
Drug Use Review (DUR) Board
Thursday, March 3, 2011
Meeting Minutes**

DUR Board Members: G. Cordts, R. Ebiasah, P. Kahn, M. Kaplan, N. Leikach, E. Munch, K. O'Reilly, N. Sandson, N. Sheth

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

ACS: B. Edelstein, I. Ivey, K. Farrakhan

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

Provider Synergies: G. McKnight-Smith

Introductions

Barry Edelstein from ACS was introduced to the Board.

Approval of Minutes

Minutes from the December 2, 2010 meeting were approved without changes.

Maryland Medicaid Pharmacy Program (MMPP)

The report of the top 100 prospective DUR Drug-Drug Interactions was not available for the meeting. There was an issue with the data and ACS indicated that the report should be available by mid-March.

Due to cost concerns, activation of ProDUR late refill alerts for antiretroviral agents will not take place at this time but may be considered in the future.

DUR Board members were sent web links to the MMPP website and the newsletter website. There has been consideration to utilize the list of e-mail addresses, which is currently used to transmit advisories, to also send out electronic copies of the newsletter.

Potential replacement DUR Board members to fill the current vacant position are being reviewed. There should be a new member in place by the June meeting.

The MMPP continues to work with the Maryland Mental Hygiene Administration (MHA) to coordinate prescriber education efforts. MHA has contracted Value Options to provide educational letters to psychiatrists within the MHA Public Mental Health System. The current focus of their educational efforts is on adherence and early discontinuation of mental health agents and the use of antipsychotics in young children. Another meeting is planned between MHA and MMPP later this month.

MMPP will continue to send clinical drug summaries provided by the Drug Effectiveness Review Project (DERP) to Board members.

ACS State Healthcare Systems

The 2010 4th quarter report was reviewed by ACS. There were no significant changes in the report as compared to the 3rd quarter. Requests for prior authorization for duloxetine (Cymbalta[®]) are consistently higher than other antidepressant drugs. Board members noted that they have had colleagues raise concern about the need to obtain prior authorization for higher doses of duloxetine (Cymbalta[®]). Discussion was held on current dose optimization limits for duloxetine (Cymbalta[®]). These limits and all other dose optimization limits for mental health agents appear on the MMPP website. There is also a maximum of 300 dosage units (tablets or capsules) per prescription and any claim over \$2,500 requires prior authorization.

Anticonvulsants represented the highest number of therapeutic duplication (TD) conflicts, with anti-anxiety agents following. Clonazepam, which is classified as an anticonvulsant agent, had the highest number of TD ProDUR alerts. SSRIs and other antidepressant agents had the highest number of drug-drug interaction alerts. Anti-anxiety agents had the highest number of early refill exceptions.

On the report tracking ProDUR conflict intervention and outcome codes used by pharmacists to override claims, the highest number of outcomes reported were pharmacists contacting prescribers. Call volume has been fairly consistent over the entire year month to month. The spike in March 2010 was due to some drug outages. It was noted that at this time the number of Medicaid beneficiaries is approximately 900,000. The number of prior authorization calls is relatively small when compared to the overall number of beneficiaries.

The report of the top 100 drug-drug Interactions will be forwarded to Board members as soon as it is available.

Health Information Designs, Inc.

Last year retrospective DUR efforts focused on adherence to lipid lowering drugs, antihypertensive agents, antidepressants, antiretroviral agents and antipsychotic agents. Over the past several months retrospective DUR efforts have focused on drug-drug interactions involving tricyclic antidepressants (TCAs). Initial criteria focused on the use of TCAs in patients who may be at risk for arrhythmias due to an underlying diagnosis and those also taking cyclobenzaprine, which has a similar structure to the TCAs. A total of 574 patients were identified and their drug and diagnosis history profiles reviewed. Intervention letters were sent out within the past two weeks.

Board members requested that the interaction with SSRIs and TCAs be reviewed, since specific SSRIs could block the metabolisms of TCAs and result in an increased risk for toxicity associated with TCAs. HID will review drug and diagnosis history profiles for patients with concurrent claims for SSRIs and TCAs during the month of March.

The next Continuing Education (CE) program topic will be HIV/infectious diseases. N. Sheth and K. O'Reilly have volunteered to assist with coordinating the event.

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