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December 12, 2018

MEMORANDUM

TO: The Honorable Karen S. Rheuban, Chair
Board of Medical Assistance Services

The Honorable Thomas K. Norment, Jr.
Co-Chairman, Senate Finance Committee

The Honorable Emmett W. Hanger, Jr.
Co-Chairman, Senate Finance Committee

The Honorable S. Chris Jones
Chairman, House Appropriations Committee

Daniel Timberlake
Director, Department of Planning and Budget

FROM: Jennifer S. Lee, MD JL
Director, Virginia Department of Medical Assistance Services

SUBJECT: Report on the Activities of the Pharmacy Liaison Committee (PLC) and the Drug Utilization Review (DUR) Board

The 2018 Appropriation Act, Item 303 L states The Department of Medical Assistance Services shall implement continued enhancements to the drug utilization review (DUR) program. The department shall continue the Pharmacy Liaison Committee and the DUR Board. The department shall continue to work with the Pharmacy Liaison Committee to implement initiatives for the promotion of cost-effective services delivery as may be appropriate. The department shall solicit input from the Pharmacy Liaison Committee regarding pharmacy provisions in the development and enforcement of all managed care contracts. The department shall report on the Pharmacy Liaison Committee's and the DUR Board's activities to the Board of Medical Assistance Services and to the Chairmen of the House Appropriations and Senate Finance Committees and the Department of Planning and Budget no later than December 15 each year of the biennium. This report responds to the requirement in Item 303 L that the Department annually report on the activities of the Pharmacy Liaison Committee and the Drug Utilization Review (DUR) Board.

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

JSL/

Enclosure

pc: The Honorable Daniel Carey, MD, Secretary of Health and Human Resources

Annual Pharmacy Liaison Committee and Drug Utilization Review Board Report- FY- 2018

A Report to the Virginia General Assembly *December 1, 2018*

Report Mandate:

The 2018 Appropriation Act, Item 306 (M) states The Department of Medical Assistance Services shall implement continued enhancements to the drug utilization review (DUR) program. The department shall continue the Pharmacy Liaison Committee and the DUR Board. The department shall continue to work with the Pharmacy Liaison Committee to implement initiatives for the promotion of cost-effective services delivery as may be appropriate. The department shall solicit input from the Pharmacy Liaison Committee regarding pharmacy provisions in the development and enforcement of all managed care contracts. The department shall report on the Pharmacy Liaison Committee's and the DUR Board's activities to the Board of Medical Assistance Services and to the Chairmen of the House Appropriations and Senate Finance Committees and the Department of Planning and Budget no later than December 15 each year of the biennium.

Background

Pharmacy Liaison Committee

The Pharmacy Liaison Committee (PLC) is comprised of appointed members who meet periodically to discuss pertinent Medicaid pharmacy issues and the impact on the pharmacy community. The PLC includes representatives from: (1) long-term care pharmacies; (2) the Pharmaceutical Research and Manufacturers Association (PhRMA); (3) the Virginia Association of Chain Drug Stores (VACDS); and, (4) the Virginia Pharmacists Association (VPhA).

The PLC met on March 15, July 17, and November 1, 2018 to discuss initiatives for the promotion of cost-effective services delivery including the launch of Virginia Medicaid's Commonwealth Coordinated Care (CCC) Plus and Medallion 4.0 programs. The Department of Medical Assistance Services (DMAS) shared with the Committee the work the agency has completed and upcoming planned activities with particular emphasis on Medicaid expansion. In addition, DMAS staff provided updates on the Addiction Recovery and Treatment Services (ARTS) program and the Pharmacy Benefit Manager (PBM) Transparency Report.

Drug Utilization Review Board

The Drug Utilization Review Board (hereafter "the DUR Board") is an expert panel comprised of physicians, pharmacists and nurse practitioners appointed by the DMAS Director. In this capacity, the DUR Board defines the parameters of appropriate medication use within federal and state guidelines; meets periodically to review, revise and approve new criteria for the use of prescription drugs; and, develops drug utilization review criteria by addressing situations in which

About DMAS and Medicaid

DMAS' mission is to ensure Virginia's Medicaid enrollees receive high-quality and cost-effective health care.

Medicaid plays a critical role in the lives of more than a million Virginians. Medicaid enrollees include children, pregnant women, parents and care takers, older adults and individuals with disabilities. Virginians must meet income thresholds and other eligibility criteria before qualifying to receive Medicaid benefits.

Medicaid covers primary and specialty health care, inpatient care, and behavioral health and addiction and recovery treatment services. Medicaid also covers long-term services and supports, making it possible for thousands of Virginians to remain in their homes or to access residential and nursing home care.

Quick Medicaid facts:

- Covers 1 in 8 Virginians
- Covers 1 in 3 births and 33% of children
- Supports 2 in 3 nursing facility residents

Virginia Medicaid and Children's Health Insurance Program (CHIP) are administered by the Department of Medical Assistance Services (DMAS) and are jointly funded by Virginia and the federal government under the Title XIX and Title XXI of the Social Security Act. Virginia generally receives $1 of federal matching funds for every $1 Virginia spends on Medicaid.

potential medication problems may arise, such as high doses, drug to drug interactions, drug-diagnosis interactions, adverse drug reactions, and therapeutic duplication.

The DUR Board consists of two programs (1) the prospective DUR (ProDUR) and (2) the retrospective DUR (RetroDUR). The intent of both programs is to help ensure the health and safety of patients.

The ProDUR program involves a review of patients' drug therapy history prior to prescription orders being filled. The ProDUR program allows pharmacy claims to be evaluated at the time claims are submitted. Specifically, the ProDUR program is an interactive on-line, real-time process in which pharmacy claims are evaluated for potential problems related to established criteria for appropriate use (e.g., drug to drug interactions). Due to the short turn-around time associated with point-of-sale processing (30 seconds or less per transaction), immediate alert messages are sent to pharmacists on the most serious potential concerns based on a hierarchy of risks that is continually reviewed by the DUR Board. A pharmacist, based on clinical judgment, can override ProDUR alerts. In these cases, the pharmacist is required to provide justification for the override or the claim will be denied.

Unlike the ProDUR program, which is prospective in nature, the RetroDUR program is a retrospective program. The RetroDUR program examines a history of medication used to identify certain patterns of use. After a computer analysis of claims data, an expert panel of reviewers evaluates a sampling of records, identifies potential problems and requests the generation of educational intervention letters in appropriate circumstances.

RetroDUR Reviews examine drug utilization (claims data) to identify potentially problematic patterns (e.g., non-compliance, excessive quantities, etc.). The DUR Board decides which drug classes to evaluate, and then the appropriate claims data are extracted. An expert panel of reviewers evaluates a sample of the extracted claims data to identify potentially problematic prescribing practices. When problematic practices (e.g., risk to patient health or safety) are noted, the expert panel requests that the program contractor mail educational intervention letters to providers. The educational letters ("patient profile letters") are customized to each identified case.

Providers are asked to respond to the educational letters to formally acknowledge that they received and reviewed the patient profile letter. Potential responses providers can provide include:

- Aware of situation and no adjustment to current therapy is necessary at this time;
- Plan to discontinue medication(s);
- Information clinically useful and plan to alter treatment regimen for specified patient;
- Information clinically useful and plan to monitor or counsel specific patient;
- Plan to change dose;
- Information regarding patient or provider appears to be incorrect; or,
- Other (additional comments may be added by prescribers).

Seven months after the letters are sent to providers; the DUR Board conducts re-reviews to assess whether providers accepted recommended changes resulting in increased compliance to accepted treatment guidelines.

Often the goal of the RetroDUR program is not to change the prescriber's treatment pattern, but rather to alert them to recent warnings or research findings pertaining to certain medications. This is an informative program and it is up to the prescriber to determine the potential impact to his/her patients. A change in therapy may not be warranted. The re-review change in therapy rate does not accurately depict the impact of this program. Most of the prescribers responded that they found the information useful and even though a change may not be necessary, they planned to closely monitor the current treatment regimen.

The DUR Board met on March 22, May 10, September 13, and December 13, 2018. At each meeting, the DUR Board approved criteria associated with overutilization, therapeutic duplication, drug to disease interactions, drug to drug interactions, appropriate dose and duration for new drugs, revised and approved criteria for existing drugs, and updated existing criteria which were integrated into both the ProDUR and the RetroDUR programs. In addition, the Board reviewed 36 new drugs. In September, the Board began a review of seven physician administered medications (PADs) and approval of specific criteria. The Board continues to monitor antipsychotic medications in children, Synagis utilization, pediatric narcotic utilization, proton pump inhibitors (PPIs) utilization, compounded drug claims analysis, naloxone utilization, and develop service authorization criteria for select drugs not included on the DMAS Preferred Drug List (PDL).

Key DUR Board Activities in 2018

Proton Pump Inhibitors (PPIs) Review

Based on the analysis of the Proton Pump Inhibitors utilization data, the Board voted to add service authorization criteria for members using long-term PPIs for more than 3 months. PPI claims for members using PPIs for more than 90 days without any of the following clinical exceptions (Erosive Esophagitis, GI Bleeds, Zollinger-Ellison Syndrome, Gastroesophageal Reflux Disease, Pathological Hypersecretory Syndrome,

Barrett's Esophagus, Unhealed Gastric, Duodenal or Peptic Ulcer or under the care of a Gastroenterologist and has ruled out a nonsecretory condition) will receive a denied claim requiring clinical reasoning for continued use. This new PPI clinical edit was implemented on March 31, 2018.

Compounded Drug Claims Analysis

In May, the Board reviewed the first quarter 2018 results since the implementation of the compounded prescriptions over $500 service authorization. Based on this review, the decision was made that the maximum per compound drug be decreased to $250 and $500 maximum for all compounds per 30 days. This will include oral and topical compounds and exclude injectable compounds. Compound claims over these limits will be forwarded to the DMAS physicians for review and approval or denial.

Clinical Lab Data

At the September DUR board meeting, Magellan Health Services presented the Lab Data demonstration. Through new contractual agreements established with major lab companies, lab/clinical information for DMAS members is received and loaded into the RetroDUR clinical rules engine (FirstIQ) based on the unique VA Medicaid Identification Number for Fee-for-Service or Medicaid Managed Care members.

DMAS can incorporate laboratory values into the RetroDUR process by developing algorithms that include specific member laboratory data. During RetroDUR interventions, the lab information can be exported to the prescriber letter and can be referenced in the targeted communication.

As the first Medicaid program to initiate the incorporation of lab data, Virginia Medicaid's DUR program is at the forefront among all the other state Medicaid DUR programs.

RetroDUR Topics

- Prescribers with Medicaid patients with paid claims for opioids and paid or denied claims for benzodiazepines (patients will often pay cash for these drugs after their claim is denied).

- Opioids and Gabapentin utilization monitoring – concurrent use. Looking for 3 or more claims for narcotics in last 90 days AND looking for 3 or more claims of gabapentin in the last 90 days – concurrent use.

- Zolpidem dosage in women that is higher than recommended.

- Codeine and hydrocodone in children.

- ADHD medication in women ages 15-44- CDC Report Concerns: The CDC reports a 700% increase in the use of these medications by women between the ages of 25 and 29 from 2003 to 2015 and cites that not enough is known about the potential for ill effects. The link to the CDC report follows:https://www.cdc.gov/media/releases/2018/p0118-ADHD-prescriptions-increasing.html

- Current Hormone Replacement Therapy (HRT) guidelines - Prescribers with high numbers of members with claims for HRT Letter to prescribers summarizing the new recommendations from the North American Menopause Society (NAMS)

- Bipolar diagnosis with an antidepressant claim but no claims for a mood stabilizer (against recommendations)

Also, in September the Board discussed Long-Acting Reversible Contraception (LARC) comparing FFS and MCO data, and discussion which LARCs are the least utilized. Upon this review, the Board requested Magellan send this data to DMAS for validation by the Office of Data Analytics (ODA). The Board discussed a report on stimulant use by age and requested Magellan re-run the report for ages 0-6, break it down per age, benchmark this age group with other states and continue to review data.

RetroDUR Educational Letters

Below is a list of the topics addressed within the RetroDur Educational Letters this year:

- Proton Pump Inhibitor Letters to inform of the new Clinical Edit
- Two or more SABAs in 90 days without a controller medication
- Diagnosis of asthma or COPD and claims for oral glucocorticoids
- Updated ACC/AHA Guidelines 2017
- Triptan without a Controller Medication
- 3 or more butalbital containing claims in recent 90 days
- Women with higher than recommended zolpidem dosage.
- Ketorolac use for greater than 5 days.
- ADHD medications in women ages 15-44 - CDC Report on Concerns.

Managed Care Organizations (MCOs) DUR Programs

In following with 42 CFR§ 438.3, the Managed Care Organizations (MCOs) are required to develop and maintain a DUR program that complies with the DUR program standards as described in Section 1927(g) of the Social Security Act and 42 CFR 456, subpart K, including prospective DUR, retrospective DUR and the DUR Board. DMAS contractually requires the MCOs to establish a DUR program that at a minimum includes all the DUR activities conducted by DMAS.

The Department's clinical DUR pharmacist participates, provides oversight, and serves on each MCOs DUR Board as a voting representative.

Summary

In conclusion, DMAS will continue to work with the Pharmacy Liaison Committee to implement initiatives for the promotion of cost- effective services and continue to implement enhancements to the DUR program. The panoply of DUR board medical experts will continue to provide direction to the department regarding appropriate medication utilization for Virginia's Medicaid enrollees.

Appendix

PHARMACY LIAISON COMMITTEE MEMBERS

NAME	AFFILIATION
Bill Hancock	Long Term Care Pharmacy Coalition
William Droppleman	Virginia Association of Chain Drug Stores
Alexander M. Macaulay	Community Pharmacy (EPIC)
Anne Leigh Kerr	Pharmaceutical Research & Manufacturers of America
Christina Barille	Virginia Pharmacists Association

DUR BOARD MEMBERS

Name	Profession
Randy Ferrance	Physician
Denese Gomes	Nurse
Kathryn B. Reid	Nurse
Sandra Dawson	Pharmacist
Jonathan Evans	Physician
Avtar Dhillon, Vice Chairman	Physician
Bill Rock, Chairman	Pharmacist
Denise Lowe	Pharmacist
Michele Thomas	Pharmacist
Kathy Sardegna	Physician
Wendy Nash	Pharmacist
Seth Brant	Physician
Rachel Cain	Pharmacist