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Advisory Keeps You in the Know

Get the latest updates regarding pharmacy issues through the Maryland Medicaid Pharmacy Program (MMPP) e-mail notification service. Called the *Advisory*, these communications provide the pharmacy community with the most up-to-date information. *Advisories* can be found at this link **http://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx**

Please contact the MMPP representative at 410-767-1455 if you are currently not receiving e-mail *Advisories* through a pharmacy organization to which you belong. You can sign up to receive Advisories and the MMPP News & Views via e-mail by going to the website: **www.marylandmedicaidpharmacyinformation.com** and follow the links to enter your e-mail address. See page 5 of this newsletter for more information.

TELEPHONE NUMBERS

Xerox Technical Assistance and Preauthorizations
1-800-932-3918
24 hours a day, 7 days a week

Maryland Medicaid Pharmacy Access Hotline
1-800-492-5231 *(select option three)*
Monday-Friday, 8:00 am to 5:00 pm

Kidney Disease Program
1-410-767-5000 or 5002
Monday-Friday, 8:00 am to 5:00 pm

Breast & Cervical Cancer Diagnosis and Treatment
1-410-767-6787
Monday-Friday, 8:00 am to 4:30 pm

Maryland AIDS Drug Assistance Program
1-410-767-6535
Monday-Friday, 8:30 am to 4:30 pm

Emergency Supply of Medications

All Maryland Medical Assistance fee-for-service and HealthChoice recipients are entitled to receive a 72-hour supply of medicine while awaiting prior authorization or approval to dispense a non-formulary, non-preferred or brand name medication (for which there is a generic equivalent drug available). A 30-day supply is allowed for atypical antipsychotic medications while awaiting prior authorization for a non-preferred or Tier 2 drug.

If the prescriber is unavailable to either change the medication or obtain preauthorization, or if the prior authorization process is not completed, all Maryland Medicaid HealthChoice Managed Care Organizations (MCOs) and the Maryland Medicaid fee-for-service Pharmacy Program will cover a minimum 72-hour supply of drugs.

Pharmacists should use their professional judgment in determining whether the prescription is needed on an emergency basis. The recipient may present mobility or access issues that make returning to the pharmacy very difficult or expensive. The pharmacist should take this factor into consideration when deciding whether or not it is critical to dispense an emergency supply.

It will be necessary for the pharmacist to request authorization to dispense an emergency supply of a prescription by calling a 24/7 telephone number. In the case of sprays, inhalers, eye or ear drops, creams, ointments, antibiotics, etc., it may be necessary to dispense the entire prescription as an emergency supply due to the way the drug is packaged or administered.

For HealthChoice MCO and PAC members requiring an emergency supply of non-mental health and non-antiretroviral drugs, the pharmacist must contact the appropriate MCO Pharmacy Benefit Manager and follow their procedures before dispensing an emergency supply.

In the case of fee-for-service recipients or for mental health and antiretroviral drugs covered by the State, the number to call to obtain authorization to dispense an emergency supply is 800-932-3918. During the 72-hour window, the pharmacist is to contact the prescriber who must obtain prior authorization before the remainder of the prescription can be dispensed. After prior authorization has been established, the pharmacist can dispense the remainder of the prescription.

If at all possible do not allow the patient to leave the pharmacy without medication if there is concern that the patient may not be able to return in a timely manner.

Antipsychotic Peer Review Program

The use of antipsychotic agents in children and adolescents has increased substantially over the past decade. There is increased public scrutiny, controversy and debate regarding the use of the antipsychotic agents in children and the lack of data documenting long-term effects. The long-term efficacy and safety of these agents in the pediatric population has not been well established for any given clinical indication.

For these reasons, the State of Maryland Medicaid Pharmacy Program (MMPP) has launched a new program, The Peer Review Program for Mental Health Drugs. The Program started on October 19th, 2011, and initially addressed the use of antipsychotics in Medicaid patients under five (5) years of age.

In partnership with the Mental Hygiene Administration (MHA) and the University of Maryland (UMD) Division of Child and

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and Adolescent Psychiatry and School of Pharmacy, the Program's goal is to ensure that members of this vulnerable population receive optimal treatment in concert with appropriate non-pharmacologic measures in the safest manner possible. The peer review will inform clinicians of relevant clinical information for decision making and ensure appropriate utilization of antipsychotic medications, while limiting adverse outcomes in Medicaid's vulnerable pediatric patients.

Claims for antipsychotic medications that are for children younger than age five (5) now require a Prior Authorization (PA) based on the peer review assessment. It is anticipated that the Program will be expanded to include children up to age nine (9) in the summer of 2012.

The Peer Review Program works as follows:

1. The claim will be denied at the Point of Sale.

2. The denial message will be "PA Required" and "Prescriber or their designee must call Antipsychotic Peer Review Center @ 1-855-283-0876 for PA"

3. The denial will require pharmacy provider to contact the prescriber to obtain the prior authorization.

4. The prescriber must contact the Peer Review call center and proceed with consultation and decision related to prior authorization (approve/deny).

5. The Peer Review Program will notify the prescriber of the approval or denial of the prescription. The prescriber will in turn notify the pharmacy provider.

For more information about the program visit our website at: http://mmcp.dhmh.maryland.gov/pap/SitePages/Peer%20Review%20Program.aspx

The MMPP requests that pharmacists refrain from using the "MO" code to override any therapeutic duplication alert **unless** the prescriber was contacted and clearly indicated that the alerted duplicate therapy was part of the intended course of ongoing treatment for the patient.

Late Refill Edits for Antiretroviral Medications

The Maryland Medicaid Pharmacy Program has in place a "Late Refill" edit that alerts the dispensing pharmacist that a patient is non-adherent with their ongoing antiretroviral therapy. Claims for antiretroviral therapy will be rejected by the edit if they are filled later than 36 days after a 30 day supply was previously dispensed or 17 days after a 14 day supply was dispensed. The purpose of the edit is to alert the pharmacist of those patients who may require counseling as a means of improving adherence to therapy. Proper adherence to antiretroviral therapy is critical in avoiding the development of viral resistance. When a claim for a refill for

an anti-retroviral drug is rejected by this edit, the pharmacist is expected to counsel the patient and inform the prescriber. *However, no patients should leave the pharmacy without medication.* All edits should be overridden with the appropriate intervention and outcome codes.

When a claim for an antiretroviral drug rejects, initially the short message "DUR Reject Error" will appear. Depending on the pharmacy dispensing system, the pharmacist will see a longer message (perhaps on an additional computer screen) directing him or her to *"Counsel patient, inform prescriber, override with DUR Code LR in reason for service for paid claim."*

The pharmacist is expected to counsel the patient when dispensing the drug to reinforce the importance of complying with the proper regimen. *Again, it is important that the patient does not leave the pharmacy without his or her medication.* The pharmacist should also alert the prescriber regarding the late refill.

To process a paid claim, the pharmacist should use the following DUR codes:

• "LR" (Underuse) in the Reason for Service field

• One of the following intervention codes in the Professional Service field

  o "MO" prescriber has been consulted

  o "RO" the pharmacist has reviewed the patient drug history

  o "PO" the pharmacist counseled the patient

• "1B" (Filled as is) in the Result of Service field

More information regarding the use of DUR codes to override claims is included in another article as part of this newsletter.

Website References for Providers

There are several websites which contain valuable information regarding the Maryland Medicaid Pharmacy Program (MMPP). The main MMPP website was recently relocated to **http://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx.** Here you will find the following menu of options:

Information for Providers
- **Dispensing Cost Analysis**
- **Peer Review Program**
- **Pharmacy NPI Notice**
- **Tamper Resistant Prescription Pads**
- **Provider Advisories**
- **Pharmacy and Therapeutics Committee**
- **Preferred Drug List**
- **Weblinks for Providers**
- **Eligibility Verification System**
- **Mental Health Formulary**
- **POS Claims Processing Training**
- **Pharmacy Program Forms (including DHMH Medwatch)**

- **HealthChoice Formularies**
- **Clinical Criteria**
- **Drug Utilization Review**
- **Policies**
- **Quantity Limits**
- **Primary Adult Care Program (PAC)**
- **IDC/SMAC**

In addition to all of these options, several other websites are available and provide more resources. They include the following:

http://www.mdrxprograms.com. Website maintained by the pharmacy claims processor, Xerox Corp. (formerly Affiliated Computer Services Inc. (ACS)) which contains topics pertaining to many issues, such as contact information, provider manuals, emergency prescription filling information and many others.
www.epocrates.com. Epocrates – formulary listing service for the MMPP Preferred Drug List (PDL) and HealthChoice MCO formularies.
www.marylandmedicaidpharmacyinformation.com. Past issues of newsletters, links to advisories, transmittals, MCO contact information and the mental health formulary.

Preferred Drug List (PDL)

The Maryland Medicaid Pharmacy and Therapeutics (P&T) Committee met on May 10, 2012 and recommended changes to the PDL for the drug classes listed below. The entire PDL can be viewed at **http://mmcp.dhmh.maryland.gov/pap/SitePages/Preferred%20Drug%20List.aspx** or go to the MMPP home page: **http://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx** and click on "Preferred Drug List". Changes to the PDL recommended at the May P&T meeting will take effect July 1, 2012.

PDL Drug Classes with Changes Effective July 1, 2012

Acne Agents, Topical
Analgesics, Narcotics, Short-Acting
Angiotensin Modulators
Antibiotics, GI
Antibiotics, Topical
Antibiotics, Vaginal
Antifungals, Topical
Antiparasitics, Topical
Antivirals, Oral
Beta Blockers

BPH Agents
Hepatitis C Agents
Hypoglycemics, Incretin Mimetics/Enhancers
Hypoglycemics, TZDs
Immunosuppressives, Oral
Lipotropics, Statins
MS Agents
Pancreatic Enzymes
Phosphate Binders
Proton Pump Inhibitors

Patient Counseling and Preventing Medication Errors

Improving patient outcomes and preventing medication errors is at the forefront of what pharmacists do every day as part of their professional practice. Preventing medication errors is something that all pharmacists strive to do every day. Not only is this part of the daily practice, but in the state of Maryland pharmacists are required to fulfill continuing education requirements related to preventing medication errors in order to renew their professional licenses. However, pharmacists are asked to continue to dispense an increasing number and variety of prescriptions, including more specialized medications, at times with less support staff. The population is aging and many patients have concomitant illnesses which effect drug interactions and potential adverse effects and poor outcomes. Patient counseling is especially critical with these patients.

Pharmacists are under significant time pressures, not only from the rising volume of prescriptions, but also time spent dealing with insurance coverage issues and other duties. All of these factors combined result in less time for patient counseling or having patient counseling being completely overlooked and neglected in some cases. Since the pharmacists have more frequent opportunities to interact with patients and caregivers than any other health care provider, there should be a concerted effort to make patient counseling a priority whenever possible, even under situations when prescription volume is high and time constraints exist.

There are a number of resources available online that provide valuable information regarding the prevention of medication errors. Some of them are listed below.

Food and Drug Administration: **http://www.fda.gov/Drugs/DrugSafety/MedicationErrors**

The National Coordinating Council for Medication Error Reporting and Prevention: **http://www.nccmerp.org**

Institute for Safe Medication Practices: **http://www.ismp.org**

Agency for Healthcare Research and Quality: **http://www.ahrq.gov**

Centers for Disease Control and Prevention: **http://www.cdc.gov/medicationsafety**

The Institute of Medicine: **http://www.iom.edu**

All of these resources discuss the need for patients or their caregivers to be more properly educated regarding the safe and effective use of their medications. Patients and their caregivers must take a more active role in their own healthcare and healthcare providers must make every effort to provide clear and concise information to improve patient outcomes. Pharmacists are advised to give clear labeling instructions and verbal directions and be on the alert for potential drug interactions and unintended misuse or medications due to confusing and similar sounding drug names. It is critical that a continuous dialogue be established between pharmacists and patients or their caregivers.

Responsible Use of Prospective DUR Intervention Codes

As the community pharmacist is well aware, the Maryland Medicaid Pharmacy Program (MMPP) performs Prospective Drug Utilization Review (ProDUR) on each submitted claim. ProDUR alerts are designed to prevent and reduce adverse drug effects. They do so by identifying conflicts in drug therapy including therapeutic duplication, drug-drug interactions, and high doses. Claims can be overridden when the prescriber has been consulted (MO), the pharmacist has reviewed the patient drug history profile (RO), or the pharmacist counsels the patient (PO). The MMPP relies on the pharmacist to use his or her best clinical judgment in determining whether to use one of these overrides and which one is appropriate. A recent review of claims for benzodiazepines raised the possibility that the above-mentioned intervention codes are not being utilized correctly. The MMPP has recently evaluated therapeutic duplication of benzodiazepines, a class of drugs that can be over-utilized, have known abuse potential and can impair physical and mental function. In evaluating override codes for therapeutic duplication (TD) of benzodiazepines, it was found that the majority of override codes indicated that the prescriber was consulted (MO).

Be advised that the MMPP counts on the pharmacist to use the intervention codes responsibly and to document and monitor their use by the pharmacy technical staff.

The MMPP requests that pharmacists refrain from using the "MO" code to override any therapeutic duplication alert unless the prescriber was contacted and clearly indicated that the alerted duplicate therapy was part of the intended course of ongoing treatment for the patient. If this is the case, then the "MO" code can be used to override future DUR alerts when processing refills. However, the prescriber should be contacted again after a reasonable amount of time, such as 6 months, to determine if the therapy should continue. The following are the DUR codes that can be used.

DUR Codes (Reason for Service Codes)

DA - Drug Allergy Alert
DD - Drug-Drug Interaction
ER - Early Refill
HD - High Dose Alert
ID - Ingredient Duplication
LD - Low Dose Alert
LR - Late Refill
MX - Excessive Duration Alert
PA - Drug Age Precaution
PG - Drug Pregnancy Alert
SX - Drug Gender Alert
TD - Therapeutic Duplication

Professional Service Codes (Intervention Codes)

MO - Prescriber Consulted
RO - Pharmacist Consulted
PO - Patient Consulted

MMPP Hosting Live Continuing Education Program

For the past three (3) years, the MMPP has hosted a live Continuing Education (CE) program in conjunction with St. Agnes Hospital. Prior programs featured interactive discussions regarding pain management, mental health and HIV/AIDs. This year's program will focus on the risk, prevention and treatment of heart disease, stroke and diabetes. Four (4) CE credits and CME credits will be offered through the Maryland Board of Pharmacy and St. Agnes Hospital. The agenda for the program is now being planned and developed. The program will be held on Saturday September 8, 2012, from 8am to 1pm at St. Agnes Hospital and is open to physicians, nurse practitioners, physician assistants, pharmacists and pharmacy technicians. The program and CE/CME credits are free and breakfast along with a snack at the break time will be provided. Look at the following website for more information in the future: **http://www.marylandmedicaidpharmacyinformation.com/**

Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List (PDL), encompassing about 1000 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the brand name drug is required, the prescriber must complete and submit a Medwatch form **(http://mmcp.dhmh.maryland.gov/pap/Sitepages/paphome.aspx).** The State's clinical pharmacy team will review the Medwatch form and notify the prescriber whether the request for the brand name drug was approved or denied. The State will forward the Medwatch form to the FDA.

Be aware that **Not All Generics are Preferred.** In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is preferred over its generic equivalents, because the branded drug is less costly than its generic counterparts. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State.

The PDL is updated on a regular basis and indicates which brand name drugs are currently preferred. It can be found on the MMPP website at: **http://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx.** The PDL can also be accessed through the formulary listing service Epocrates at **www.epocrates.com.** Epocrates is updated weekly every Wednesday.

When a brand name drug is preferred, no Medwatch nor prior authorization is needed. When processing the claim, enter a DAW code of 6 to have it correctly priced. If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Xerox 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (for example, when there is other insurance primary).

Mental Health Formulary

As you are well aware, mental health drugs are carved out of the HealthChoice pharmacy benefit and should be billed fee-for-service. MMPP maintains a Mental Health Formulary which lists the drugs included in the mental health carve out. The Mental Health Formualry can be found on the MMPP webpage at **http://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx.** The list is updated on a regular basis as new drugs and new generics come on the market.

The agents included on the Mental Health Formulary are categorized based on their American Hospital Formulary Services (AHFS) drug classification. All drugs classified as antipsychotics, antidepressants, anti-anxiety agents (benzodiazepines), miscellaneous anticonvulsants and amphetamines are the major classes included on the formulary. Other specific mental health agents are also included on the formulary.

Coverage of two mental health agents used in the treatment of attention deficit disorders is unique and based on the patient's age. The drugs guanfacine (Intuniv®) and clonidine (Kapvay®) are only covered fee-for-service for HealthChoice recipients ages 6 – 17 years old. If either of these drugs are prescribed for HealthChoice recipients outside of the age range of 6 – 17 years, then the claim should be billed to claims processor for the Managed Care Organization (MCO). These drugs are covered for all age ranges of fee-for-service patients (those patients who are not enrolled in a HealthChoice MCO).

Sign up to Receive Electronic Copies of MMPP Newsletters and Advisories

Electronic copies of newsletters and Advisories are available by registering at the following website: **http://www.marylandmedicaidpharmacyinformation.com/.** It is anticipated that in the future the MMPP will make an effort to transition to sending electronic copies of these types of correspondence. Please register so that MMPP has a complete database of providers email contact information.