MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Pharmacy News & Views

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Responsible Use of Intervention Codes

As the community pharmacist is well aware, the Maryland Medicaid Pharmacy Program (MMPP) performs a 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 (M0 code), the pharmacist has reviewed the profile (R0 code), or the pharmacist counsels the patient (P0 code). If you have a question about a particular prospective DUR alert contact the help desk at 800-932-3918.

The MMPP relies on the pharmacist to use his or her best clinical judgment in determining when the prescriber should be consulted. The MMPP continues to evaluate therapeutic duplication alerts that are overridden by the pharmacist. The majority of override codes indicated that the prescriber was consulted (claims overridden with the M0 code). The M0 code should only be used when the prescriber is consulted. **Alerting the prescribing physician when a major or significant interaction is essential to patient care, in addition to counseling the patient on the issue and offering self-monitoring parameters.** Since many drug interactions occur with acute medication use (i.e. antibiotics for acute infections) it is important that the pharmacist be cognizant of these interactions and able to provide information to other healthcare providers to prevent adverse events from occurring. Be advised that the MMPP counts on the pharmacist to use the intervention codes responsibly and to monitor their use by the pharmacy technical staff. Table 1 provides a summary of acceptable DUR Intervention and Outcome codes.

Table 1: DUR Intervention and Outcome Codes

Intervention Codes		Outcome Codes	
M0*	Provider consulted	1A	Filled as is, false positive
R0*	Pharmacist consulted	1B	Filled as is
P0*	Patient consulted	1C	Filled with different dose
		1D	Filled with different directions
		1E	Filled with different drug
		1F	Filled with different quantity
		1G	Filled, prescriber ok'd

*second character is a zero, not the letter "O"

Please remember to always alert the patient to these interactions when patient counseling is offered. Patient self-monitoring is an important step in preventing adverse drug events.

In This Issue

Emergency Supply of Medications

When a "non-preferred medication" denial message is received on a submitted fee-for-service claim, the pharmacy should contact the prescriber to do one of the following: change the medication, or have the prescriber obtain the necessary Prior Authorization (PA). It would be beneficial for the pharmacist to advise the prescriber of alternative drug(s) that do not require a PA. The Preferred Drug List (PDL) is available online at: https://mmcp.dhmh.maryland.gov/pap/docs/PDL.pdf. It is also available through the Epocrates ® system. In most cases, the prescriber can obtain a PA with a phone call to **1-800-932-3918.**

When the prescriber is not available to obtain a PA, and the pharmacist in their professional judgment determined that the prescription is needed on an emergency basis, they should contact the Xerox call center at 1-800-932-3918 and request authorization to dispense a 72-hour emergency supply.

The pharmacist should take into account the patient's diagnostic and drug history, information about what medications the patient has on hand, and possible recent hospitalization, as well as any mobility, transportation or communication issues that make returning to the pharmacy difficult or expensive.

During this time, it is imperative for pharmacists to follow the steps below to prevent interruptions in medication management:

STEP 1 The pharmacist is to contact the prescriber who must obtain prior authorization before the remainder of the prescription can be dispensed.

STEP 2 After prior authorization has been established, the pharmacist can dispense the remainder of the prescription.

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 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.

If possible, do not let patients leave the pharmacy without medication if there is concern that the patient will be unwilling or unable to return at a later time that day after prior authorization is approved.

Clinically Significant Updates For Opioid Prescribing

In March 2016, the Centers for Disease Control and Prevention (CDC) provided guidelines for the prescribing of opioids for chronic pain, in response to the national epidemic of opioid-related adverse events and prescribing patterns. These recommendations, proposed by best available evidence and professional experts, are meant to guide primary care providers, in an outpatient setting, on the appropriate use and monitoring of opioids and other analgesics for the treatment of chronic pain. For this guideline, chronic pain was defined as pain lasting longer than 3 months or longer than expected based on resolution of the injury. Specific types of pain are excluded from this guideline, including active cancer treatment, palliative care and end-of-life care related pain syndromes.

The main recommendations from the report include:

- Determining when to initiate or continue opioids for chronic pain

o Nonpharmacologic therapy and nonopioid therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

o Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

o Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and both patient and clinician responsibilities for managing therapy.

Clinically Significant Updates For Opioid Prescribing Cont'd

• Opioid Selection, Dosage, Duration, Follow-Up, and Discontinuation

o When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long- acting (ER/LA) opioids.

o When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to > 50 morphine milligram equivalents (MME) per day, and should avoid increasing dosage to > 90 MME per day or carefully justify a decision to titrate dosage to > 90 MME per day.

o Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

o Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

• Assessing Risk and Addressing Harms of Opioid Use

o Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk of opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (>50 MME per day), or concurrent benzodiazepine use, are present.

CHANGING Maryland *for the Better*

o Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

o When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications, as well as other controlled prescription drugs and illicit drugs.

o Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

o Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

The full report, with evidence ratings and further suggestions, is available online for free.[1] While the aim of the document is for prescribers, it is important for pharmacists to be aware of the changing practice of medicine, in order to provide safe and effective patient care.

1 Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016; 65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

Maryland Department of Health and Mental Hygiene
Office of Systems, Operations & Pharmacy

Pharmacy News & Views

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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

Peer Review Program

1-855-283-0876
Monday-Friday, 8:00 am to 6:00 pm
with exception of State Holidays

Zero Copayments of Smoking Cessation Products for Maryland Medicaid

Effective October 21, 2016, Maryland Medicaid Pharmacy Program (MMPP) will no longer charge copayments for Tobacco Cessation Products (e.g., nicotine products, Chantix® (varenicline), Zyban SR® (bupropion SR), etc.) for claims adjudicated through the pharmacy Point of Sale (POS) claims processor, Xerox State Healthcare. The change is due to a provision of the Patient Protection and Affordable Care Act (ACA).

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:
https://mmcp.dhmh.maryland.gov/pap/Pages/Provider-Advisories.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: http://www.marylandmedicaidpharmacyinformation.com and follow the links to enter your e-mail address.