

Pharmacy News & Views

April 2014

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

Introducing a New Format for News and Views

The Maryland Medicaid Pharmacy Program (MMPP) newsletter has been reformatted in an effort to thoroughly discuss a particular topic of interest to both prescribers and pharmacists. While it continues to provide valuable information, it also offers tools to address challenges providers may encounter on the subject matter. ***As always, MMPP encourages providers to regularly view its website for additional information on a variety of topics related to the Medicaid Pharmacy Program. That website address is: <https://mmcp.dbmb.maryland.gov/pap/SitePages/paphome.aspx>***

Opioid Abuse and Misuse

Overutilization, misuse, abuse and diversion of opioids are all contributing factors which make up one of the most serious public health problems that impact the lives of people across the country and here in Maryland. National and local statistics describing opioid abuse are alarming. The Centers for Disease Control and Prevention (CDC) reports that deaths from drug overdose have been rising over the past twenty years and are now the leading cause of injury death in the United States.¹ Statistics show that every day 105 people die as a result of drug overdose in the United States and another 6,748 require treatment in emergency departments as a result of the misuse or abuse of illicit and/or prescription drugs.²

During recent years, national increases in the number of fatal overdoses have been driven primarily by an epidemic of prescription opioid abuse. In Maryland, over 40% of all overdose deaths that occurred between 2007 and 2012 involved one or more prescription opioid.³ However, in 2012, Maryland experienced a shift from prescription opioids to heroin, mirroring a trend now being reported in other states.⁴ This trend may be driven by the fact that prescribers and pharmacists have become more vigilant with respect to prescribing and dispensing opioids. Unfortunately, heroin offers a relatively inexpensive and widely available substitute for prescription opioids.

For patients abusing heroin here in Maryland, there are more troubling statistics in regard to overdose. Recently, the Maryland's Office of the Chief Medical Examiner (OCME) reported an increase in the number of overdose deaths linked to heroin that has been tainted with fentanyl. Between September 2013 and January 2014, at least 37 Maryland deaths

were caused by this drug combination.⁵ During this same time period, the OCME reported 318 drug overdose deaths due to any combination of drugs throughout the state. In 2012, a total of 761 overdose deaths were reported due to any combination of prescription or illicit drugs.⁶ **Although the highest number of deaths occurred in Baltimore City and Baltimore County, every county in the state reported deaths during 2012 and is currently impacted by this public health crisis.**

Physicians, other prescribers and pharmacists are confronted, at times on a daily basis, with patients who have substance abuse disorders and are seeking prescription opioids in an effort to sustain their addiction. However, many patients have legitimate needs for pain medications, but are either unable or unwilling to seek proper treatment from a single primary care provider and often utilize multiple prescribers or the emergency room to obtain their medications. Yet, other patients are simply making efforts to obtain prescription opioids for the sole purpose of diverting the drugs for profit. All of these scenarios pose challenges to prescribers and pharmacists.

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The problems associated with opioid abuse and misuse are clearly not limited to the Medicaid population. However, within this population, many patients have other socioeconomic factors that can contribute to the potential misuse or abuse of prescription opioids. In an effort to improve the utilization of opioids and reduce the incidence of adverse outcomes, the Maryland Medicaid Pharmacy Program (MMPP) has implemented several processes that may assist providers.

Corrective Managed Care Program

The Corrective Managed Care (CMC) Program exists to identify patients who may be utilizing excessive quantities of controlled drug substances, especially when it involves multiple prescribers and pharmacy providers. While the majority of Medicaid recipients do not abuse narcotic and other controlled medications, inappropriate use does exist. This inappropriate use places recipients at risk for adverse outcomes while increasing the state's expenditures. Each month, the Corrective Managed Care Pharmacist reviews between 200 to 300 recipient profiles who meet specific criteria designed to evaluate potential overuse of controlled drug substances. Upon identification of patients who meet the criteria, a review of their drug history and diagnoses is performed.

When warranted, educational intervention letters are sent to all the patient's appropriate prescribers and pharmacy providers. Enclosed with the letter are the patient's complete drug and diagnosis history in addition to a response form soliciting feedback from the provider with regards to what action, if any, will be taken upon evaluation of the information contained in the letter. ***The Maryland Medicaid Pharmacy Program (MMPP) encourages providers to respond to this letter. Responses provide valuable feedback to the Department to help improve the Program.***

Patients whose drug utilization continues to be inappropriate despite repeated intervention letters may be restricted to a single pharmacy in an effort to reduce possible misuse or diversion. A recipient who is "restricted" or "locked-in" must obtain all their prescription medications from that single pharmacy until the restriction is lifted.

Providers who suspect recipients may have issues with inappropriate utilization rates may also refer such patients directly to the program. For more information regarding the CMC program or to make a referral, please contact the CMC Pharmacist at **410-767-5945**.

Prescription Drug Monitoring Program

The Prescription Drug Monitoring Program (PDMP) has been established by the Maryland Department of Health and Mental Hygiene (DHMH), Alcohol and Drug Abuse Administration (ADAA) to support healthcare providers and their patients in the safe and effective use of prescription drugs. The PDMP collects and securely stores prescription information on drugs that contain controlled substances and are dispensed to patients in Maryland regardless of the method of payment. Claims paid by private third party insurers, Medicaid, Medicare and even prescriptions paid for in cash are uploaded by pharmacies within 3 business days of dispensing and stored in the PDMP database.

Access to prescription data is made available at no-cost to physicians, nurse practitioners, pharmacists and others that provide pharmaceutical care to their patients.

By law, healthcare providers may only access information on patients under their care. By viewing a patient's recent claims history, providers are able to see the patient's current medication regimen, better manage the benefits and risks of controlled substance medications and avoid potentially dangerous drug combinations.

The MMPP encourages all providers to use this vital tool to ensure patient safety and provide for appropriate utilization of controlled substances. Providers may now register with Chesapeake Regional Information System for our Patients (CRISP), the statewide health information exchange (HIE), to access their patients' PDMP data through the HIE website. To register, visit CRISP's public website at www.crisphealth.org. For more information about the PDMP, visit the DHMH PDMP website at <http://adaa.dbmh.maryland.gov/PDMP>

Prospective DUR Alerts for Therapeutic Duplication of Opioids

As the community pharmacist is well aware, the Maryland Medicaid Pharmacy Program (MMPP) performs Prospective Drug Utilization Review (ProDUR) on submitted claims. ProDUR alerts are designed to prevent and reduce adverse drug interactions and therapeutic duplications. They do so by identifying two similar drugs, such as duplicate opioids. Concurrent use of a long acting opioid and a short acting opioid for breakthrough pain is clinically indicated in patients with an appropriate diagnosis and when the prescriber of both agents is the same.

When clinically appropriate, duplicate opioid claims can be overridden by the pharmacist and should only be overridden by the pharmacist, and not a technician.

When the prescriber has been consulted, the “MO” intervention code should be used. If the pharmacist has reviewed the patient’s drug history profile, the “RO” code can be utilized. The “PO” code is documented when the pharmacist has counseled the patient.

The MMPP relies on the pharmacist to use his or her best clinical judgment in determining whether to use one of these overrides and deciding which intervention is appropriate to implement.

If a patient has prescriptions for two different opioids from different prescribers or two different short acting agents or two different long acting agents, the prescriber should be contacted and made aware of the situation.

In addition, if claims are denied based on duplicate therapy or early refill alerts, cash payment for a Medicaid patient’s prescription should not be accepted.

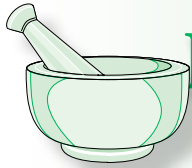
You may access the latest updates on a variety of initiatives regarding the Maryland Medicaid Pharmacy Program at: <https://mmcp.dhmb.maryland.gov/pap/SitePages/paphome.aspx>

References

1. Centers for Disease Control and Prevention. Wide-ranging OnLine Data for Epidemiologic Research (WONDER) [online]. (2012) Available from URL: <http://wonder.cdc.gov/mortsql.html>
2. Substance Abuse and Mental Health Services Administration. Highlights of the 2011 Drug Abuse Warning Network (DAWN) findings on drug-related emergency department visits. The DAWN Report. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2013. Available from URL: <http://www.samhsa.gov/data/2k13/DAWN127/sr127-DAWN-highlights.htm>
3. Maryland Department of Health and Mental Hygiene. Drug and Alcohol Intoxication Deaths in Maryland 2007 – 2012. July, 2013. http://adaa.dhmh.maryland.gov/Documents/content_documents/OverdosePrevention/2007-2012%20intox%20report_final.pdf
4. Maryland Department of Health and Mental Hygiene Fact Sheet, “Heroin Overdose Deaths on the Rise, Rx Opioid Overdose Deaths Down,” December, 2012. See Appendix B, below. Also available online at: http://adaa.dhmh.maryland.gov/Documents/content_documents/PDMP/StatewideOverdoseDeathTrendFactsheetFINAL.pdf
5. DHMH Warns of Potent and Deadly Drug Combination. January 14, 2014 <http://dhmh.maryland.gov/newsroom1/Pages/DHMH-Warns-of-Potent-and-Deadly-Drug-Combination.aspx>



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

Maryland Medicaid Pharmacy Program
201 West Preston Street, 4th Floor
Baltimore, Maryland 21201
1-800-492-5231 (*select option 3*)

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News & Views and Advisories via e-mail. Go to
<http://www.marylandmedicaidpharmacyinformation.com/>**

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 **1-800-492-5231** (*select option three*) 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.

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