



Pharmacists as Prescribers of Contraceptives in Maryland

On May 27, 2017, Senate Bill 0363 (SB0363/CH0821) entitled Pharmacists – Contraceptives – Prescribing and Dispensing was enacted under Article II section 17c of the Maryland Constitution, Chapter 821. This bill authorizes pharmacists to prescribe and dispense certain contraceptives so long as the pharmacist meets the requirements of regulations created by the Maryland Board of Pharmacy, in consultation with the Maryland Board of Medicine, Maryland Board of Nursing and other stakeholders. There are many requirements associated with this expanded scope of practice. These requirements include training and continuing education, prescribing requirements and record keeping. The Code of Maryland Regulations (COMAR) 10.34.40, adopted in 2018 further defines these requirements in detail. The Maryland Board of Pharmacy (the Board) is currently in the final stages of creating the self-screening risk assessment tool and standard procedure algorithms required under the regulation. Once the documents are finalized and approved, training programs may be submitted to the Board for approval. A pharmacist is not allowed to prescribe contraceptives until Tuesday, Jan. 1, 2019, in the State of Maryland.



Maryland Medicaid promulgated a new chapter of regulations, COMAR 10.09.21 Pharmacist Prescribers, to set forth requirements for pharmacists who enroll in Maryland Medicaid to dispense contraceptives. The chapter was printed in the Maryland Register on September 14 and will be effective by January 1. Maryland Medicaid is creating a webpage with information and resources for pharmacists and pharmacy groups who intend to enroll in the Program to provide counseling to participants seeking contraceptives. Keep an eye out for that link next month!

Dispensing Oral Contraceptives – Updated Regulations

Senate Bill 774 (SB774), approved during the 2018 session, provides important updates to the Maryland Medical Assistance Program Family Planning Services. Key updates for pharmacists include:

- Coverage of a single dispensing of a 12 month supply of a contraceptive to eligible members. This does not apply to the initial 2 month prescription of any new contraceptive (initial versus renewal of prescriptions).
- Reimbursement for covered services (screening, prescribing of contraceptives or referral to another provider for an eligible enrollee) to a prescribing pharmacist to be consistent with other authorized licensed healthcare providers

Educational Resources for the Treatment of Hepatitis C

The Maryland Department of Health Medicaid Pharmacy Program, in conjunction with the University of Maryland School of Pharmacy, has created treatment guidelines for the management of Hepatitis C. The guidelines provide recommendations for pre-treatment testing and creating a provider-patient treatment plan. The treatment plan includes the planned drug regimen and duration, required interval testing of viral load, planned completion date, and that both the provider and patient acknowledge an understanding of and commitment to the proposed plan. Clinical criteria for the direct-acting antiviral

agents approved for the treatment of Hepatitis C are also listed for each genotype. All information references national guidelines made available through the American Association for the Study of Liver Disease (AASLD) and Infectious Diseases Society of America (IDSA), and is available at: <https://mmcp.health.maryland.gov/pap/Pages/Hepatitis-C-Therapy.aspx>

Retrospective Drug Utilization Review Program (RDUR Program)

The Maryland Department of Health Medicaid Pharmacy Program Drug Utilization Review Board (DUR Board) meets quarterly to provide recommendations to the Department on the appropriate use of medications and to ensure medical necessity and mitigate the risk of adverse medical results. The DUR Board reviews prescribing and dispensing trends over time to identify and reduce fraud, abuse, gross overuse or inappropriate or unnecessary care. Active, ongoing educational outreach is provided to educate practitioners on common drug therapy problems with a goal of improving prescribing and dispensing practices. The DUR Board has recently enacted interventions to address identified drug therapy problems, including:

- Therapeutic duplication of sedative and hypnotic agents;
- Concurrent use of an opioid, benzodiazepine and carisoprodol;
- Non-adherence to an antilipemic agent or underutilization of an antilipemic agent despite compelling indication;
- Therapeutic duplication of tricyclic antidepressants;
- Utilization of subtherapeutic quetiapine; and
- Concurrent use of a stimulant and sedative or hypnotic agent.

Each month, educational intervention letters are sent to prescribers and pharmacy providers if a member under their care is identified as having a potential drug therapy problem. For pharmacy providers, the letter would be addressed to the “Pharmacist in Charge” or may be listed as the pharmacy name and will be sent in a standard letter envelope from the Department. Information sent with this letter includes the identified patient, the medication(s) or behavior(s) of concern and educational information regarding the potential therapeutic issue. Claims data from all providers is included for reference and to support the basis for the intervention.



The RDUR Program is a non-punitive, education-based program. Enclosed in the mailing is a one page response form. The form requests feedback on any actions taken as a result of the notification as well as rating usefulness of the enclosed educational information. Actions taken may include the pharmacist intends to counsel the patient, contact the prescriber for further discussion, or that the identified drug therapy problem was resolved. This form is voluntary and anonymous, and may be faxed or mailed to the Maryland Medicaid RDUR contractor for review. The information from the response forms is presented quarterly to the DUR Board to guide future educational interventions. The DUR Board greatly appreciates all feedback from pharmacy providers and pharmacy participation in providing quality care to the Maryland Medicaid population. More information on the Maryland Medicaid DUR Program is available at: <https://mmcp.health.maryland.gov/pap/pages/Drug-Utilization-Review.aspx>

Updates On Available Treatments For HIV-1

Several new products have been approved by the Food & Drug Administration (FDA) for the treatment of HIV-1. Many products include new combinations of existing agents as well as some newer therapies. All antiretrovirals for the treatment

of HIV are carved out of the Managed Care Organization (MCO) benefit and paid by the Fee-for-service (FFS) program. Pharmacists play a crucial role in the management of antiretroviral therapies, including patient counseling regarding correct dosing, product administration and any interacting drug products that may alter the efficacy of the antiretroviral therapy. Approvals from the second and third quarters of 2018 are listed below. Product labeling and approval information is available on the FDA website (<https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>) as well as via a mobile app available for download for both Apple and Android products (Drugs @ FDA Express). Appropriate therapeutic use and guidelines for treatment are available for free at the US Department of Health and Human Services and National Institute of Health website (<https://aidsinfo.nih.gov>).

Update on Products for Treatment of HIV-1

Brand	Generic	Manufacturer	Dosing	Product Attributes
Truvada[®]	emtricitabine 200mg tenofovir disoproxil fumarate 300mg	Gilead	Pre-exposure prophylaxis (PrEP) in adults and adolescents weighing at least 35 kg (new patient population): One tablet by mouth once daily with or without food	Not recommended for PrEP if CrCl < 60 ml/min
Symtuza[™]	darunavir 800mg cobicistat 150mg emtricitabine 200mg tenofovir alafenamide 10mg	Janssen	One tablet by mouth once daily with food [Four drug combination HIV PI + CYP3A4 inhibitor + 2 NRTI for treatment-naïve or treatment experienced who are virologically suppressed (HIV RNA < 50 copies per mL) on another regimen and stable for 6 months with no known drug class resistance]	Currently approved in adults only Not recommended if CrCl < 30 ml/min or severe hepatic impairment
Delstrigo[™]	doravirine 100mg lamivudine 300mg tenofovir disoproxil fumarate 300mg	Merck	One tablet by mouth once daily with or without food [Three drug combination NNRTI + 2 NRTI for treatment of HIV in adult treatment-naïve patients; complete regimen]	doravirine is a new molecular entity in the non-nucleoside reverse transcriptase inhibitor (NNRTI) class of antiretrovirals Not recommended if CrCl < 50 ml/min
Pifeltro[™]	doravirine 100mg	Merck	One tablet by mouth once daily Must be taken in combination with other antiretroviral agents for treatment of HIV in treatment-naïve adults	doravirine is a new molecular entity in the non-nucleoside reverse transcriptase inhibitor (NNRTI) class of antiretrovirals



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30-Day Emergency Supply of Atypical Antipsychotic Agents

When the prescriber is not available to obtain prior authorization for an antipsychotic medication that is non-preferred or second tier, the pharmacist can obtain a one-time only authorization to dispense up to a 30-day emergency supply.

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.

To obtain authorization for an emergency supply of an antipsychotic, call Conduent Technical Assistance at 800-932-3918. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person contacted at the prescriber's office.

Tier 2 and Non-Preferred Antipsychotic Review Process

All claims for Tier 2 or non-preferred antipsychotics for patients age 18 or older require authorization. The claim will deny at point of service and will not process. An electronic message will display on your system with instructions as to how to proceed. The Tier 2 and Non-Preferred Prior Authorization Form can be found at:

<https://mmcp.health.maryland.gov/pap/docs/ANTIPSYCHOTIC%20PA%20FORM%20.pdf>

TELEPHONE NUMBERS

Conduent Technical Assistance

800-932-3918

24 Hous a day, 7 Days a week

Maryland Medicaid Pharmacy Access

Hotline

800-492-5231 (option three)

24 Hous a day, 7 Days a week

Kidney Disease

410-767-5000 or 5002

Monday-Friday, 8:00am-5:00pm

Breast and Cervical Cancer

Diagnosis and Treatment

410-767-6787

Monday-Friday, 8:00am-4:30pm

Maryland AIDS Drug

Assistance Program

410-767-6535

Monday-Friday, 8:30am-4:30pm

Peer Review Program

855-283-0876

Monday-Friday, 8:00am-6:00pm