Maryland
DEPARTMENT OF HEALTH

PHARMACY
News & Views

Spring 2021

New Limitations for Medicaid Fee-for-Service Opioid Naïve Participants

The Office of Pharmacy Services (OPS), Maryland Department of Health, released Provider Advisory 225 on April 20, 2021, related to short- and/or long-acting opioid medications (Provider Advisories at maryland.gov).

In order to comply with federal regulations (Ref. #CMS-2482-F, 12/31/2020), effective March 1, 2021, Opioid Naive Patients, identified as those who have not received an opioid, either short- or long-acting, within the last 90 days, will be limited to a seven (7) day supply on the initial fill for both short acting- and long-acting opioids.

OPS implemented a "soothing period" from April 1, 2021 through May 31, 2021. Following the soothing period, opioid claims for Opioid Naive Patients that exceed the day supply limits referenced above, will be denied at the Point of Sale and require a prior authorization by the prescriber.

These day supply limits would not apply to Medicaid participants who are currently receiving an opioid, as well as any participant who has a diagnosis of Hospice Care, Palliative Care, Cancer or Sickle Cell Disease. For further assistance, please contact 1-800-492-5231, option #3.

Maryland Launches GoVAX Campaign

The new "GoVAX" campaign encourages all Marylanders to protect themselves, their families, and their communities by getting vaccinated as soon as they become eligible.

The goal of GoVAX is to increase COVID-19 vaccine confidence, especially among Maryland citizens in historically underserved populations that have been disproportionately affected by the disease.

GoVAX
Let's end COVID, Maryland.
covidlink.maryland.gov

Pharmacy Provider Guidance on COVID-19 Vaccines Administration

The Office of Pharmacy Services (OPS) will reimburse Pharmacy Providers who administer one of the FDA approved COVID-19 vaccines for Fee-For-Service (FFS) participants. Effective March 22, 2021, the OPS will reimburse pharmacy providers an incentive fee of $40 for each dose when claims are adjudicated via pharmacy Point-of-Sale (POS) system. The incentive fee amount will be the same regardless of which FDA approved COVID-19 vaccine is administered and the number of doses required for the vaccination. Payment for the ingredient cost should be $0.01.

Visit these sites for more information:

- COVID-19 Vaccine Payer Sheet under Payer Specific Information: Maryland Pharmacy Programs mdrxprograms.com
- COVID-19 vaccinations billing guidance (Advisories 219, 221, 224): mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx
- Medicaid-related Coronavirus updates: mmcp.health.maryland.gov
- General questions about Coronavirus: coronavirus.maryland.gov
- Follow us @MDHealthDept: Facebook.com/MDHealthDept and Twitter.com/MDHealthDept

FDA Updates Warning on Benzodiazepine Use

Benzodiazepines, first discovered in the 1950's, are a class of medications with hypnotic, anxiolytic and muscle relaxant therapeutic properties. Initially, benzodiazepines seemed to be a "safer" alternative to other medications, specifically due to observed lack of respiratory depression. This medication class was also thought to have less risk of abuse and dependence. As the use of benzodiazepines became more prevalent, more adverse effects were discovered and reported. This led them to be listed under the Controlled Substances Act of 1970, where benzodiazepines are controlled in Schedule IV.

Benzodiazepines have been one of the most prescribed drugs in the United States for decades, and in recent years the number of benzodiazepine prescriptions and doses have increased. It is accepted that a physiologic and psychologic dependence is possible with these medications based on the mechanism of action. Benzodiazepines work on gamma-butyric acid (GABA) receptors, leading to an "inhibitory" effect. It has been shown effects on the GABA alpha-1 subtype are responsible for the euphoric sensation that leads to dependence, abuse and/or addiction. This mechanism is the foundation of the abuse of many substances, including opioids and cannabinoids. Additionally, abrupt withdrawal of this "inhibitory" effect leads to adverse effects, ranging from irritability and sleep disturbances to more severe effects of tremors, hallucinations and seizure. Continued exposure to benzodiazepines, even at therapeutic doses, can lead to withdrawal symptoms that complicate the taper and discontinuation of this therapy.

BENZODIAZEPINES	
Generic	**Brand**
alprazolam	Xanax, Xanax XR
chlordiazepoxide/clidinium bromide	Librax
chlordiazepoxide	Librium
chlordiazepoxide/amitriptyline	Limbitrol, Limbitrol DS
clobazam	Onfi
clonazepam	Klonopin
clorazepate	Tranxene
diazepam	Diastat, Valium
estazolam	Prosom
flurazepam	Dalmane
lorazepam	Ativan, Nayzilam
oxazepam	Seram
quazepam	Doral
temazepam	Restoril
triazolam	Halcion

Furthermore, the inhibitory effects of benzodiazepines are amplified when used with other substances that have similar adverse effects (respiratory depression, central nervous system depression). In particular, opioids are a concerning concurrent therapy. Reporting from the past ten years shows a significant increase in co-prescribing of opioids and benzodiazepines, as well as an increase in reported overdose fatalities with concurrent use. As of 2019, 16% of overdose fatalities involved opioids and benzodiazepines. As of 2016, all prescription opioids and benzodiazepines carry a boxed warning regarding the serious risks of profound sedation, respiratory depression, coma, and death associated with the concomitant use of benzodiazepines and opioids.

In September 2020, the FDA issued a Drug Safety Communication requiring the Boxed Warning be updated for all benzodiazepine medicines to address the serious risk of abuse, addiction, physical dependence, and withdrawal reactions. Updates are also being required to sections of the prescribing information and Medication Guides of all benzodiazepines. The warning includes information regarding benzodiazepine use, risk of abuse and addiction, and necessity of limiting use and tapering doses.

When dispensing prescriptions for benzodiazepines, it is important to counsel patients on the increased risk of adverse effects, especially when used with other prescription medications, alcohol, or illicit substances. Patients should be encouraged to discuss these interactions with their prescribers and determine the most appropriate medication regimen and should not abruptly discontinue use of a benzodiazepine.

REFERENCES:

- The Controlled Substances Act (dea.gov)
- Benzodiazepines and Opioids | National Institute on Drug Abuse (NIDA)
- Benzodiazepines' Addictive Properties | NIDA Archives (drugabuse.gov)
- FDA requiring Boxed Warning update of benzodiazepine drug class
- FDA requires its strongest warning for opioid and Benzodiazepine

Non-Benzodiazepine Hypnotics for Insomnia

Insomnia continues to be the most common sleep disorder in adults, with data from 2014 showing an average of 35% of adults suffer from short sleep duration (<7 hours of sleep per 24 hours). Many chronic health conditions, such as heart disease, depression, and diabetes, are more likely to be found in those who do not obtain adequate sleep (duration or quality).

Insomnia can be characterized by difficulty falling asleep, remaining asleep, or both. Transient insomnia is usually of short duration (<4 weeks) and is commonly due to specific circumstances, such as shiftwork, stress, jet lag, or ingestion of substances that commonly interfere with sleep cycles (caffeine, alcohol). Chronic insomnia (>4 weeks) has been associated with greater risk of injuries at work or home, interference with driving, and is more likely to lead to mood disorders, such as anxiety or depression.

Lifestyle changes and behavioral therapy are beneficial to establish proper sleep hygiene and reset sleep patterns. Additionally, any underlying medical conditions that may contribute to poor sleep quality (sleep apnea) should be addressed.

For those individuals that require pharmacologic intervention, multiple products are available. Melatonin is a supplement that is available over-the-counter in multiple formulations. It is a naturally occurring hormone in the human body that is released at higher levels with less exposure to light. For this reason, it is best used to treat circadian rhythm disorders (jet lag, shift work and delayed sleep). The recommended dose is 1-3 mg orally two hours prior to expected bedtime. Lower doses appear to be effective. The maximum dose noted is usually 10 mg. While considered generally safe, there are some important drug interactions to consider, including increased risk of bleeding when used with anticoagulants, decreased efficacy of antiepileptics, additive effects with other CNS-depressants, and there are some CYP450 interactions to consider. Prescription medications that work on melatonin receptors include Rozerom (ramelteon) and Hetlioz (tasimelteon).

Other pharmacologic treatments for insomnia include benzodiazepine receptor agonists (BZRA), including benzodiazepines and non-benzodiazepines, dual orexin receptor antagonists, and histamine receptor antagonists. There has been a special focus on the non-benzodiazepine BZRAs ("Z" drugs) due to serious reported side effects. These medications enhance the inhibitory action of GABA, similar to benzodiazepines, and were considered safer than traditional benzodiazepines due to lack of respiratory depression, muscle relaxation or anti-seizure activity. However, after this medication class became more popular, many reports came out that described a people under the influence of these medications exhibiting unusual behaviors with no memory of the event. These behaviors included sleepwalking, sleep-eating, sleep-driving, and other unusual events where risky behaviors occur without the person being considered "fully awake". Next-day impairment is also noted and was added as a warning by the FDA in 2013. This led the FDA to require a Black Box Warning in 2019 regarding these "complex sleep behaviors".

In addition to risks associated with therapeutic use, nonbenzodiazepine BZRAs, specifically zolpidem, have reportedly been misused or abused. When used at supratherapeutic doses, or when co-ingested with other depressants such as alcohol, adverse effects commonly seen with benzodiazepines occur (i.e. respiratory depression, central nervous system depression, lethargy, amnesia).

Important patient counseling points include appropriate sleep hygiene, use of any pharmacologic agent only as prescribed, adverse effects related to drug interactions, next day drowsiness and complex sleep behaviors. Most agents were only studied for short term use, though some may benefit from extended use.

FDA APPROVED PRESCRIPTION NON-BENZODIAZEPINE BZRAs FOR SLEEP DISORDERS

Non-Benzodiazepine	Usual Dosage
Eszopiclone (Lunesta)	Initial: 1 mg Maximum: 3 mg
Zaleplon (Sonata)	Initial: 5 mg Maximum: 20 mg
Zolpidem (Ambien, Ambien CR, Edluar, Intermezzo, Zolpimist)	Initial: 5 mg Maximum: 10 mg (5 mg for women and elderly) CR Formulation Initial: 6.25 mg Maximum: 12.5 mg (6.25 mg for women and elderly) Middle of Night Dosing (Intermezzo) Initial: 1.75 mg Maximum: 3.75 mg (1.75 mg for women and elderly)

REFERENCES:

- CDC - Data and Statistics - Sleep and Sleep Disorders
- Sleep Disorders - Insomnia - American Sleep Medicine
- Neubauer, DN. Pharmacotherapy for insomnia in adults. In: Eichler AF (Ed) UpToDate, Waltham, MA. Accessed April 15, 2021.

Maryland
DEPARTMENT OF HEALTH

OFFICE OF PHARMACY SERVICES

300 West Preston Street
Baltimore, MD 21201

800-492-5231 (Select option 3)
www.mmppi.com

Receive electronic copies of Newsletters at: www.mmppi.com

CONTACT NUMBERS

- **Conduent Technical Assistance**
  800-932-3918
  24 hours a day, 7 days a week
- **Maryland Medicaid Pharmacy Access Hotline**
  800-492-5231 (option three)
  Monday-Friday, 8:00 am - 5:00 pm
- **Kidney Disease Program**
  410-767-5000 or 5002
  Monday-Friday, 8:00 am - 5:00 pm
- **Breast and Cervical Cancer Diagnosis and Treatment**
  410-767-6787
  Monday-Friday, 8:00 am - 4:30 pm
- **Maryland AIDS Drug Assistance Program**
  410-767-6535
  Monday-Friday, 8:30 am - 4:30 pm

Atypical Antipsychotic Agents: 30-day Emergency Supply

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. More information on the Peer Review Program, including prior authorization forms, can be found at https://mmcp.health.maryland.gov/pap/Pages/Antipsychotics-Review-Programs.aspx.