

**Ohio Department of Job and Family Services (ODJFS)
Drug Utilization Review (DUR) Board
Quarterly Meeting
May 21, 2013**

The quarterly meeting of the ODJFS DUR Board was called to order at 12:07 PM in Room South A, 31st Floor Riffe Center, 77 S. High St. Columbus, Ohio. David Brookover, RPh, presided. The following Board members were present:

David Brookover, RPh, Chair
Michael Farrell, MD
Thomas Gretter, MD
Robert Kubasak, RPh
J. Layne Moore, MD
Lenard Presutti, DO
Donald Sullivan, RPh, PhD

Also present were Margaret Scott, RPh, DUR Administrator; Jill Griffith, RPh, DUR Director; and Bob Cluxton, RPh, PharmD from the University Of Cincinnati. Representing the Ohio State Board of Pharmacy were Terri Ghitman, RPH, Ohio Automated Rx Reporting System (OARRS) pharmacist; Chad Garner, Information Technology Administrator, and Tracy Nave, Director of Legal Affairs. Approximately 13 observers were present, most representing pharmaceutical manufacturers.

Reading, Correction & Approval of Previous Minutes:

The February 26th, 2013, DUR Board minutes were approved. (1st T. Gretter, 2nd L. Presutti).

New Business:

M. Scott reviewed the Governor's Cabinet Opiate Action Team "Guidelines for Prescribing Opioids for the Treatment of Chronic Non-Terminal Pain" 80mg Morphine Equivalent Daily Dose (MED) "Trigger Point" as adopted by the State Medical Board of Ohio (see attached guideline). L. Moore asked how many Medicaid patient deaths have been attributed to narcotic use/overuse. The answer to this question is not clear. The Governor is giving providers one year to move patients to fewer narcotics or rules will be written to require change. The Board also heard about an initiative implemented in the state of Delaware's Medicaid program that placed long-acting narcotic products on prior authorization and limited short-acting narcotic products to 120 units per month up to 720 units per year. After 720 units of short-acting product have been dispensed, physicians are encouraged to transition the patient to a long-acting product more appropriate for the treatment of chronic pain rather than using large quantities of short-acting products to treat a pain problem that is no longer acute.

Terri Ghitman, RPH, OARRS pharmacist, presented upcoming enhancements to the OARRS system. Enhancements included incorporating MED into the OARRS patient profiles, providing

daily MED values for each prescription, links to position statements for each prescribing board, and calculating an active MED score for all active prescriptions (see attached slides).

Health Plan Policy:

M. Scott presented five new Preferred Drug List (PDL) categories: Anticonvulsants, HIV Antivirals, Epinephrine Auto-Injectors, Topical Androgens and Anti-Angina Agents. D. Sullivan had a question about the two auto-injector per fill quantity limit currently in place. Dr. L. Moore commented on the anticonvulsant category to make sure there were agents available and appropriate for women of child bearing age as well as commenting that the Lennox-Gastaut Syndrome and infantile spasm agents are broad-spectrum antiepileptic agents.

M. Scott announced the state has given approval to hire an additional pharmacist with hopes of managing specialty pharmacy. The state has also awarded the diabetic supplies contract to Abbott Diabetes Care and Nipro Diagnostics. Distribution will remain unchanged.

DUR Committee Report:

J. Griffith announced that the March DUR Committee heard a summary of the American Drug Utilization Review Society (ADURS) conference attended by J. Griffith in February. The committee also reviewed the Minds Matter Toolkit that M. Howcroft shared with the Board at the February 26, 2013 meeting. The April DUR Committee reviewed the new PDL categories as outlined by M. Scott in the health plan policy report. The May committee reviewed 227 profiles of patients on concurrent Suboxone/Subutex and receiving controlled substances, tramadol or carisoprodol. The committee also reviewed updated profiles for 44 patients who were selected to receive letters in the September 2012 duplicative long-acting narcotic review. The DUR Board examined the MITS RETRODUR letter packets.

Unfinished Business:

M. Scott presented an update on psychotropic use in youth and nursing facility patients. The data collection tool to assess nursing home psychiatric drug use is available on the Advancing Excellence website that nursing homes can use. The Minds Matter letter (signed by Dr. Applegate and Dr. Hurst) may need a bit more tweaking to emphasize the quality aspect and down play “big brother” monitoring. The focus remains on three safety limits (under age six and on an atypical antipsychotic, under 18 and on greater than two atypical antipsychotics and lastly, under 18 and on four psychotropics). The Board reviewed a copy of the draft letter and response form. The state is also beginning a pilot program to send ten providers weekly communication to understand prescribing for patients falling into the above categories. Dr. Farrell said that the Centers for Disease Control (CDC) released a report about mental health disorders in children.

Announcements:

The third and fourth quarter 2013 DUR Board meetings are scheduled for noon on Tuesday, September 17th and Tuesday November 19th, locations to be announced.

Adjournment:

David Brookover, RPh adjourned the meeting at 1:19 PM (1st T. Gretter, 2nd J. Moore).

Respectfully submitted:

Jill RK Griffith BS, PharmD, DUR Program Director

Actions and Metrics for M.E.D. Project

Pharmacy Board

What Will Show Change?

% of prescribers and pharmacists registered in the OARRS program

In theory would mean better informed prescribers (and pharmacists), thus ensuring legitimacy of prescriptions

Avg M.E.D./Prescription

of Rx's filled with a quantity of 120 or more

Lower qty/script should increase

Higher qty/script should decrease

Total Opiate Dose for Ohio

M.E.D./CAPITA

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AVG M.E.D. Breakdown

Morphine Equivalent Dose (MED) = $\frac{(\text{opioid conversion factor}) \times (\text{drug strength}) \times (\text{quantity dispensed})}{\text{days supply}}$

AVG MED per Rx	Qty = 1-15	Qty = 16-30	Qty = 31-60	Qty = 61-90	Qty = 91-120	Qty = 121-180	Qty = 181-240	Qty = 241+
2012 Q4	58	42	47	52	54	93	105	165
2012 Q3	56	42	46	52	53	93	103	191
2012 Q2	57	42	47	53	53	92	103	168
2012 Q1	58	43	47	54	54	90	104	167
2011 Q4	58	44	47	53	55	121	104	150
2011 Q3	57	43	46	53	54	119	101	151
2011 Q2	59	43	46	53	54	139	97	175

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Changes to OARRS Reports

OARRS report will now include

- a "DAILY M.E.D." value for each prescription

- prescriptions with a daily M.E.D. of 80 or greater will be marked with an asterisk (*) indicating that your licensing board has a position statement regarding this issue.

- a link to the position statement for each prescribing board

- an "Active Cumulative Morphine Equivalent" score

- snapshot of the total M.E.D. score of all active prescription for this patient on the day the report was requested

- an "Active Prescription" column with a "Y" or "N" indicator

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Patient Rx History Report

John Doe

Date: 4/21/2013 01:03:18PM

11158234

Search Criteria: (Last Name = "Doe" And First Name = "John") and D.O.B. = "5/8/1972" and Gender = "M" and Street = "" And Zip = "43215" and Phone = "" and Request Period = "1/1/2012" to "4/21/2013"

Patients included in report that appear to match search criteria

- 0489 John Doe, DOB 5/8/1972; 5545 Broadway, Columbus, OH 43215
- 0938 John R Doe, DOB 5/8/1972; 100 Main St, Columbus, OH 43215
- 1170 John Doe, DOB 5/8/1972; 2110 Broad St, Columbus, OH 43215
- 3323 John Dow, DOB 5/18/1962; 2110 Broad St, Columbus, OH 43215
- 4055 Jon R Doe, DOB 5/8/1972; 2101 Broad St, Reynoldsburg, OH 43081
- 9241 John Doe, DOB 10/5/2009; 2110 Broadway, Columbus, OH 43214
- 7137 Johnnie Doe, DOB 5/18/1972; 2110 Broad St, Columbus, OH 43221

Active Cumulative Morphine Equivalent

See explanation provided at the end of the report

142.5

Prescriptions

Fill Date	Product, Str, Form	Qty	Days	Patient	Prescriber	Written	RX#	Daily MED ¹	Active ²	Pharm	Pay ³
4/19/2013	PERCOCET 325 MG-5 MG TAB	90	30	4055	J Smith	4/19/2013	204075	22.5	Y	K-Mart	C
4/9/2013	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	4/9/2013	4432344	80*	N	Sams Club	C
4/1/2013	HYDROCODONE/ APAP 10-500 TAB	90	30	7137	C Gardner	4/1/2013	6010985	30	Y	Walgreens	M2
3/28/2013	HYDROCODONE/ APAP 5-325 TAB	50	6	3323	D White	3/28/2013	254513	41.7	N	CVS1234	C
3/26/2013	HYDROCODONE/ APAP 5-325 TAB	20	5	1747	Mercy	3/26/2013	254464	20	N	Joe's	C
3/25/2013	OXYCODONE/APAP 7.5-325 TAB	240	30	0938	M Black	3/25/2013	0166311	90*	Y	Wal-Mart	CI
3/15/2013	PERCOCET 325 MG-5 MG TAB	90	30	4055	J Smith	3/15/2013	203995	22.5	N	K-Mart	C
3/9/2013	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	3/9/2013	4432344	80*	N	Sams Club	C
3/1/2013	HYDROCODONE/ APAP 10-500 TAB	90	30	7137	C Gardner	3/1/2013	6010985	30	N	Walgreens	C
2/25/2013	HYDROCODONE/ APAP 5-325 TAB	60	6	3323	D White	2/25/2013	254513	41.7	N	CVS1234	C
2/5/2013	HYDROCODONE/ APAP 5-325 TAB	20	5	0489	County	2/5/2013	254464	20	N	Kroger	C
2/1/2013	OXYCODONE/APAP 7.5-325 TAB	240	30	0938	M Black	2/1/2013	0166311	90*	N	Wal-Mart	CI
1/25/2013	PERCOCET 325 MG-5 MG TAB	90	30	4055	J Smith	1/25/2013	203750	22.5	N	K-Mart	C
1/20/2013	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	1/20/2013	4432344	80*	N	Sams Club	C
1/15/2013	HYDROCODONE/ APAP 10-500 TAB	90	30	7137	C Gardner	1/15/2013	6010985	30	N	Walgreens	C
1/10/2013	HYDROCODONE/ APAP 5-325 TAB	50	6	3323	D White	1/10/2013	254513	41.7	N	CVS1234	C
1/5/2013	HYDROCODONE/ APAP 5-325 TAB	20	5	9241	Metro	1/5/2013	254464	20	N	Mary's	C

¹Daily MED – The morphine equivalent per day for the individual prescription based on the CDC conversion chart, the days supply provided by the pharmacy and the quantity dispensed.

* Indicates that your licensing board has adopted a position statement regarding this issue. For more information regarding this position statement, click the link for your licensing board: [State Medical Board of Ohio](#), [Ohio Board of Nursing](#), [Ohio State Dental Board](#)

²Active- Indicates whether a prescription is active (Y/N), based on the date filed and the days supply provided by the pharmacy

³Pay I=Insurance C=Cash/Private Pay M1=Medicare M2=Medicaid WC=Workers Comp U=Unknown

Disclaimer: The State of Ohio does not warrant the above information to be accurate or complete. The Reporting is based on the search criteria entered and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

JOHN DOE

Prescription History Report

Prescribers for prescriptions listed

- C Gardner Charles Gardner, 2139 Auburn Ave., Anothertown USA
- City City Hospital Emergency Department, 654 Main St., Downtown
- County County Hospital, 733 Broadway St., Uptown
- D White David White, DO, Family Medicine Group, 8787 Medicine Ave., Sometown
- G Green George Green, MD, 672 Main St., Anytown USA
- J Smith Joseph Smith, MD, Health Care Office, 3123 Brown Drive, Anytown USA
- Ma Bro Mary Brown, City Medical Group, 1300 Broad St., Anothertown USA
- M Black Michael Black, MD, 672 Main St., Anytown USA
- Mercy Mercy Hospital, 785 Broad St., Anothertown
- Metro Metro Urgent Care, 1356 High St., Downtown
- Saint P St Paul Hospital, 987 Market St., Sometown
- Tri-County Tri-County Emergency Care Clinic, 856 Elm St., Anytown

Pharmacies that dispensed prescriptions listed

- CVS1234 CVS/PHARMACY #1234, 11611 Medicine Ave., Sometown, Pharmacy phone number
- Joe's Joe's Pharmacy, 5440 DIXIE Hwy, Anytown USA 45014, Pharmacy phone number
- K-Mart K MART PHARMACY #153; 1217 Brown Dr., Anytown, Pharmacy phone number
- Kroger THE KROGER STORE, #943; 1212 Broadway St, Uptown, Pharmacy phone number
- Mary's Mary's Apothecary, 6325 High St., Downtown, Pharmacy phone number
- Sams Club Sams Club Pharmacy #123, 657 Main St, Anytown, Pharmacy phone number
- Target Target Pharmacy, 4321 Fifth St, Sometown
- Walgreens Walgreen Co #22; 9775 Auburn Ave, Anothertown USA, Pharmacy phone number
- Wal-Mart Wal-Mart Pharmacy #432, 128 Main St, Anytown USA, Pharmacy phone number

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JOHN DOE
Prescription History Report

Explanation of Morphine Equivalents

Morphine Equivalent Table

Drug	Morphine Equivalent Multiplier
hydrocodone	1
oxycodone	1.5
tramadol	0.1
codeine	0.15
morphine	1
buprenorphine	10
fentanyl	7.2
methadone	3
hydromorphone	4
oxymorphone	3

US Department of Health and Human Services, Center for Disease Control

Active Cumulative Morphine Equivalent Calculation

Rx#	Drug	Strength	Multiplier	Quantity	Days	Daily MED
204075	PERCOCET 325 MG-5 MG TAB	(5 MG X 1.5 X 90)			= 30	= 22.5
6010985	HYDROCODONE/ APAP 10-500 TAB	(10 MG X 1 X 90)			= 30	= 30
0166311	OXYCODONE/APAP 7.5-325 TAB	(7.5 MG X 1.5 X 240)			= 30	= 90

Active Cumulative Morphine Equivalent 142.5

To change assumptions, or to determine how a new prescription would affect this patient's Active Cumulative Morphine Equivalent, please visit the [OARRS MED Calculator](#).

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Changes to OARRS Website

Website will have a "M.E.D." calculator

OARRS report will also have a link to this

Website and report will have the CDC MED cross reference chart (for explanation of how calculation occurs)



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Prescribing Boards

Quarterly proactive OARRS registration data sent to prescribing Boards
by Pharmacy Board

Medical, Nursing, Dental, Optometry

Active OARRS prescriber accounts vs DEA #'s actively prescribing
OARRS drugs

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OARRS Assumptions/Concerns

Garbage in / Garbage out

Days supply!

Prescriber may be named inaccurately by pharmacy

Total MED for Patient may be misleading

Timing of snapshot must be understood!

Still need to review each Rx MED and Days supply

Should look at time between fills for more accurate reflection of total MED

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Unintended Consequences?

Chilling effect on Pain Treatment?

More formula driven prescribing vs. individualized patient care

80 MED will hit some drugs "normal daily dose"

See for MED drug cross-reference for "normal daily dose"

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Morphine Equivalents Per Day Common Opioids

Drug	FDA recommended dose/day (www.epocrates.com)	Commonly prescribed example within normal dose range	MED of normal dose (range)
Dilaudid®	2 to 8 mg every 3 to 4 hours	Dilaudid® 4 or 8 mg. to take one or two tablet(s) every 3 to 4 hours	96-256
oxycodone (immediate release) multiple generic products available	start 5-15mg every 4 to 6 hours; increase to individualized dose	Oxycodone 15mg 1 or 2 tablets every 4 to 6 hours	90-270
Oxycontin®	10-80mg every 12 hours	Oxycontin® 40mg to 80mg three times a day	180-360
Tylenol with Codeine #3®	15-60 mg of codeine every 4 to 6 hours, max 360mg/day	Tylenol with Codeine #3® One or two tablet(s) every 4 to 6 hours	18-54
Ultram®	max 400mg/day	Ultram® 50mg One or two tablet(s) 4 times a day	20-40
Vicodin® 5mg, 7.5mg, or 10mg	1 to 2 tablets (varying strengths) every 4 to 6 hours. Do not exceed 1 gm/4hr or 4g/day of apap	Vicodin® 5/500 One or two tablet(s) every 4 to 6 hours;	20-120
Vicodin® 5mg, 7.5mg, or 10mg	1 to 2 tablets (varying strengths) every 4 to 6 hours. Do not exceed 1 gm/4hr or 4g/day of apap	Vicodin® 10/660 One or two tablet(s) every 4 hours	360

** opioids often do not have absolute maximum dose
dose is based on individual response

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Ohio State Board of Pharmacy
77 S High Street, Room 1702
Columbus, Ohio 43215
614-466-4143

