

**Ohio Department of Medicaid (ODM)
Drug Utilization Review (DUR) Board
Quarterly Meeting
September 17, 2013**

The quarterly meeting of the ODM DUR Board was called to order at 12:04 PM in Room 1932, 19th 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
Kevin Mitchell, RPh
J. Layne Moore, MD
Donald Sullivan, RPh, PhD

Also present were Margaret Scott, RPh, DUR Administrator; Jill Griffith, RPh, DUR Director; Mike Howcroft, RPh, Medicaid pharmacist and Pam Heaton RPh, PhD from the University Of Cincinnati College Of Pharmacy. Approximately 20 observers were present, most representing pharmaceutical manufacturers.

Reading, Correction & Approval of Previous Minutes:

The May 21st, 2013, DUR Board minutes were amended and approved. (1st T. Gretter, 2nd R. Kubasak).

New Business:

M. Scott reviewed the new DUR Board member invoice process.

Health Plan Policy:

M. Scott announced that the Preferred Drug List (PDL) categories will be effective November 1st, 2013. There are five new categories: Anticonvulsants, HIV Antivirals, Epinephrine Auto-Injectors, Topical Androgens and Antianginal Agents. L. Moore and M. Scott discussed the Anticonvulsant category. All generic immediate-release anti-epileptics will be available first line. All current patients will be grandfathered. New starts must try two preferred generics for one month each before moving onto a non-preferred product. The non-preferred approval process will not be based on diagnosis. Dr. Moore commented that the epilepsy population is vulnerable, facing work and driving restrictions. Women of child bearing age need to have appropriate drugs available without prior authorization. He would like to see a trial on one preferred product rather than the proposed two preferred agents before moving to a non-preferred product. All concerns were discussed.

M. Scott announced the formation of the new Ohio Department of Medicaid (ODM).

DUR Committee Report:

J. Griffith announced that the DUR Committee did not meet in June through September. The Federal DUR report was submitted in the month of July. The newly build RETRO DUR system is not functioning correctly. No letters have been mailed. The October and November DUR Committees will review excessive and duplicate inhaler use. We expect to mail letters regarding these two interventions out of the RETRODUR system.

P. Heaton presented three project abstracts. The projects were undertaken using Medicaid claims data and included: “Drug and Dose Switching of Anticonvulsant, Antidepressant and Antipsychotic Medications: The Ohio Medicaid Experience”; “Comparative Effectiveness of Beta Blockers versus Calcium Channel Blockers in the Treatment of Atrial Fibrillation in Non elderly Adult Patients”; and finally, “Adaptation and Application of the Agency for Healthcare Research and Quality’s Asthma-Admission-Rate Pediatric Quality Indicator to Ohio Medicaid Claims Data”.

Unfinished Business:

M. Howcroft presented an update on psychotropic use in nursing facility patients and the youth.

CMS has a goal to reduce antipsychotic drug use by 15 percent by the end of 2013 in long-stay nursing home residents. There are 954 nursing homes in Ohio. The state summary for average percentage of long-stay residents receiving an antipsychotic medication 2012 (Q2-Q4) is 24.8 percent per facility. Regionally it is 22.1 percent (Illinois, Indiana, Michigan, Minnesota and Wisconsin). A conference will be held on September 27, 2013. Nursing homes with antipsychotic medication use rates greater than 30 percent have been invited as well as the Ohio KePRO collaborative. Speakers include experts from medicine, pharmacy, public policy and nursing homes care teams. Topics include federal regulations governing use of antipsychotic medications, dangers of using these medications in the older adult, strategies for reduction as well as non-pharmacological strategies.

Regarding the Ohio Minds Matter initiative for improving use of psychotropic drugs in children, Medicaid is partnering with a Cincinnati psychiatrist group of nine providers. Medication safety thresholds have been established: one or more antipsychotics in children under age six; two or more antipsychotics in children under age 18; and four or more psychotropics in children under age 18. For this intervention, an educational letter is sent to the physician pilot test group weekly identifying the children that exceed the safety edit threshold and asking for follow up steps. The most significant comment so far has been that these children often require non-medication therapeutic assistance. There is a perceived problem finding and obtaining non-medication therapies such as family or behavioral counseling.

M. Scott stated that the Cabinet Opiate Action Team is still meeting. Morphine Equivalent Doses (MEDs) have not yet made it into the Ohio Automated Rx Reporting System (OARRS). Internally, Dr. Heaton is helping us put together similar reporting.

Announcements:

The fourth quarter 2013 DUR Board meetings are scheduled for noon on Tuesday, November 19th, location to be announced.

Adjournment:

David Brookover, RPh adjourned the meeting at 12:52 PM (1st T. Gretter, 2nd D. Sullivan).

Respectfully submitted:

Jill RK Griffith BS, PharmD, DUR Program Director