

**Ohio Department of Job and Family Services (ODJFS)  
Drug Utilization Review (DUR) Board  
Quarterly Meeting  
September 11, 2012**

The quarterly meeting of the ODJFS DUR Board was called to order at 12:05 PM in Room West B and C, 31st floor of the Riffe Building, 77 S. High St. Columbus, Ohio. David Brookover, RPh, presided. The following Board members were present:

David Brookover, RPh, Chair  
Thomas Gretter, MD  
Robert Kubasak, RPh  
Kevin Mitchell, RPh  
Lenard Presutti, DO  
Donald Sullivan, RPh, PhD

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

Reading, Correction & Approval of Previous Minutes:

The May 8th, 2012, DUR Board minutes were amended and approved. (1st K. Mitchell, 2nd R. Kubasak).

New Business:

Mike Howcroft gave a presentation regarding the progress of the BEACON (Best Evidence for Advancing Child health in Ohio NOW) collaborative. He outlined patient safety concerns and presented statistics showing that polypharmacy with antipsychotics is a national and state problem. He discussed the BEACON Council Mental Health Key Drivers Diagram and Smart Aims to: reduce the use of 1) antipsychotic medications in children less than six years of age and 2) concurrent use of two or more antipsychotic medications for longer than two months in kids less than 18 years of age. The group plans to decrease both by 25 percent by June 30th, 2014. M. Howcroft outlined how the DUR Board and DUR Committee can help BEACON reach these goals through provider education.

M. Howcroft also presented information from a summit sponsored by the federal Department of Health and Human Services that was attended by all states. Ohio's delegation included staff from the Ohio Department of Mental Health (ODMH), Ohio Medicaid, and Ohio child welfare.

M. Howcroft discussed a CMS project to address the over use of antipsychotic medications in dementia patients residing in nursing homes. The Smart Aim for this project is to reduce current benchmark use by 15 percent by the end of December 2012. The DUR board and DUR

Committee can help help the Steering Committee reach these goals through provider education. The Steering Committee is led by the Department of Aging.

Dr. Heaton discussed findings from an analysis completed on the waiver population showing that benzodiazepine use was associated with increased emergency department visits. She will present these findings fully at the next meeting. D. Sullivan suggested education to providers about benzodiazepine half life and a review of the category to inform prescribing. Ms. Scott announced that beginning January 2013, Medicare will cover the benzodiazepine category for the dual eligible Part D Medicaid patients and will cover the barbiturate category in 2014.

#### Health Plan Policy:

M. Scott gave the Health Plan Policy report:

The ODJFS Office of Ohio Health Plans has been re-named the Office of Medical Assistance (OMA). OMA will be a separate cabinet-level agency by July 1, 2014.

The new Preferred Drug List (PDL) will be effective beginning October 1. A "three-tier" system will be implemented in several therapeutic categories. The first tier is preferred generic, second tier preferred brand, and third tier non-preferred drugs. Three tier categories include: glaucoma, and nasal steroids; Alzheimer's agents, antidepressants, second-generation antipsychotics, long-acting opiates, angiotensin receptor blockers and combinations, anti-migraine agents, sedative-hypnotics, oral antidiabetic agents, ulcerative colitis, electrolyte depleters, urinary antispasmodics, and ophthalmic antihistamines. Patients stable on current therapy with Alzheimer's agents, antidepressants and the second-generation antipsychotics will be grandfathered to continue therapy. Psychiatrists will continue to be exempt from prior authorization for certain antidepressants and antipsychotics.

3. Step therapy will be initiated for the immediate-release, single agent, CII opiates. Patients will need to have tried an opiate combination product or tramadol.

#### DUR Committee Report:

J. Griffith announced that the DUR committee did not meet in June or July. The August DUR committee discussed topics for the 4th quarter review calendar which included sending out an educational piece to prescribers writing psychiatric drugs for patients with no psychiatric diagnosis in our waiver population, and beginning to review pediatric atypical antipsychotic use and doctor shopping as often as quarterly.

The September DUR committee reviewed the profiles of patients taking duplicative long-acting narcotics. The Board approved a draft letter with edits as suggested by D. Sullivan to remind prescribers that Ohio law states prescribers must check OARRS if therapy will extend beyond twelve weeks, and then yearly thereafter. A link to the OARRS system will be included in the letter.

The DUR Committee will also provide education to high prescribers of respiratory antibiotics in the 2011-2012 winter about over-the-counter (OTC) cough and cold medications covered by Medicaid and information about the updated Infectious Disease Society Sinusitis guidelines.

The Board approved this letter with edits suggested by P. Heaton to clarify that a prescription must be generated and is required for the OTC product to be paid for by Medicaid. A list of OTC cough and cold products will be sent with the letter. The Board suggested improvements to the format and arrangement of the document. D. Sullivan also suggested that more products containing pseudoephedrine (PSE), including loratadine-PSE and cetirizine-PSE, be included.

A letter regarding adherence to anti-retrovirals for HIV using the proportion of days covered (PDC) methodology will be mailed out of the new RetroDUR system. The Board approved this letter. D. Sullivan suggested we decrease the time we give physicians to return the letters from 30 to 14 days.

Unfinished Business:

J. Griffith announced that the October DUR Committee will review the profiles of patients on duplicative long-acting stimulants. The Board suggested including maximum stimulant doses, and adding a table to the letter outlining product dose, strength and duration of action. November Committee will review the profiles of our waiver patients prescribed antipsychotic medications with no supportive psychiatric diagnosis. The December Committee will perform a Doctor Shopping Review.

Announcements:

The fourth quarter DUR Board meeting is scheduled for noon on Tuesday, November 13<sup>th</sup>, location to be announced. Please bring your calendars to set the meeting schedule for 2013. We will hold elections for Chair and Co-Chair.

Adjournment:

David Brookover, RPh adjourned the meeting at 1:02 PM. (1st K. Mitchell, 2nd D. Sullivan).

Respectfully submitted:

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Jill RK Griffith BS, PharmD, DUR Program Director