

**Ohio Department of Job and Family Services (ODJFS)
Drug Utilization Review (DUR) Board
Quarterly Meeting
February 8th, 2011**

The quarterly meeting of the ODJFS DUR Board was called to order at 12:00 PM in room West B&C of the 31st floor of the Riffe Building, 77 S. High St. Columbus, Ohio. Kevin Mitchell, RPh presided. The following Board members were present:

David Brookover, RPh
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 from the University of Cincinnati College of Pharmacy, Pam Heaton RPh, PhD and Bob Cluxton, RPh, PhD. Approximately 20 observers were present, most representing pharmaceutical manufacturers.

Reading, Correction & Approval of Previous Minutes:

The November 17th, 2010, DUR Board minutes were approved. (1st R. Kubasak, 2nd M. Farrell).

DUR Committee Report:

J. Griffith gave the DUR committee report.

The December 2010 DUR committee re-reviewed patients taking tamoxifen plus a CYP-450 2D6 inhibiting antidepressant. 52 letters were mailed about 32 recipients, of which seven patients were lost to follow up or died (22%), six patients improved (19%) and 19 did not improve (59%). Improvement was defined as a switch to an antidepressant with minimal to no 2D6 inhibition (citalopram, escitalopram or venlafaxine).

The December and the January committee considered reporting information about 16,851 Medicaid patients with a previous myocardial infarction (MI), which showed that only 20% of patients post MI are taking a statin, 21% a beta blocker, 16% an angiotensin converting enzyme inhibitor (ACE-I) or Angiotensin Receptor Blocker and only 12% are filling prescriptions for aspirin. This report was generated using ICD-9 codes appropriate for MI during the study period November 2008 through October 2010. The committee wanted to focus on those patients not taking statins. This category is felt to have the least amount of clinical decision making associated with it. The committee evaluated doctors by specialty on the non-statin-taking-patient profiles in the most recent six months and decided to exclude physicians by specialty (dentists, optometrists, radiologists). During the month of February, we intend to match the non-statin-taking-patients to their doctors

and mail the doctor a letter with his patient listing. A draft letter was reviewed by the board members. D. Sullivan suggested providing physicians with options in the answer form such as, "I gave patient a prescription for X and he/she did not take it". P. Heaton suggested a statement empathizing with physicians that compliance is complicated and to encourage patients taking chronic medications to be more compliant. R. Cluxton added to be certain the "rule-out" MI diagnosis codes were not included.

The February committee met today and performed a re-review of patients taking proton pump inhibitors with no attempt to taper.

The board was presented with and reviewed the duplicative stimulant letter that is currently going out in the mail now.

Health Plan Policy:

M. Scott read the conflict of interest policy and asked Board members to sign it. M. Scott informed the Board that Ohio has a new governor and a new Office of Health Transformation, directed by Greg Moody who has previously served as a JFS interim director. John McCarthy was named the new Medicaid Director. Director McCarthy has previous experience as the Medicaid Director in the District of Columbia and is familiar with Ohio Medicaid from previous consulting. The concept of a medical home, care coordination and cost savings while improving care are priorities. Exciting changes are expected.

Unfinished Business:

At the last DUR Board meeting, J. Griffith asked the Board for future DUR topic suggestions. R. Kubasak suggested focusing on patient compliance with HIV medications. P. Heaton reviewed a medication possession ratio report outlining how Ohio patients are doing with HIV/AIDS medication compliance. Overall the HIV population appears to be compliant. The Board decided to move forward with this review and attempt to improve compliance even further. Goal medication possession ratios above 95 or 96% were felt to be appropriate. D. Sullivan suggested reviewing literature to determine what compliance is needed, and to include in the letter information from the literature about anticipated relapse points. J. Griffith will consult the medication literature to verify these numbers and move forward with this review.

Announcements:

The third and fourth quarter DUR Board meetings are scheduled for noon on Tuesday, September 13th and Tuesday, November 15th. Location to be announced.

Adjournment:

K. Mitchell adjourned the meeting at 12:42 PM. (1st T. Gretter, 2nd J. Moore).

Respectfully submitted:

Jill R.K. Griffith B.S., Pharm.D., DUR Program Director