

**Ohio Department of Job and Family Services (ODJFS)
Drug Utilization Review (DUR) Board
Quarterly Meeting
September 15th, 2010**

The quarterly meeting of the ODJFS DUR Board was called to order at 12:00 PM in room 1960 of the Riffe Building, 77 S. High St. Columbus, Ohio. Thomas Gretter, MD, presided. The following Board members were present:

David Brookover, RPh
Michael Farrell, MD
Robert Kubasak, RPh
Kevin Mitchell, RPh,
Lenard Presutti, DO

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. Donald Sullivan, RPh, PhD, and J. Layne Moore, MD were absent. Approximately 13 observers were present, most representing pharmaceutical manufacturers.

Reading, Correction & Approval of Previous Minutes:

The May 19th, 2010, DUR Board minutes were approved. (1st D. Brookover, 2nd K. Mitchell).

DUR Committee Report:

J. Griffith gave the DUR committee report.

The February mailing was a ranked physician mailer regarding the ophthalmic quinolone category. The goal was to increase prescriber awareness about appropriate product use and cost. 49 letters were sent to the top prescribers of ophthalmic quinolones with 11 responses returned (22%). Six responded that the guideline and cost information were helpful. Two replied that it was not helpful and three physicians provided comments.

The March mailing was a ranked physician mailer regarding the otic quinolone category. 95 letters were sent to the top prescribers of the otic quinolones. The goal was to increase prescriber awareness about appropriate use and cost of the products. 33 responses were returned by physicians (35%). 10 responded that the clinical information was helpful, and 12 that the cost information was helpful. 5 responded that the clinical information was not helpful, and 4 that the cost information was not helpful. 8 provided comments.

In April, the DUR committee evaluated 160 profiles of patients taking Suboxone or Subutex and any other controlled substance, tramadol, or carisoprodol concurrently. This mailing included a letter, response form, profile, OARRS instructions and CyberAccess information. 256 letters were mailed in April regarding 110 patients. 122 responses were received (49%). 26 responded that the patient is no longer under his/her care; 19 responded that they intend to or have already discontinued one or more controlled

substances; 20 believed that the current drug regimen was appropriate. 34 physicians provided commentary. M. Scott added that the state is sharing information from this and all future reviews with the managed care plans.

In May, the DUR committee reviewed 760 profiles of patients who may be "Doctor Shopping." Profile selection criteria included 8 or more claims for controlled substances, tramadol, or carisoprodol from 3 or more prescribers in a 45-day period. Patients with a diagnosis of cancer were excluded. 1,650 letters were mailed regarding 393 patients. 701 responses were received (42%). 99 responded that the patient had an upcoming appointment; 126 responded that the patient was no longer under his/her care; 120 responded that they intended to or had already discontinued one or more of the controlled substances; 87 responded that they planned to discuss compliance issues with the patient. M. Scott added that requiring use of the National Provider Identifier (NPI) number should decrease the number of physicians who answer "patient is not under my care." ODJFS will require that pharmacies submit the prescriber NPI beginning December 1, 2010; "dummy" provider numbers will no longer be accepted.

In June, the DUR committee re-reviewed the April 2009 Doctor Shopping review. The re-review showed that 233 profiles required letters last year and of those patients, there were 4 deaths, 19 patients lost eligibility, and 22 patients were lost to follow up (19%). 67 (29%) showed improvement in care, defined as a decrease to two or fewer prescribers of controlled substances, and 121 (52%) showed no improvement, including 13 patients who were also selected in the 2010 Dr. Shopping review.

In August, the DUR committee reviewed 246 profiles of patients taking duplicative long-acting narcotics. The letter, response form, thank you letter, OARRS and CyberAccess inserts were provided for Board review. L. Presutti suggested a question be added to the response form asking prescribers to indicate whether they use the OARRS system. The DUR Board approved the letter, response form and enclosures with the suggested change.

In September and October, the DUR committee is re-reviewing 431 profiles of patients who received a high amount of rescue inhalers. The letters sent last year suggested the addition of controller therapy.

Health Plan Policy:

M. Scott discussed the Ohio Prescription Drug Abuse Task Force that was created by Governor Strickland through an executive order. Members include state agencies, provider associations, and law enforcement. The final report is due to the Governor on October 1st. One recommendation of the Regulatory Work Group is a redesign of the Medicaid Lock-In program. The Primary Alternative Care Treatment (PACT) program is for Medicaid consumers who have been found to have used medical services without medical necessity. When patients were transitioned into managed care in 2006, the fee-for-service population tended to be very sick patients who did not require PACT referral and lock in. With the pharmacy benefit carved out of managed care, the PACT program is expected to enroll more patients by next year.

M. Scott updated the Board about the 2010-2011 Preferred Drug List, which goes into effect October 1st. The biggest change is the PPI category, in which only generic and over-the-counter products will be covered without prior authorization.

M. Scott updated the Board about the Medicaid Information Technical System (MITS). The system is scheduled to go live on December 7th. This includes the main medical claims adjudication system and the eligibility and provider file maintenance system. The pharmacy claims will continue to process through the pharmacy claims vendor ACS. The DUR program is getting a custom built RetroDUR program that is expected to be operational in time for the January review.

Unfinished Business:

M. Scott asked Board members to determine future DUR Board meeting dates. The Board decided to meet on Tuesdays instead of Wednesdays, February 8th and May 10th, 2011, at noon.

New Business:

The Board considered potential DUR topics such as duplicative benzodiazepine use; long term use of sedative hypnotics; hyperkalemia with concurrent use of sulfamethoxazole/trimethoprim with ACE Inhibitors or ARBs and potassium supplements; maximizing statin doses and getting patients to goal. The Board decided against a review of benzodiazepines because there are no clear guidelines, and most of the literature indicates that they are safe. Long-term use of sedative-hypnotics was also rejected because many of the newer agents have been approved by the FDA for long-term use. The Board wanted to know what categories were the highest in cost. M. Scott shared that the Atypical Antipsychotics, Antiepileptics and the Attention Deficit categories were high on the list. The Board asked the state to consider looking at the Atypical Antipsychotic category to see what can be done, concentrating on inadequate dose and multiple drugs.

Announcements:

The next meeting is scheduled for noon on Wednesday, November 17th. The meeting will be held on the 31st floor of the Riffe Building.

Adjournment:

T. Gretter adjourned the meeting at 12:52 PM.

Respectfully submitted:

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