Ohio Department of Medicaid (ODM) Drug Utilization Review (DUR) Board Quarterly Meeting
February 8, 2022

The ODM DUR Board meeting was called to order at 12:05 PM EST via GoToMeeting
https://attendee.gotowebinar.com/register/3885619537533872144
ODM Pharmacy Staff and DUR Board members attended in person at:
Ohio Department of Medicaid, 50 West Town Street, Room A535

Stacey Rexrode-Brewer, Pharm.D., Chair presided

The following Board members were present:
    Michael Dietz, D.O.
    Michael Farrell, M.D., Co-Chair
    Jason Martinez, Pharm.D.
    A Mehran Mostafavifar, M.D.
    Stacey Rexrode-Brewer, Pharm.D., Chair
    Donald Sullivan, Ph.D., R.Ph.

Also present from ODM were Scott Baran, R.Ph., Michelle Barger, Pharm.D., Sean Eckard, B.S. Pharm.D., Yana Doughty, Pharm.D., Andrew Chenevey, Pharm. D., and Meghan Nestleroth, Pharm. D. Change Healthcare attendees included Jill R.K. Griffith, B.S. Pharm. D., Gail Master, R.Ph., and Kaitlyn Bernard, Pharm.D. Approximately 42 observers were present.

The Conflict-of-Interest Statement

The Conflict-of-Interest Statement was reviewed with the Board.

Roll Call and Review of Previous Minutes

The November 9, 2021 DUR Board Meeting Minutes were approved.

DUR Committee Report

G. Master presented the re-review results from the adherence to HIV medications intervention. The purpose of this intervention was to notify prescribers that strict adherence to antiretroviral therapy is key to sustained HIV suppression, reduced risk of drug resistance, improved overall health, quality of life, and survival, as well as decreased risk of HIV transmission. The goal of the intervention was to ask prescribers to engage their patient regarding their adherence and to remind them not to share their HIV medication with others. This intervention resulted in fifty percent of members improving their adherence to HIV medications. She then presented the adherence to controller inhalers intervention. The purpose of this intervention was to notify prescribers that suboptimal adherence to pharmacological treatment of asthma and COPD therapy has adverse effects on disease control and treatment costs. The goal of the intervention was to ask prescribers to discuss potential barriers to adherence with their patient, discuss solutions to the barriers, and educate the patient on the importance of adherence. Prescriber responses were presented.
Next, G. Master presented the butalbital intervention and responses from prescribers. The purpose of this intervention was to identify patients receiving high dose or long term butalbital containing products and present guidance which advises against this use to prescribers. The goal of the intervention was to have prescribers reevaluate the dose and/or duration of butalbital prescribed to their patient, weigh the risks/benefits, and to encourage tapering off butalbital if clinically indicated. She then presented the intervention for multiple antipsychotics in children. The purpose of this intervention was to notify prescribers that antipsychotic polypharmacy in the pediatric population is associated with a higher risk of diabetes, weight gain and associated metabolic disturbances. Behavioral counseling should be used in addition to pharmacological therapy. The goal of the intervention was to remind prescribers that baseline screening and regular monitoring should be performed, and that psychosocial treatment is a key component to improving mental health. A prescriber response was presented, and responses are still being collected. The final intervention presented looked at members who were taking insulin without monitoring blood glucose. The purpose of the intervention was to identify patients receiving insulin without claims for blood glucose strips or continuous glucose monitors and components. The goal of the intervention was to encourage providers to prescribe blood glucose strips and continuous glucose monitors for their patients and to assess adherence in order to manage their diabetes and prevent diabetic complications. Prescriber responses were presented and continue to be collected. She then presented the monthly outreach program for prescribers and pharmacists whose patients are taking either medication assisted therapy (MAT) and opioids or MAT and benzodiazepines concomitantly the previous month. Recent DUR Board recommendations regarding outreach strategies were implemented and discussed. The prescribers’ and pharmacists’ responses were then presented. Lastly, G. Master provided an update to the Board on the Coordinated Services Program (CSP) membership. There are currently 243 Fee-for-Service members enrolled in the program.

Health Plan Policy Update

Y. Doughty presented the Ohio Medicaid Health Plan Policy update. The Ohio Department of Medicaid (ODM) continues to work with both the Single Pharmacy Benefit Manager (SPBM) and Pharmacy Pricing and Audit Consultant (PPAC) vendors as they move closer to the July 1st, 2022 go live date for Medicaid’s Next Generation of Managed Care project. Transparency into the pharmacy program and a smooth transition for members are top ODM priorities. Next, she stated that in DUR Committee updates, ODM has received Letters of Interest for the three vacant DUR Committee positions. Submissions are currently being reviewed. In DUR Board updates, they welcomed Jason Martinez as a new member to the Board and look forward to his service. ODM is also working through the appointment process to fill one final vacant DUR Board position.

Next, ODM’s 2022 Q1 Pharmacy and Therapeutics (P&T) Committee meeting was held on January 12, 2022. P&T minutes are posted for review on the ODM pharmacy website under the P&T Committee tab. Business discussed during this meeting will go into effect April 1st. In related news, ODM has received nominations for the vacant P&T Committee positions and is working through the review process to fill these vacancies. ODM will have finalized announcements regarding all vacant positions soon. In clinical topics, ODM continues to ensure access to COVID-19 vaccines and boosters during the public health emergency and is working with the Ohio Department of Health (ODH) as oral COVID-19 medication treatments gain emergency use authorization (EUA). ODM also continues to provide coverage for COVID-19 home diagnostic tests in line with federal guidance. Next, the Centers for Medicare and Medicaid Services (CMS) Federal Fiscal year (FFY) 2020 Annual DUR Report has been posted to the Medicaid.gov website. The Managed Care Plans submitted reports in addition to Fee-For-Service reports. Lastly, two pharmacists have joined the ODM Pharmacy Team, Andrew Chenevey and Meghan Nestleroth.
New Business

G. Master presented an overview of a RetroDUR intervention directed at prescribers whose members in the Coordinated Services Program (CSP) were not receiving naloxone. The purpose of this intervention was to identify CSP members who do not have a pharmacy claim for naloxone. The goal of the intervention was to encourage prescribers to ensure that their patient has access to naloxone if they are currently taking an opioid, have a history of addiction or dependence to opioids, history of illicit drug use, current or past medication assisted treatment for opioid use disorder, or history of poisoning involving an opioid. Additionally, prescribers were asked to counsel their patients on the importance of filling their prescription for naloxone, carrying it with them in the event of an emergency, and addressing patient concerns or stigmas surrounding naloxone. She then presented member demographics for this intervention.

She then presented an overview of the Fee-for-Service member demographics and claims data. Following this, she presented the January 1, 2022 UPDL Update. Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents, Endocrine Agents: Diabetes-Insulin and Non-Insulin, and Respiratory Agents: Inhaled Agents categories were presented. Finally, she presented the revised prior authorization form for Hepatitis C and highlighted the removal of the specialty prescriber requirement.

Y. Doughty then explained that ODM continues to receive input from their provider community regarding prior authorization requirements for Medication Assisted Treatment (MAT). Provider feedback indicates that long-acting buprenorphine can serve a unique role in preventing drug overdose deaths, as well as providing an effective therapy to allow patients to manage their condition and lead productive lives. ODM is recommending removal of clinical prior authorization from long-acting forms of buprenorphine. This would allow prescribers to initiate immediate treatment to eligible patients as soon as possible. A discussion ensued about lifting the requirements of prior authorization for Sublocade. A vote was taken, and the DUR Board voted unanimously in approval of removing prior authorization.

G. Master then presented an update to the Board about previous items that they had recommended in the past, sending reminder intervention letters to providers in 14 days rather than 30 days, redesign of the prescriber letter to decrease provider fatigue, and an online response option for intervention surveys. Next 2022 elections took place. A. Mehran Mostafavifar, M.D. was voted in as Chair and Michael Dietz, D.O. was voted in as Co-Chair.

Announcements/Open Discussion

J. Martinez announced that there is a shortage of Chantix. Local providers have experienced difficulties sourcing generic alternatives. ODM will look into this matter.

2022 Calendar

The 2022 calendar was reviewed.

Future Meeting Dates

Dates for the 2022 DUR Board meetings were set.

- February 8, 2022
- May 10, 2022
- September 20, 2022
- November 8, 2022
Adjournment

The meeting was adjourned at 1:45 PM.