

Ohio Department of Medicaid (ODM)
Drug Utilization Review (DUR) Board
Quarterly Meeting
May 16, 2017

The quarterly meeting of the ODM DUR Board was called to order at 12:10 PM EST in room C621, 50 West Town Street, Columbus, Ohio. Robert B. Kubasak, R.Ph., presided. The following Board members were present:

David Brookover, R.Ph.
Robert B. Kubasak, R.Ph., Chair
Lenard G. Presutti, D.O.
Donald Sullivan, R.Ph.

Also present from ODM were Margaret Scott, R.Ph., DUR Administrator and Michelle Barger, PharmD. Pam Heaton, R.Ph., Ph.D., represented the University of Cincinnati. Benjamin Link, PharmD, Jill Griffith, PharmD and Gail Master, R.Ph., from Change Healthcare were present. Approximately 4 observers were present, most representing pharmaceutical manufacturers.

Roll Call, Reading, Correction, and Approval of previous Minutes

The February 7, 2017 DUR Board Meeting minutes were read and a correction added to identify that the DUR Board members had signed a conflict of interest statement. The modified minutes were approved (1st L. Presutti, 2nd D. Sullivan)

DUR Committee Report

M. Scott reviewed the outcomes of recent DUR intervention letters with the Board. One intervention was addressed to prescribers whose patients were identified as receiving both a medication-assisted treatment for substance use disorder and also a prescription for an opioid. Feedback was received on 31% of the letters with physicians reporting they intended to modify drug therapy for 18% of patients. Another intervention was addressed to prescribers whose patients identified with having a combination consisting of high-risk combination of medications; specifically, opioids, benzodiazepines; and sedative hypnotics filled within a 6-month time frame. The DUR Committee had selected 131 patients whose providers would receive the DUR approved letter.

Health Plan Policy

M. Scott identified that Michael Howcroft, R.Ph. had retired and that a new pharmacist, Michelle Barger, PharmD was hired by ODM. M. Scott updated the board regarding the recent payment methodology changes to the Fee-for-Service (FFS) program which went into effect on 4/1/2017. It was identified that as part of these changes claims would pay based upon an estimate of actual acquisition cost (AAC) plus a tiered professional dispensing fee based upon a pharmacy chain's volume. ODM is also working on 340(B) policy across all provider types. M. Scott acknowledged that ODM had decided not to renew the University of Cincinnati's contract for DUR supporting services and thanked the university and Pam

Heaton, R.Ph., Ph.D. for their support of the DUR Board. Change Healthcare would take over support of the DUR program in October following the start of the new federal fiscal year.

Discussion occurred around the current state budget where it was identified ODM had a proposal to move to a single Preferred Drug List (PDL) for all plans. It was identified by the Board that there would be patient and provider convenience with a single PDL.

M. Scott informed the board of the passing of former DUR Board member Dr. Thomas Gretter. The DUR Board expressed shared condolences to Dr. Gretter's family and thanks for his dedication and patient advocacy.

Unfinished Business

Population Changes and Role of the DUR Program

M. Scott provided an update on the future role of the DUR program. It was identified that one of the recent CMS rules for Managed Care identified a role for DUR oversight of the Managed Care Plans. The specifics of how this rule would be implemented was still under development.

Proposed Prospective DUR edits for Controlled Substances

B. Link presented information detailing utilization of benzodiazepines and hypnotic agents in the FFS program. B. Link proposed a ProDUR edit be placed in the claims processing system to alert pharmacists to members who had overlapping use of two benzodiazepines. The edit would be able to be override by the pharmacist through the entering of the NCPDP standard DUR codes. After discussion the Board approved the edit to alert pharmacist if a different pharmacy or prescriber had a prior benzodiazepine prescription with overlapping days.

B. Link then presented information regarding gabapentin dosages in the FFS program. It was identified that gabapentin became an OARRS reported drug in December 2016 and was recommended that gabapentin have a maximum dose limit of 3,600mg applied to the products. After discussion the Board approved this edit

New Business

Coordinated Services Program (Lock-In)

G. Master presented information regarding the Coordinated Services Program (CSP) to the DUR Board. Discussion ensued regarding enrollment, evaluation and disenrollment procedures for the program. After brief discussion the Board approved the CSP process.

Announcements

University of Cincinnati

The DUR Board wished to express its appreciation on behalf of its membership and that of the DUR Committee to the University of Cincinnati and Pam Heaton, R.Ph., Ph.D. for their multiple years of support. Their dedication and support helped ensure the success of DUR program success. The DUR Board is grateful for their contributions over the years.

Thomas E. Gretter, MD

The DUR Board wishes to express its deepest condolences to the family of Dr. Gretter on his passing. Dr. Gretter was an instrumental, valuable and founding member of the DUR Board. In all his actions Dr. Gretter demonstrated a dedication to exceptional patient care and best practices. Dr. Gretter's memory will serve as a lasting example of service and the DUR Board is forever grateful for his contributions.

Adjournment

R. Kubasak adjourned the meeting at 1:24 PM