

Ohio Department of Medicaid (ODM) Drug Utilization Review (DUR) Board Quarterly Meeting
November 13, 2018

The ODM DUR Board meeting was called to order at 12:00 PM EST in room C621 A&B
50 West Town Street, Columbus, Ohio. Donald Sullivan, R.Ph. presided.

The following Board members were present:

David Brookover, R.Ph.
Michael Dietz, DO.
Michael Farrell, MD.
Robert Kubasak, R.Ph.
Mehran Mostafavifar, MD., Co-Chair.
Leonard Presutti, DO.
Donald Sullivan, Ph.D., R.Ph., Chair

Also present from ODM were Michelle Barger, Pharm.D and Scott Baran, RPh. Change Healthcare attendees included Benjamin Link, Pharm.D. and Gail Master, R.Ph. Approximately 10 observers were present, mostly representing pharmaceutical manufacturers.

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

The September 11, 2018 DUR Board Meeting minutes were approved.

DUR Committee Report

G. Master presented a summary on a retrospective drug utilization review (RetroDUR) intervention that focused on the long-term use of muscle relaxants. G. Master presented the single therapy albuterol intervention. It was noted that follow up reminders were mailed for this intervention and that additional responses were anticipated. Discussion focused on how this intervention could best target potential gaps in care and the coverage of controller medications. G. Master reviewed the Coordinated Services Program (CSP) and results for the program thus far.

Health Plan Policy

M. Barger introduced the new ODM pharmacist, Scott Baran, RPh. to the DUR Board.

She explained that the yearly review of the entire Preferred Drug List (PDL), Pharmacy & Therapeutics Committee meeting took place last month. The January 1, 2019 PDL changes are now posted to the Medicaid Pharmacy website. Of note was the removal of the F-2 requirement for Hepatitis C, eliminating prior authorization on all brand and generic forms of oral short acting buprenorphine-containing products, as well as the introduction of the Unified Preferred Drug List. Beginning January 1, 2019, ODM will require all managed care plans (MCPs) and fee-for-service in Ohio to use the ODM PDL and prior authorization criteria for selected drug categories. These drug categories currently include: diabetes (both insulin and non-insulin products), hepatitis C, and medication assisted treatment for opioid use disorder. The goals of this initiative are to allow for a standard process across Ohio Medicaid fee-for service and the MCPs to support population health initiatives, reducing administrative burden for providers by simplifying and streamlining the prescribing and prior authorization processes, as well as minimizing member movement across MCPs.

M. Barger announced provider agreement changes for January 1, 2019, which will include the Pharmacy Benefit Manager (PBM) pass-through model. The move to a transparency pass-through model contract is step one in a larger evolution of the management of the pharmacy benefit. Ohio Medicaid's focus is to ensure that Medicaid enrollees have access to quality health care, including pharmacy benefits, and that taxpayers get a fair price. Ohio Medicaid is diligently working to bring transparency to all aspects of drug pricing for the greater good of the public interest.

M. Barger advised that 6 additional pharmacists have been added to the DUR Committee and that she is looking forward to providing the Board with their new perspectives.

M. Barger addressed the Ohio Medicaid Expansion report, which was released this past August and is currently available on the ODM website. The report concluded that Medicaid reduces the rate of uninsured in Ohio, benefits the health of enrollees, reduces costly Emergency Department visits and may reduce long-term costs, as well as facilitates and enables employment.

Unfinished Business

B. Link provided follow up information requested by the Board in the September meeting regarding the \$100 compound limit. B. Link identified that the potential impact of the limit is estimated to effect 6% of claims. B. Link reviewed the specialty and ingredient cost characteristics of the compounds. It was acknowledged that there would be continued monitoring of compound trending after the limit was put in place. Following a brief discussion, the Board agreed with the \$100 limit approach and identified that it would be best to educate providers, when possible, on the cost of what they were prescribing. A request was made to provide follow up to the Board as to the rationale podiatrists give for prescribing these compounds.

New Business

G. Master discussed a RetroDUR intervention that targets prescribers who have patients taking an opioid in combination with a benzodiazepine and a sedative hypnotic agent. The rationale for this intervention was over the concern for adverse events and patient harm. Following a brief discussion, the Board agreed with the approach of this intervention. G. Master reviewed the planned 2019 calendar for RetroDUR interventions, which are subject to change. She acknowledged that she would be bringing results of the past interventions to the Board in upcoming meetings. The DUR Board discussed the proposed naloxone intervention.

The Board held elections for the 2019 DUR Chair and Co-Chair. Following nominations and votes, Mehran Mostafavifar, MD, was elected Chair and Michael Dietz, DO, was elected Co-Chair.

Announcements

The date for the next DUR Board meetings were set as follows:

- February 12, 2019
- May 14, 2019

Adjournment

Donald Sullivan, R.Ph. adjourned the meeting at 1:00 P.M