Ohio Department of Medicaid (ODM) Drug Utilization Review (DUR) Board Quarterly Meeting
May 10, 2022

The ODM DUR Board meeting was called to order at 12:02 PM EST via GoToMeeting
https://attendee.gotowebinar.com/rt/6708390243890168592

A. Mehran Mostafavifar MD, MBA, Chair presided

The following Board members were present:
   Michael Dietz, DO, Co-Chair
   Michael Farrell, MD
   Jason Martinez, PharmD
   A. Mehran Mostafavifar, MD, Chair
   Kayla Petkus, PharmD
   Lenard Presutti, DO
   Stacey Rexrode-Brewer, PharmD
   Donald Sullivan, PhD, RPh

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 30 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 February 8, 2022 DUR Board Meeting Minutes were approved.

DUR Committee Report

G. Master presented the re-review results from the Proton Pump Inhibitor (PPI) Deprescribing intervention. The purpose of this intervention was to notify prescribers that their patients were taking proton pump inhibitors for longer than six months. The goal of the intervention was to ask prescribers to consider reviewing their patients’ continued need for acid suppressive therapy. If appropriate, tapering is the more effective discontinuation strategy. Abrupt withdrawal might be followed by rebound acid hypersecretion and exacerbation of symptoms. This intervention resulted in 2.7% of members discontinuing their PPI. She then presented the re-review results from the Opioids Greater than 80 Morphine Equivalent Doses (MED) intervention. The purpose of this intervention was to notify prescribers with patients identified as taking opioid medications greater than 80 MED per day that the State of Ohio Medical Board requires Ohio physicians to complete a written pain treatment agreement with their patient prior to increasing the opioid dosage to a daily average of 80 MED or greater. The goal of the intervention was to ask prescribers if they have considered opioid tapering, pain management, palliative care, or use of non-opioid medications as part
of a multimodal treatment strategy. The prescriber was asked to check OARRS before prescribing an opioid when required by Ohio law and to offer a prescription for naloxone to the patient. This intervention resulted in sixty eight percent of members discontinuing or reducing their dose of opioids. She then presented the re-review results from the Triple Antithrombotic Therapy intervention. The purpose of this intervention was to inform prescribers that patients taking prolonged triple antithrombotic therapy carries an elevated bleeding risk, and the risk of bleeding increases with continued use. The goal of the intervention was to confirm that the prescriber, if not a cardiologist, had had a consult with a cardiologist or vascular specialist and that their patient was taking triple antithrombotic therapy for an appropriate length of time. This intervention resulted in sixty seven percent of members discontinuing their triple antithrombotic therapy.

Next, G. Master presented the Coordinated Services Program (CSP) Members Without Naloxone intervention. The purpose of this intervention was to identify CSP members who did not have a pharmacy claim for naloxone. The goal of the intervention was to encourage prescribers to ensure that their patient had access to naloxone if they were currently taking an opioid, had 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 encouraged 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. Prescriber responses were presented. A discussion ensued about the requirements for prescribing naloxone for these high-risk patients. A recommendation was made to make an outreach to the pharmacy to dispense naloxone. ODM explained that a new edit will be instituted in the point of sale that will inform the pharmacist to offer naloxone when a member receives a certain MED of an opioid.

Next, G. Master presented the Non-Selective Beta-Blockers in Asthma intervention and responses from prescribers. The purpose of this intervention was to identify members who had asthma and had pharmacy claims for a non-selective beta-blocker. The goals of the intervention were to educate providers on the potential for non-selective beta-blockers to exacerbate asthma symptoms, to encourage prescribers to weigh the risk/benefit of non-selective beta-blockers, and to change the non-selective beta-blockers to a selective beta-blockers where appropriate.

She then presented the monthly outreach program for prescribers and pharmacists whose patients were taking either medication assisted therapy (MAT) and opioids or MAT and benzodiazepines concomitantly during the previous month. 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 247 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) will begin to launch its Next Generation Medicaid program beginning July 1, 2022, with the implementation of OhioRISE, a coordinated care program for children with complex behavioral health needs. Other Medicaid programs will be implemented in the following months on a staggered basis to keep the focus on the individual and honor member choice to allow for a smooth transition. In October 2022, the Single Pharmacy Benefit Manager (SPBM) will begin providing pharmacy services across all managed care plans and members.

ODM remains committed to working with both our Single Pharmacy Benefit Manager and Pharmacy Pricing and Audit Consultant to ensure a smooth transition for our members and transparency throughout the pharmacy program. Pharmacy stakeholder meetings began on March 11th and will continue to be held. Next, The Centers for Medicare and Medicaid Services Federal Fiscal year 2021 Annual DUR Report is underway. Managed Care Plans, in addition to Fee-For-Service, are working to submit their reports. Results will be posted later this year on Medicaid.gov.

In DUR Committee updates, two new pharmacists, Janee Whitner PharmD, BCACP, BCPS and Sheriff Benson,
PharmD have joined the Committee. ODM is excited about their addition and look forward to their clinical contributions. The 2022 Q2 P&T Committee meeting was held on April 6th. The DUR Board’s February decision to remove Sublocade prior authorization criteria was announced during the P&T meeting. In an effort to increase access to care, the P&T committee voted to remove prior authorizations on sublingual buprenorphine products, replacing them with a safety edit for buprenorphine doses greater than 24 mg per day. Decisions from the April P&T meeting will take effect on July 1st. P&T minutes are posted on the ODM Pharmacy website and can be viewed under the P&T Committee tab. ODM is pleased to announce that Dr. Michael Dietz, DO, was appointed to serve on the P&T committee and attended the April meeting as the committee’s newest member. He will also continue to serve on the DUR Board. In DUR Board updates, ODM is pleased to announce that Kayla Petkus, PharmD, BCACP has joined the DUR Board. Kayla currently serves on ODM’s DUR Committee and will also continue this role. ODM is excited for her to fulfill these dual roles and help to connect these two advisory groups.

New Business

G. Master presented an overview of a RetroDUR intervention directed at prescribers whose patients had atherosclerotic cardiovascular disease (ASCVD) but were not taking a statin. The goal of the intervention was to encourage providers to prescribe a high intensity statin for their patient, and if adverse effects have occurred from a statin in the past, to consider a different statin or dosing regimen. She then presented member demographics for this intervention. S. Baran then informed the Board that the State of Ohio Board of Pharmacy OARRS 2021 Annual Report has been published and that opioid and benzodiazepine prescribing continue to fall in both Ohio and Medicaid FFS populations. Overall, the Ohio Medicaid FFS showed a greater decline than the State’s average prescribing. He presented graphs showing that from 2014 to 2021, Fee For Service’s number of solid opioid doses dispensed decreased by 83% while the State’s decreased by 59%. For opioid prescriptions dispensed, FFS decreased by 83% and the State decreased by 56%. Similarly, for benzodiazepine solid doses dispensed from 2014 to 2021, FFS and State dispensing decreased by 60% and 46% respectively. For benzodiazepine prescriptions dispensed, FFS decreased by 64% and the State decreased by 40%. A discussion ensued about the factors contributing to the positive outcome for FFS. Following this, G. Master presented a section of the April 1, 2022 UPDL Updates. New medications in the class of Central Nervous System (CNS) Agents: Atypical Antipsychotics were presented as well as changes in criteria for this class. She presented the revised therapeutic category criteria for Cardiovascular Agents: Lipotropics and highlighted the changes. Finally, she provided an update to the Board that per their feedback at the February 2022 meeting, prior authorization for Sublocade has been removed as of April 15, 2022. She presented a copy of the UPDL showing that Sublocade no longer requires a prior authorization and additionally showed that the criteria for Sublocade has been removed.

Announcements/Open Discussion

Dr. Sullivan informed the Board that there is a significant rise in the prescribing of clonazepam. He mentioned that clonazepam is commonly being prescribed in combination with an opioid or high dose of immediate release Adderall. He also informed the Board that in Ohio there are constraints on physicians prescribing controlled substances for family members, but these constraints do not apply to dentists. Additionally, he informed the Board that there has been a rise in stimulant prescribing from Telehealth.

2022 Calendar

The 2022 calendar was reviewed.
Future Meeting Dates

Dates for the 2022 DUR Board meetings were reviewed.

- September 20, 2022
- November 8, 2022

Adjournment

The meeting was adjourned at 1:16 PM.