

**Ohio Department of Medicaid (ODM)  
Drug Utilization Review (DUR) Board  
Quarterly Meeting  
September 26, 2017**

The quarterly meeting of the ODM DUR Board was called to order at 12:00 PM EST in room C621 A&B, 50 West Town Street, Columbus, Ohio. Robert Kubasak, R.Ph., presided. The following Board members were present:

David Brookover, R.Ph.  
Michael Farrell, M.D.  
Robert Kubasak, R.Ph., Chair  
Donald Sullivan, R.Ph.

Also present from ODM were Margaret Scott, R.Ph., DUR Administrator, Michelle Barger, Pharm.D., and Tracey Archibald, Pharm.D. Change Healthcare attendees included Benjamin Link, Pharm.D., Jill Griffith, Pharm.D., Gail Master, R.Ph., and Payal Patel Pharm.D. Approximately 22 observers were present, most representing pharmaceutical manufacturers.

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

The May 16,2017, DUR Board Meeting minutes were approved.

DUR Committee Report

M. Scott stated that 2 new members have been appointed to the DUR Board by Director Sears. They will attend the November meeting. M. Scott welcomed new ODM pharmacist, Tracey Archibald. M. Scott announced that on October 1, 2017, Change Healthcare will be supporting the DUR program. G. Master presented an update on the Coordinated Service Program.

Health Plan Policy

M. Scott announced that all Managed Care Plans (MCP)) and Fee for Service will be utilizing the same drug list and prior authorization (PA) criteria. A draft Preferred Drug List (PDL) has been sent to the MCPs. ODM has been meeting with the MCPs several times per week to prepare. Transition of care and grandfathering of medications with the single PDL will be based on drug class. ADHD drugs will be grandfathered through June 2018, and then will begin transitioning to the preferred medications. Dr. Farrell posed a concern over this issue. A discussion was held around the loss of rebates for the MCPs with the establishment of the single PDL. M. Scott explained that the capitation rates would be increased to accommodate the rebate and revenue loss. There is a \$70-million savings to the State for implementing a single PDL. PA criteria will be aligned for drugs not listed on the PDL. The DUR Board will review these criteria at the November or February DUR Board meeting. The MCPs will attend and provide their input. A discussion was held around the turnaround time of PA. All PA requests are to be determined within 24 hours and MCPs are held accountable for this time through their contracts with ODM. Plans will report their aggregate PA numbers bi weekly to ODM

M. Scott announced that electronic PA through the National Council for Prescription Drug Programs (NCPDP) standard is required to begin on January 1, 2018. Discussion occurred around the Social

Security Act Section 1927 (d)(5) and Senate Bill 129, reference to PA turnaround time. The Board requested a link to the Social Security Act citation.

M. Scott informed the Board that beginning January 1, 2018, Medicaid recipients will be enrolled in a MCP for their first month of coverage rather than starting eligibility in the Fee for Service program. MCPs and PBMs must process the eligibility file within 24 hours of the MCPs receiving the file.

#### Unfinished Business

M. Scott noted that there is still an opening for a pharmacist on the Board. D. Sullivan stated that he has a pharmacist in mind.

#### New Business

##### *Opioids*

M. Scott provided an update on the new short acting opioid prescribing rules that began August 31, 2017 that were put into law by the Ohio Dental, Nursing, and Medical Boards. Ohio Medicaid payment rules began on October 1, 2017 and the limits are no more than a 7-day supply, and 60mg morphine equivalent dose (MED) per day per prescription. The system will allow up to a 14-day supply in a rolling 45 days. B. Link estimates that 44% of short acting opioids will be unaffected by these edits. Fee for Service and MCPs will be monitored frequently for PA turnaround time. All long-acting opioids will require PA. Specific criteria will need to be met for coverage. There was a discussion whether the MCPs would accommodate the 24-hour turnaround time, and questions were posed on the emergency 72-hour supply fill of medications.

##### *Compounds*

B. Link presented information on compound claims that were presented to the DUR Committee. His presentation entailed the coverage of gabapentin, ketamine and baclofen powders used in compounds, as well as covering hormone replacement therapy compounds. He proposed that compounds exceeding \$100 require PA. ODM will be working with the MCPs to assure consistency in these limits.

##### *Retro DUR*

G. Master presented an update on the interventions that were presented to the DUR Committee and approved. These interventions include duplicate inhalers, HIV adherence, chronic high doses of proton pump inhibitors, simulant interventions and omitting therapy in diabetics. The Board approved these interventions. The prescriber intervention letter, prescriber reminder letter, prescriber thank you letter and survey template were shared and changes proposed by the Board.

#### Announcements

The date for the next meeting is November 14, 2017 in this location.

#### Adjournment

R. Kubasak adjourned the meeting at 1:19 P.M.