

**Ohio Department of Job and Family Services (ODJFS)
Drug Utilization Review (DUR) Board
Quarterly Meeting
May 14, 2008**

The quarterly meeting of the ODJFS DUR Board was called to order at 12:00 PM in the Room 1918 of the Riffe Center, 77 S. High St., Columbus, Ohio. Robert Kubasak, RPh, Co-Chair, presided. The following Board members were present:

Thomas Gretter, MD
Robert Kubasak, RPh, Co-Chair
Kevin Mitchell, RPh,
J. Layne Moore, MD
Lenard Presutti, DO

Also present were Margaret Scott, RPh, DUR Administrator, Jill Griffith, RPh, DUR Director, and Robert Cluxton, PharmD, MBA, of the University of Cincinnati College of Pharmacy. Donald Sullivan, PhD, RPh was an excused absence. Approximately 15 observers were present, most representing pharmaceutical manufacturers.

Reading, Correction & Approval of Previous Minutes:

The November 14th, 2007, DUR Board minutes were approved with no corrections. (1st T. Gretter 2nd L. Presutti).

DUR Committee Report:

J. Griffith, gave the DUR Committee report.

In December 2007 and January 2008, the DUR Committee evaluated 276 profiles of patients receiving controlled substances, tramadol and/or carisoprodol from three or more prescribers in a 45 day period. Eighty-eight profiles required letters to multiple prescribers and 374 letters were mailed during March 2008. 202 letters have been returned so far with mainly positive comments from physicians. Information about the Ohio Automated Rx Reporting System (OARRS) and registration instructions were mailed with the physician letters and response forms. Three prescribers made mention of using OARRS and one had applied for use after receiving the letter. Three prescribers were unaware their patient had been seeing multiple physicians for controlled substances.

In February 2008, the DUR Committee evaluated 133 patient profiles of pediatric patients on a sedative/hypnotic drug with very limited pediatric safety or dosing information, multiple sedatives or a lengthy duration of sedative use. The committee looked specifically at non-barbiturate drugs including zolpidem, zaleplon, eszopiclone, flurazepam, temazepam, estazolam and triazolam. Only 15 profiles required letters. Letters were mailed in April 2008. Only one response has been received by the state thus far.

During the month of March, the DUR Committee evaluated Low Molecular Weight Heparin (LMWH) and fondaparinux therapy. The Committee looked at patients taking a LMWH continuously for greater than four to five weeks (28 to 35 days), as recommended by the 2004 American College of Chest Physicians guideline titled Prevention of Venous Thromboembolism: The seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. 339 total profiles were reviewed. 68 profiles will require letters. The Board offered comment on a draft letter and response form, including suggestions that the letter deliver the message softly, stating that the duration of use was longer than recommended. The letter should also recognize that many of the patients may have stopped taking LMWH by the time the letter is mailed. The cost of LMWH as opposed to oral warfarin therapy should also be discussed, as well as appropriate reasons to continue therapy beyond the recommended 4 to 5 weeks. Ms. Scott stated that as part of the review of the LMWH drug class for the preferred drug list (PDL), the pharmacy program is recommending to the Pharmacy & Therapeutics (P&T) Committee that therapy longer than 35 days require prior authorization. The Board agreed with the recommendation.

In April 2008, the DUR Committee re-reviewed profiles for patients on duplicative long acting opiates with 165 total profiles re-reviewed. The original review was performed in May 2005. The outcome of the re-review is pending.

The May and June 2008 DUR Committee are reviewing use of orally disintegrating tablet (ODT) Formulations. 847 profiles will be reviewed. The ODT formulation drugs under review include: Fazacllo (clozapine), Zyprexa Zydis (olanzapine), Risperdal M Tab (risperidone), Abilify Discmelt (aripiprazole) and the Remeron Soltab (mirtazepine). This is a two month review of patients noted to be on an ODT formulation in addition to other oral, regular release tablet formulations. ODT formulations are much more expensive than the comparable tablet formulations, without offering a therapeutic benefit for most patients.

Possible Upcoming Review Topic: The DUR Committee has been approached by the department's Bureau of Community Access to review patients on waiver programs who are taking psychotropic medications without a mental health diagnosis. The Home and Community Based Services Quality Steering Committee was formed in May 2006, composed of representatives from the Ohio departments of Job & Family Services, Aging, and Mental Retardation/Developmental Disabilities to ensure the quality of care for patients on waiver programs, meaning that they qualify for an institutional level of care but choose to reside in the community. The DUR Committee would like to consider looking at use of psychiatric medications in patients that do not have a mental health diagnosis either independently or in cooperation with this committee. J. Moore and T. Gretter expressed interest in the project, noting that several neurological diagnoses such as encephalopathy, dementia, and aggression may be treated with psychotropic medications. Appropriate criteria for review may be difficult to determine.

Health Plan Policy:

M. Scott said that the National Provider Identifier (NPI) will be mandatory on pharmacy claims for the dispensing pharmacy only. Medicaid ID or NPI will continue to be accepted for the prescriber ID until the department has determined that prescriber NPIs are widely available to pharmacies.

M. Scott announced plans to initiate Cyber Access, an online tool to allow Medicaid providers to access the pharmacy claims history for their patients. The system is expected to be available to providers in the fall of 2008.

M. Scott announced that the annual PDL review is underway. Nine new drug classes will be reviewed in 2008: Antidepressants, second-generation antipsychotics, injectable antirheumatic agents, growth hormones, ophthalmic antibiotics (expanded from ophthalmic quinolones), ophthalmic non-steroidal anti-inflammatory drugs, pancreatic enzymes, Parkinson's agents, and topical post-herpetic neuralgia agents. The draft PDL will be posted on June 20, with the P&T Committee meeting on July 16.

Unfinished Business:

Board vacancies – the Board has vacancies for one physician and one pharmacist. M. Scott has contacted the American Academy of Pediatrics – Ohio Chapter for a recommendation for a pediatrician, since about half of Medicaid consumers are children. M. Scott has also contacted the Ohio Pharmacists Association for a recommendation for a pharmacist.

New Business:

The Medicaid Technical Assistance and Policy Program (MEDTAPP) grant for retrospective DUR has been awarded to the University of Cincinnati (UC) College of Pharmacy, with Pamela Heaton, PhD, RPh, the principal investigator. Robert Cluxton, PharmD, MBA, attended the meeting representing UC. The UC team is excited to re-establish the program that they managed from 1998 through 2004. Dr. Heaton or other representatives from UC will attend each DUR Board and Committee meeting, and work with M. Scott and J. Griffith between meetings to provide the claims data and clinical expertise required for the program.

Announcements:

The next DUR Board meeting will be Wednesday, September 10, 2008. With no further business, the meeting was adjourned at 12:58 PM.

Respectfully submitted:

Jill RK Griffith BS, PharmD, DUR Director