

Ohio Department of Job and Family Services (ODJFS)
Drug Utilization Review (DUR) Board
Quarterly Meeting
May 23, 2007

The quarterly meeting of the ODJFS DUR Board was called to order at 12:06 PM in the Tower Conference Room, 30 E. Broad 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
Jacob Palomaki, MD
John Petracci, RPh
Lenard Presutti, DO

Also present were Margaret Scott, RPh, DUR Administrator, and Jill Griffith, RPh, DUR Director. Excused absence was Donald L. Sullivan, PhD, RPh. 10 observers were present, representing pharmaceutical manufacturers, the Ohio Department of Health, and ACS State Healthcare.

Reading, Correction & Approval of Previous Minutes:

The February, 21st 2006, DUR Board minutes were approved with no corrections. (1st J. Palomaki 2nd T. Gretter).

DUR Committee Report:

The chair of the DUR Committee, Jill Griffith BS, PharmD, RPh, gave the DUR Committee report.

J. Griffith reported the results of the December 2006 and January 2007 DUR diabetes disease state mailings. December and January runs were combined. 248 total letters were sent with 111 responses received as of May 8th, 2007. All good comments received back from physicians. Many comments expressed appreciation of the education provided.

The February DUR Committee was cancelled due to bad weather.

The March DUR Committee meeting focused on appropriate use of Symlin and Byetta. The committee reviewed 353 profiles and mailed 186 letters to prescribers; thus far the state has received 74 responses. The Ohio DUR Review Bulletin written about diabetes was mailed with all 434 prescriber letters during the three month diabetes disease state review.

In April, the DUR Committee conducted a re-review of a Selective Serotonin Reuptake Inhibitor (SSRI) review conducted in September 2004. 78 profiles of patients who were taking duplicate SSRIs in the review period were re-reviewed for the period September 2004 through August 2005. 46 patients showed improvement.

The Ohio DUR Review focused on serotonin syndrome is being mailed to the top 2,000 prescribers of serotonergic drugs. 2,024 letters are being mailed during the month of May.

In June, the Ohio DUR Review will be written with a focus on atypical antipsychotic use and appropriate metabolic testing. The Board determined that those prescribers with five patients or more taking an atypical antipsychotic with no claim in the previous 18 months for a HbA_{1c}, glucose blood test, glucose tolerance test, blood glucose reagent strip or home used glucose test strips will receive a letter. The Board would also like all psychiatrists in the state to receive the mailing.

Health Plan Policy:

The state is considering requiring step therapy for the long acting beta-2 agonist (LABA) class of drugs. LABA are not approved as first-line asthma therapy. The step edit is intended to encourage appropriate use of LABAs as recommended by the National Asthma Education and Prevention Program (NAEPP) Expert Panel Guidelines and the Global Initiative for Asthma (GINA) Global Strategy for Asthma Management and Prevention. The step edit is focused on appropriate use of LABAs in asthma, allowing use in chronic obstructive pulmonary disease (COPD) or exercise-induced bronchospasm. The step edit would create a system-generated prior authorization for a patient who has three or more claims for a LABA or LABA/corticosteroid combination in the previous six months, one more claim for an inhaled anticholinergic in the previous six months, three or more claims for an inhaled corticosteroid in the previous 12 months, three or more claims for a leukotriene modifier in previous 12 months, three or more claims for theophylline in the previous 12 months, or three or more claims for an oral corticosteroid in the previous four months. In addition, a prescriber may request prior authorization for a patient meeting previous therapy criteria without a claims history (new to Medicaid or samples); a patient with moderate persistent or severe persistent, or uncontrolled or partly controlled asthma; or a patient with a diagnosis of COPD or exercise-induced bronchospasm. If a patient continues to refill the LABA three times each six months, the prior authorization will automatically renew. A similar step edit was implemented by Arkansas Medicaid in 2006.

The Board discussed the technical requirements of this proposal and existing technology, including e-prescribing (software makers benefit, Part D benefit will mandate e-prescribing by 2009, not fully integrated: MD writes RX, insurance approves, label prints at the pharmacy; process is at least another five years away), ICD -9 codes being included on pharmacy claims (vague, often don't match up, medical claims not in the pharmacy data, makes connecting a diagnosis with appropriate use of a drug difficult), patient compliance (responsibility rests with MD, RPh and patient, it's very difficult, takes much educating). Discussion about the specifics of the Arkansas step edit (implemented last fall, February data showed decreased LABA use and increased ICS use, requires three LABA claims in four months, a stricter edit); an August DUR letter could be mailed to increase prescriber awareness of the edit. Goal is to have edit in place 10/1/07 with the new Preferred Drug List (PDL). The Board discussed the recommendation with representatives from the Ohio Department of Health.

R. Kubasak suggested that the threshold for prior authorization should be set at four LABA refills per six months, seconded by J. Petracci. The Board's recommendation will be presented to the Pharmacy & Therapeutics Committee.

Quantity Limits: A list of new quantity per day limits for drugs on the PDL was presented. Changes from the previous list approved by the Board include increasing the amount of Diovan allowed daily to accommodate the heart failure indication, and increasing the amount of Effexor XR due to high utilization of three 75mg capsules daily. Facts and Comparisons was the reference used to compile this list.

Unfinished Business:

Board Compensation will be increased to \$150.00 per meeting if it is approved via the rule making process. This change is expected to be in place for the September 19th DUR Board meeting.

New Business:

The National Provider Identifier (NPI) policy goes into effect today. Ohio Medicaid will accept either NPI or Ohio Medicaid provider identifier for pharmacy claims, in both the pharmacy provider and prescriber fields. A majority of pharmacies have reported their NPI to ODJFS and the expectation is that the ability to submit Medicaid ID for the pharmacy will be ended as soon as possible. Most prescribers have not reported their NPI to ODJFS, so the Medicaid ID will be accepted for the prescriber until further notice. For non-pharmacy claims, ODJFS is asking that both the NPI and Medicaid ID be submitted on claims through December 31.

The Conflict of Interest policy was signed by T. Gretter and L. Presutti. All other Board members had signed the policy at the previous meeting.

Announcements:

M. Scott announced the next Board meeting would take place on Wednesday, September 19th at noon. The new location will be at the Riffe Building on 77 South High Street.

With no further business, the meeting was adjourned at 1:15 PM (1st J. Petracci, 2nd T. Gretter).

Respectfully submitted:

Margaret A. Scott, RPh, DUR Administrator