

**Ohio Department of Job and Family Services (ODJFS)
Drug Utilization Review (DUR) Board
Quarterly Meeting
November 14, 2007**

The quarterly meeting of the ODJFS DUR Board was called to order at 12:09 PM in the Room 1924 of the Riffe Center, 77 S. High St., Columbus, Ohio. Donald Sullivan, PhD, RPh, Chair, presided. The following Board members were present:

Thomas Gretter, MD
Robert Kubasak, RPh, Co-Chair
J. Layne Moore, MD
John Petracci, RPh
Donald Sullivan, PhD, RPh, Chair

Also present were Margaret Scott, RPh, DUR Administrator, Jill Griffith, RPh, DUR Director, and Charity Rausch, RPh of ACS State Healthcare. Excused absence were Kevin Mitchell, RPh, Jacob Palomaki, MD, and Lenard Presutti, DO. Thirteen observers were present, representing pharmaceutical manufacturers.

Reading, Correction & Approval of Previous Minutes:

The May 23rd, 2007, DUR Board minutes were approved with no corrections. (1st T. Gretter 2nd R. Kubasak).

L. Moore was introduced to the Board. He has been appointed to fill the vacancy left by Dr. Garner's resignation. Dr. Moore serves as the Director of the Electroencephalography Laboratory, the Epilepsy Monitoring Unit and the Division of Epilepsy at the Ohio State University Medical Center.

DUR Committee Report:

The DUR Director, Jill Griffith, RPh, gave the DUR Committee report.

J. Griffith reported that an intervention letter regarding the importance of metabolic testing for patients taking atypical antipsychotics was mailed, along with a copy of the Ohio DUR Review covering the topic. The intervention was sent to all psychiatrists, as well as all other prescribers who were identified as having five or more patients taking an atypical antipsychotic and did not have a claim for a blood sugar test in an 18-month period. 1,185 letters were sent, including 254 to psychiatrists with five or more qualifying patients, 294 to non-psychiatrists with five or more qualifying patients, and 637 to psychiatrists who were not identified as having five qualifying patients. So far, the response rate has been 16 percent with 187 responses received. Most physicians who responded found the review to be useful. About half expressed increased awareness of the topic. One-third responded that they have identified patients or planned to discuss with patients the need to check blood sugar levels. Approximately one-third planned to

modify therapy or had ordered tests, and about one-half of the respondents offered comments. Most comments were positive. Copies of the DUR letter, answer sheet, graphs, and prescriber comments were distributed as meeting materials (attached).

The next intervention planned will be a two-month doctor shopping review in December and January. Criteria previously approved by the Board include patients receiving controlled substances, tramadol, or carisoprodol from three or more prescribers in a 45-day period. The DUR letter will mention the Ohio Automated Rx Reporting System (OARRS) to increase physician awareness and encourage physicians to register. Discussion regarding physician registration for the OARRS system followed. A copy of the driver's license and DEA registration certificate are required. D. Sullivan will provide text for the intervention letter about how to register.

Health Plan Policy:

M. Scott discussed the federal requirement for use of tamper-resistant prescription pads. Beginning April 1, 2008, any prescription written and given to a patient must have one of the three features outlined by the federal requirement rendering the prescription tamper-proof. Beginning October 1, 2008, the prescription pads must have incorporated all three features. The department expects to amend the Ohio Administrative Code to reflect the new federal requirement. Thirteen states have similar legislation in place for some or all prescriptions (generally controlled substances), including Kentucky and Indiana. Neither ODJFS nor the federal Centers for Medicare and Medicaid Services will recommend vendors. Two letters on this topic have been mailed to increase awareness.

M. Scott distributed a list of proposed quantity per day limits for drugs in 18 preferred drug list categories for the Board to consider (attached). Discussion regarding the recommended quantity per day allowed in the point-of-sale claims system without prior authorization versus the safe maximum dosage per day followed. M. Scott indicated that in some cases, the quantity per day to be programmed in the system is lower than the maximum daily dosage because of recommended dosing (e.g., one tablet daily). Lower-strength dosage forms may be limited to encourage the use of a higher-strength form, which will likely save money. The Board reviewed the list, discussed the suggestions and recommended two changes. The Board agreed that the recommended dosage for frovatriptan should be 5 mg per 24 hours, rather than the maximum 7.5mg per 24 hours listed in the package labeling. For zolmitriptan, the Board agreed to a maximum of 4 migraine attacks per 30 days, rather than the 3 per 30 days listed in the package labeling. M. Scott will adjust the maximum per day quantities for these products before having them programmed into the point-of-sale system.

Unfinished Business:

M. Scott provided a handout (attached) and updated the Board on the first month of the step edit for long-acting beta agonist products. The step edit was implemented in September to gather data, but no claims were denied until October 3. In the month of September, claims for 1534 patients were submitted. 70.9% of patients met criteria for automatic approval. Of those patients that did not meet criteria, 12.5% showed evidence

of appropriate first-line asthma/COPD therapy. Programming was changed to accommodate these situations. These changes resulted in 74.5% of patients meeting criteria. Of those patients that did not meet criteria, 38 patients (9.7%) showed no evidence of asthma or COPD in their claims history. 17 of the 38 patients filled an antibiotic on the same day, showing potential inappropriate use of LABA for acute bronchitis. From October 3 through 27, 254 prior authorization requests were received from prescribers. All requests were approved. M. Scott's conclusion is that the edit is working as intended, but that the department will continue to monitor its impact.

M. Scott provided an update on the MEDTAPP grant regarding university data analysis assistance for the DUR Program. The State expects the grant to be awarded by February 2008.

New Business:

Jacob Palomaki, MD and John Petracci, RPh will no longer be able to serve on the DUR Board and have chosen not to be re-appointed for an additional term. M. Scott will work with the professional associations to find replacements. R. Kubasak and L. Presutti have expressed interest in being re-appointed for an additional term.

T. Gretter nominated D. Sullivan as DUR Board Chair and R. Kubasak as Co-Chair for 2008. Motion passed with unanimous decision.

The 2008 DUR Committee review schedule will tentatively include doctor shopping, pediatric sedative-hypnotic use and pediatric sedative use in those on ADD stimulants. It is anticipated that the MEDTAPP grant vendor will guide remaining review topics. J. Griffith provided the Board with categories of drugs where state fiscal year 2006 spending was greater than one million dollars, including atypical antipsychotics and anti-epileptic drugs. Discussion surrounding on- and off-label use of anti-epileptic drugs for psychiatric and pain disorders followed. The Board agreed that limiting anti-epileptic drugs to labeled indications is not appropriate. If this class of drugs is reviewed by the DUR program, ODJFS and MEDTAPP vendor staff will research appropriate use. High-cost drug classes may be appropriate areas for intervention.

The 2008 DUR Board meeting schedule was set as follows:

- February 27, 2008
- May 14, 2008
- September 10, 2008
- November 19, 2008

Announcements:

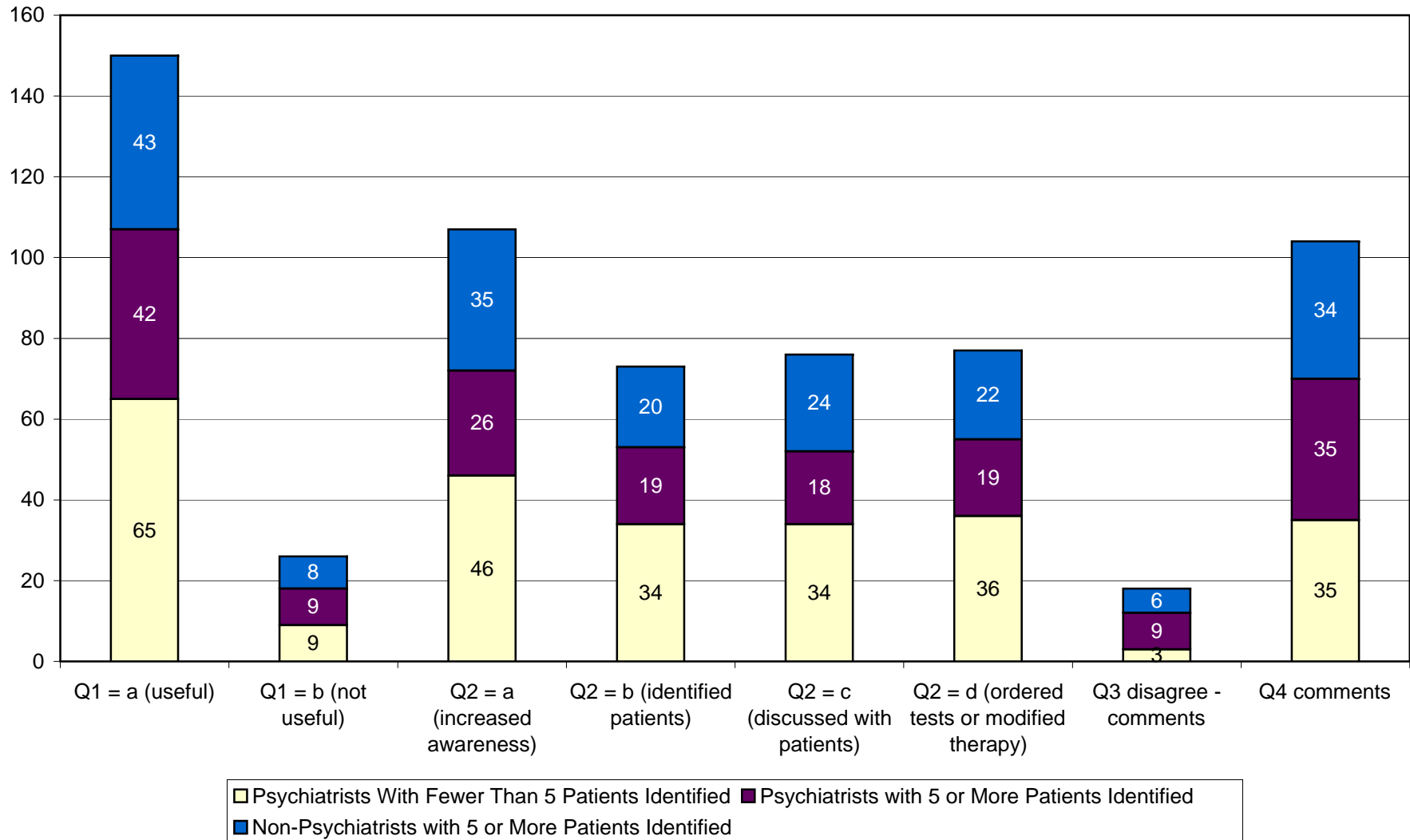
With no further business, the meeting was adjourned at 1:23 PM

Respectfully submitted:

Jill RK Griffith BS, PharmD, DUR Director

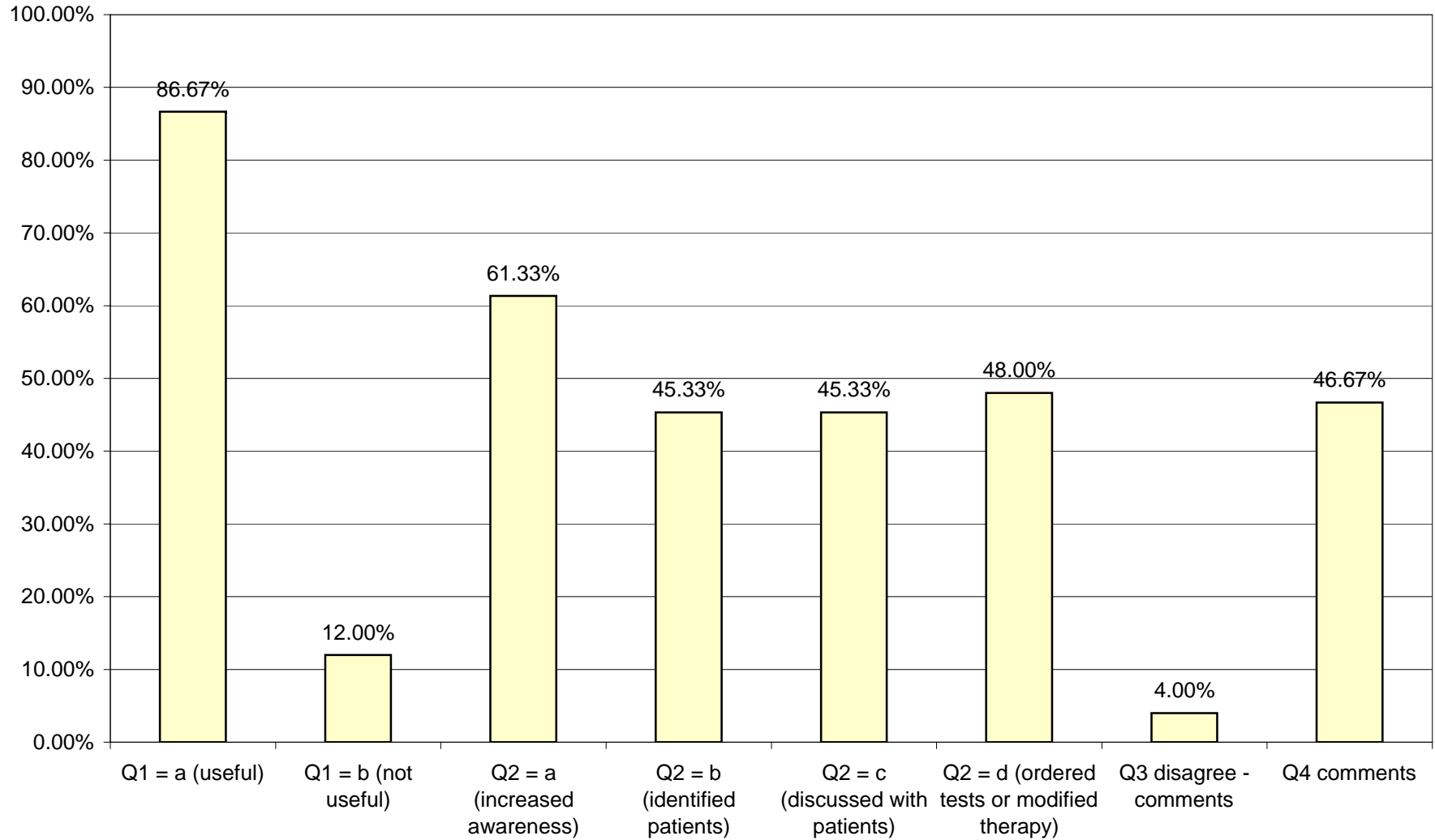
Responses to Metabolic Testing Mailing - All

187 Responses Received (15.91% Response Rate)



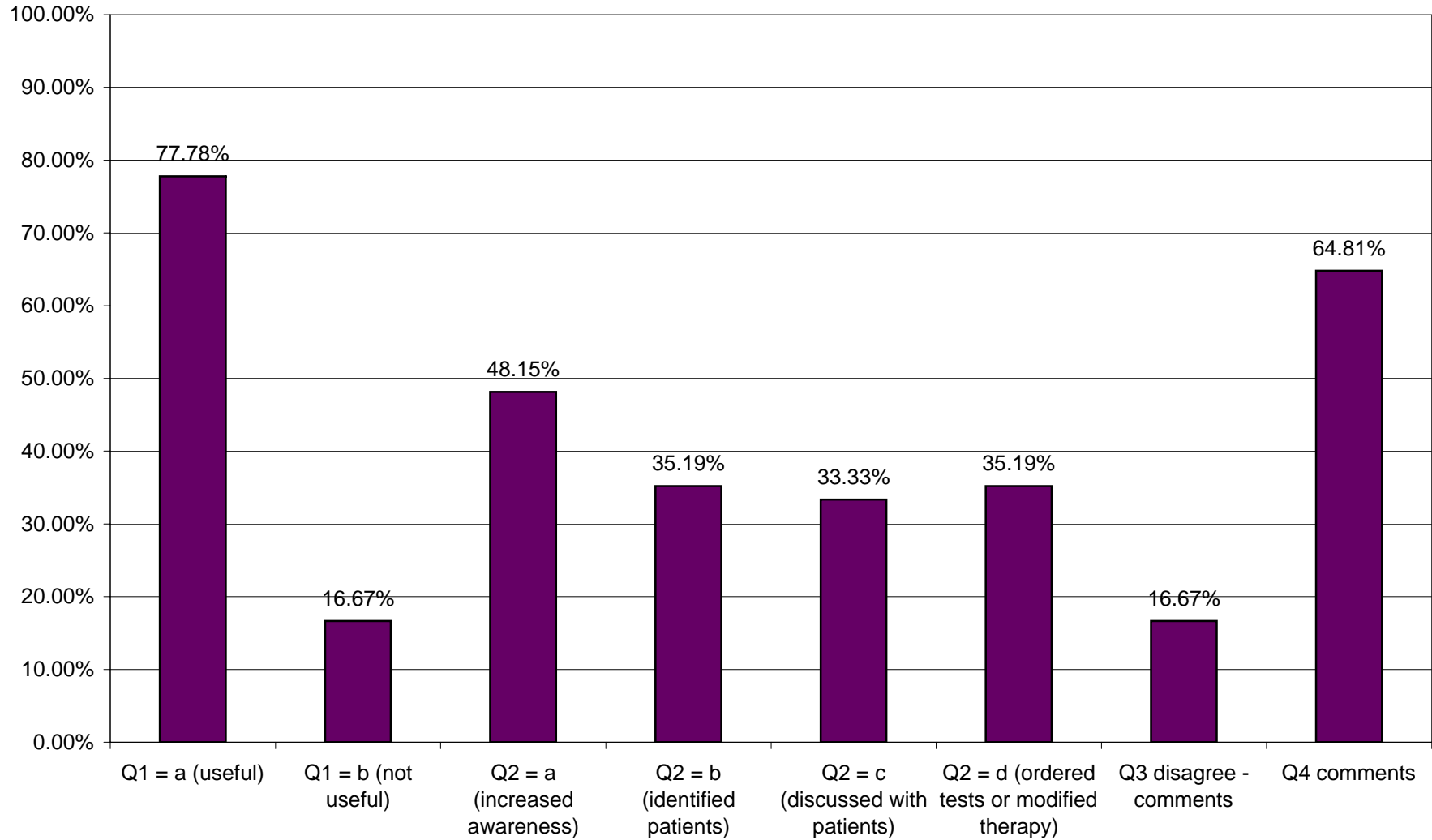
Psychiatrists With Fewer Than 5 Patients Identified

75 Responses Received (11.77% Response Rate)



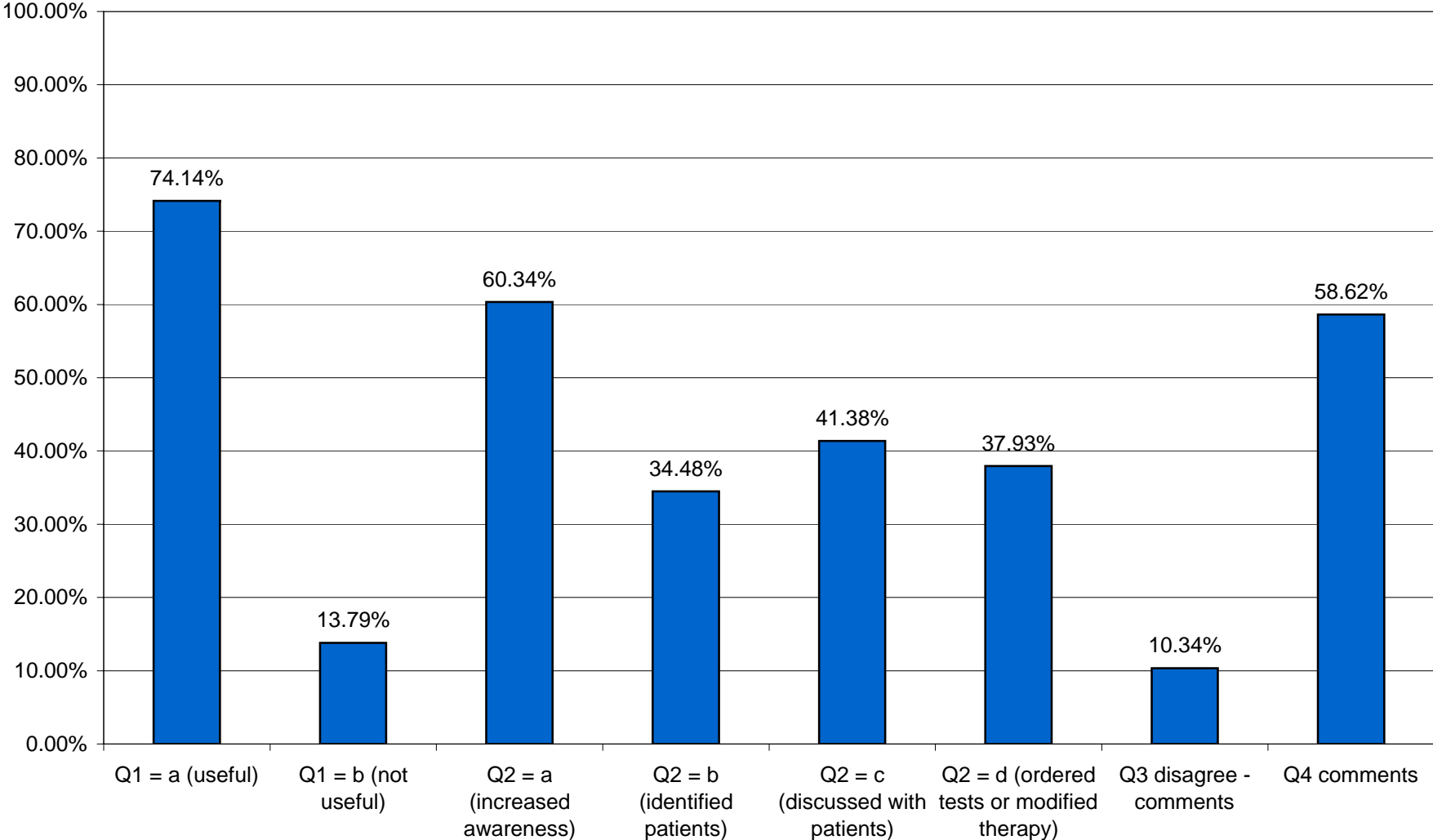
Psychiatrists with 5 or More Patients Identified

54 Responses Received (21.26% Response Rate)



Non-Psychiatrists with 5 or More Patients Identified

58 Responses Received (20.42% Response Rate)



Comments from Respondents
Psychiatrists With No Patients Identified

Q3: Disagree
I already order and monitor fasting glucoses but lipid profiles are usually done by PCP. There are also serious boundary issues with measuring female waist circumferences.
I find the information confusing. Atypical antipsychotics are also FDA-approved to treat bipolar disorder and many increased risks cited are specifically with schizophrenia. Also, if no increased risk for diabetes or hyperlipidemia have been reported, in a patient with no other risk factors, why monitor blood glucose, HgA1c and lipid profiles so much and further drive up health care costs? The guidelines on family history aren't at all helpful except that obviously if there is a strong family history the patient is a increased risk. But what if a family member/relative is morbidly obese, has HTN, NIDDM, hyperlipidemia and CV Dx, was sedentary throughout their life, smoked and ate a high fat diet, and the patient is of normal weight, exercises, eats health, doesn't smoke, has no HTN, DM,
Q4: Comments
Agree with information. Main issue is obtaining labs for patients without coverage (insurance) and patient
All patients have PCP who orders tests. Appreciate the effort DUR is making
Already discusses risk with patients and order tests, although endocrinology experts seem to disagree. While I do not disagree, the standard of what is being done for tests and follow-up as well as what paths to follow with abnormal results is widely variable still and how it applies to children and adolescents, with whom I also practice, is very unclear. The norms for that population are even less well studied than for adults.
Article good and useful-retired
Can't get patient to get blood drawn - is paranoid, psychotic and deeply afraid of needles. An excellent way to increase awareness of major public health problem.
Continued to do Q2 practices with heightened vigilance
Good Clinical Data
Good source of information.
Have always discussed with patients, have not been consistent enough in ordering tests
Have been in the practice of monitoring if not receiving from PCP; I am already aware of the metabolic concerns.
Helpful to be aware of consequences of some of the medication regimens, prescribed by us to help patients, but which can be disastrous if benefits and risks are not taken into consideration!
I am a geriatric psychiatrist who treats the elderly. Many, if not most, patients are under the care of a primary MD. Many, if not most, already have pre-existing conditions like HBP, NIDDM, increased lipids, etc. Patients are warned about these conditions worsening with atypicals; but I usually don't order testing, since they are being monitored by their primary MD. And that is the physician who will alter treatment, e.g. increase Lipitor, etc. Please also note that a psychiatrist will Rx atypicals based on individual variables; e.g. obese patients would be
I am already well-versed in this. None of it was new to me. I'm glad you are reminding those who are less familiar with these drugs on how to use them responsibly.
I am following this problem with my patients. Relied on PCP to evaluate BP, lipids. Intend to consider monitoring and will get HbA1c where indicated & ask specifically for other tests
I am well aware of the risk and routinely screen for metabolic syndrome when using a.a.. Frequently patients decline abdominal circumference and is dangerous to perform on some patients.
I do not think across the board. Mandated testing would be practical for a portion of patients without a PCP or
I have doing this for years. I regularly screen and educate all of my patients who are taking atypicals.
I make a point to keep up on lab testing of these patients
I was already doing the recommended protocol
I was already doing this.
In many cases labwork is ordered by the patients cannot afford to have labwork done and they need to stay on antipsychotics to prevent decompensation. A cost-effective option for these patients would greatly improve their
Nice brief with thorough reference. Many schizophrenic patients are fearful of or unwilling to be tested. In patients such as these, we try to get them to have a finger stick glucometer reading, which we offer. Tried to get
Nice concise review of the problem and how to monitor for it.
Nice review
Plan to review with patients & take heed of letter. I think that this was a good idea.
Re: referral to endocrinologist is unrealistic and not necessary for most.

Comments from Respondents
Psychiatrists With No Patients Identified

Referral for these patients for specialized services have been difficult or not follow through with PCP. I was told PCPs are the only ones approved to refer for specialized services. Please clarify.
Sent to me by mistake, not psychiatrist
Should we be doing primary care with lipid profiles and how often? In addition to what primary care does?
Some patients we can't do regular blood test monitoring due to lack of insurance coverage.
Thank you
Thank you. I have increased my monitoring and tracking of metabolic data due to the effect of atypical
This is not new information. It did not change my practice.
This is very helpful. Thank you
Useful, although the information was already well known to me. Question 2 doing as usual.
Was aware of information
Was doing these things already except not always able to get FBS and lipids at 12 weeks. I will focus on doing this with more emphasis. PS we are having difficulty finding funding for following up on patients ineligible for Medicaid, to pay for labs. We check weight and vitals each visit at the clinic.

Comments from Respondents
Psychiatrists With 5 or More Patients Identified

<p>Q3: Disagree</p> <p>All patients seen are child adolescents - waist measurements for most part are unnecessary. No adult patients in our system.</p> <p>All patients on antipsychotics have their blood sugars, A1c, post prandial sugar, lipids checked at baseline and at 1 year depending on their weight gain.</p> <p>Because it is my practice to watch out for FBS and lipids when patient is on atypicals.</p> <p>Clients receive metabolic screens. Some choose not to obtain screening. Clients on Geodon generally not</p> <p>I agree with the information, except that I challenge the assertion that the aforementioned physiologic parameters aren't being monitored - without knowing who the patients are I cannot provide the documentation to show that these tests and measurements are a standard.</p> <p>I am fully aware of the testing recommended, the majority of my patients have had lab work done. It would be helpful to know the ones that were picked up on your audit</p> <p>I have discussed metabolic syndrome with everyone on atypical antipsychotics. Every patients is monitored for weight regularly. Some of the patients are not at risk by history or weight and chose not to have blood draws.</p> <p>I monitor all patients for weight, glucose and lipid profile who receive atypical antipsychotics unless the patient refuses bloodwork. All patients are educated about metabolic risks vs. benefits for psychosis. My practice consists of a very complex group of individuals who are homeless and often have comorbid substance abuse in addition to psychotic illness. The moral here is - statistics don't always provide a realistic picture of clinical</p> <p>I question the necessity of doing metabolic testing on individuals whose atypical antipsychotic dosage is very low. For example, 2 mg of Abilify 2x/week or Seroquel 25mg/day.</p> <p>It would help very much to have patient names - I attempt to get baseline data then follow up every 3-6 months as needed, also routine height/weight and guidance for healthy eating and exercise, also to record BMIs.</p>
<p>Q4: Comments</p> <p>Was useful as reminder but was aware of guidelines and attempt to follow. Most patients are not getting labs done as promptly as requested. Handouts are going to patients and or parents about the risks of metabolic syndromes, all abnormal labs are sent to PCP with permission of parent.</p> <p>Already do (Q2). Thanks.</p> <p>Already do all of (Q2). Already am aware of this information and I do in fact order fasting blood sugars and lipid panels on patients who take atypical antipsychotics. Often, they refuse blood work from me, stating they prefer to go to their PCP and I try to contact the PCP but do not get results in that arena either. I will continue with case management and other follow up as I agree with the need in this area of the health care of our patients. Thank you for taking the time to check on this.</p> <p>Already do this (Q2) prior to reading review!</p> <p>Already monitoring</p> <p>Compliance with lab orders is problematic for some patients and families.</p> <p>Good & relevant information.</p> <p>Good reminder! Not all antipsychotic require metabolic monitoring.</p> <p>I already monitor my patients whenever possible.</p> <p>I always do the tests for metabolic syndrome. I check lipid, A1c hemoglobin on most of my patients.</p> <p>I am aware of metabolic effects of antipsychotics and do modify therapy if there is findings. Psych patients do not do lab tests when they are ordered.</p> <p>I am fully aware of atypical antipsychotics potentially causing a metabolic syndrome. I have ordered fasting glucose and HbA1c, and lipid panel on patients taking atypical antipsychotics who have gained weight and if there is a family history of diabetes. Some of these patients don't follow up on the lab work.</p> <p>I appreciate the review and do know that others are not complying with recommendations.</p>

Comments from Respondents
Psychiatrists With 5 or More Patients Identified

<p>I found it very helpful for identifying the scope of the problem in terms of numbers of patients who have not been tested. My level of awareness is already very high, as it's the most common problematic side effect we deal with. Discussion is done with all the patients. I could do a better job with identifying patients potentially at risk and need to be more vigilant with awareness. There are several scenarios which could account for the number of patients - 1) failure to get an initial baseline because of patient's agitated and paranoid state and later lack of baseline goes unnoticed. 2) patient claims labs done by PCP and then we can't obtain results or they, in fact, weren't done. 3) Those who have or claim lack of coverage, some of whom check their sugar on relative's glucometer. 4) People who refuse to get lab tests done, period. Some of these people would fall under JFS monitoring and I do offer the above as possible reasons, not excuses.</p>
<p>I had this information years ago and have been practicing it.</p>
<p>I have already tried to address and I will do better with follow up.</p>
<p>I no longer practice psychiatry in Ohio.</p>
<p>I only see children who usually receive relatively short courses of atypical antipsychotic medications. All weights are monitored. All PCPs see my patients yearly. The literature you furnished is not necessarily relevant to my patient population - when relevant, HbA1c's and glucoses are ordered. All patients are given information on this I thought I had checked everybody or at least ordered the tests. I will check again.</p>
<p>I treat Medicaid patients at a CMHC. I do order glucose monitoring, lipid panel HbA1c, CBC, comprehensive metabolic panel at least twice per year. We monitor weight regularly, and waist circumference. Patients don't always obtain the requested lab work. I always discuss risk of metabolic syndrome with patients who are prescribed 2nd generation antipsychotic agents.</p>
<p>I work in a hospital setting and all of the patients have baseline metabolic panels completed. They are discharged within 3-7 days and go on to someone else for outpatient care and follow-up.</p>
<p>I'm already familiar with this information and have incorporated it into my practice.</p>
<p>In general, I have been doing this (Q2) already. I do not know what 15 patients of mine have not had a fasting BS in the last 18 months. I have been ordering a FBS about 1x/year, can you send me a list of those patients?</p>
<p>Medicaid doesn't pay for metabolic profile with diagnosis of schizophrenia is given unless there is a co-existing medical condition. Please respond and give directions.</p>
<p>Not useful because I already know and attempt to comply with metabolic testing. 1) I work in a practice setting where I write Rx as part of ongoing care and other psychiatrist is primary. I check files as best I can and order testing. 2) On my own patients, I always order metabolic profile. Many parents and kids won't comply with 12 hour fasting (for results to be valid/interpretable). I document this in medical record.</p>
<p>One of the problems we have is what diagnosis to put down for reimbursement of the screening blood tests. Insurances will not pay without diagnosis and "screening or rule out" are not acceptable diagnosis.</p>
<p>Please note that I speak all over the country about metabolic issues. I do appreciate this DUR letter and hope that other doctors will become more aware of metabolic comorbidities. This was useful to know that there are some patients being identified who have not had glucose tests. However I am extremely aware of metabolic syndrome, am aware of which patients are at higher risk, talk to all of my patients about potential risks and need to get blood work and connect with PCPs. I talk with my patients about healthy lifestyle choices and give support regarding nutrition and physical fitness. There are some patients who refuse labwork yet are in need of atypical meds. There are some patients who have had labwork in a hospital setting or a glucometer reading by the nurse. This info would really only be helpful to me if I had the names of the particular patients.</p>
<p>Please send me a list of the patients for whom I have prescribed atypicals without assay for FBS/lipids so I can correct the matter. Your reply is appreciated.</p>
<p>Thanks for reviewing this very important information.</p>
<p>This was not useful as I work with many psychiatrists and cross-cover. Not knowing which patients involved does not help. I make it a practice to either check glucose and cholesterol or ask patient if PCP is doing so and if PCP checks regularly per patient then I do not double up on the labwork. It would be helpful to know which patients to see if they were mine and if I did miss doing this.</p>
<p>Utilized mailing for staff training</p>
<p>Waste of time . Stop spending money on this.</p>
<p>We have been trying to do this by coordinating with their family physicians.</p>
<p>What happens to patients who did not have Medicaid and patients with different Part D Medicaid insurance.</p>

Comments from Respondents
Non-Psychiatrists with 5 or More Patients Identified

Q3: Disagree
Do not prescribe antipsychotics
I agree with this info, however you are misinformed because I do test all of my residents for FBS and if elevated a HbA1c. Use calorie reduction diets to maintain their weights in an IBW range. Thanks.
I do order FBS and lipids as well as monitor weight. However, some clients do not follow through or delay getting blood draws. Compliance with my ordered tests are a problem.
I was surprised to see 17 patients without a blood sugar reading. I either order labs on all my patients or have them bring in recent labs from their doctors.
illegible
It would be most helpful to know the 34 clients identified. I routinely order FBS and lipids (at least biannually) on clients receiving atypical antipsychotics. Thanks for your assistance.
Q4: Comments
Already being monitored at the various nursing homes.
Already doing most of recommendations.
Already know
Aware of metabolic syndrome, and mostly keeping eye on glucose and lipid another risk factors.
BP and weight recorded with each visit but I do have patients at risk, some secondary to Rx but most genetic/environmental risk factors. Thanks.
Comprehensive metabolic panels being ordered and billed for. We feel it is necessary to check kidney and liver function as well. Could this be why FBS did not show up as being billed for? Response requested.
Everything OK
Getting lab work before starting antipsychotic does not seem reasonable or practical.
How do you know Medicare or other insurance didn't get billed for glucose, BMS, CMP, etc?
I already know, and by the way I am a neurologist - adult and pediatric - and I don't treat schizophrenia. My patients have ADHD/PDD/autism and other comorbidities with ADHD with low dose. Thank you for the information.
I don't prescribe psych meds.
I have been following guidelines mostly except when patient has recent blood work already done in either hospital or ordered by PCP recently.
I have not prescribed an atypical antipsychotic - ever
I usually get complete metabolic workup done on my patients (chem profile/lipid profile/liver profile) before starting them on medication and once/year at least after that.
illegible
In Central Ohio we do not have enough psychiatrists who are willing to see Medicaid patients, or the wait is too long. As a family doctor, I am uncomfortable treating patients with mental disorders.
It would be useful to have the names of the patients identified in the letter. I am fairly obsessive about monitoring, and surprised to learn of patients not monitored.
Many of my patients with schizophrenia have had renal I ordered with includes a fasting sugar, but I will be more diligent looking for same in the future.
More details of kids appropriate guidelines, do they still need these labs or are we just extrapolating adult data and guidelines?
Most of my patients taking the atypical antipsychotics are not schizophrenic and most of such patients are children on low dosage. I do monitor their clinical state and only rarely have needed to do any correlative lab work.
My experience with ziprasidone has been very positive, however it is difficult to get insurance/Medicaid coverage for this medication.
North Central MH Service (our clinic) expects us to have continued labs on our patients. I do order labs all the time but sad to say that many patients do not get them done. Metabolic syndrome is a serious problem that our clinic is well aware of. Thanks.

Comments from Respondents
Non-Psychiatrists with 5 or More Patients Identified

Please send me the names of the residents where I have ordered antipsychotics who don't have glucose. Thanks you. Sometimes although psychiatrist orders the antipsychotics they go under my name as the ordering physician in nursing and group homes.
Thank you
Thank you
Thanks
These patients you mentioned are at the nursing home and under psychiatrist care, the Rx are under my name as a prescriber because I am the PCP at the nursing home. I will inform the psychiatrist about this information.
This was useful.
Very aware but thanks for the update. I also fill in for other prescribers so can't attest to their frequency of order.
Well written
Will begin to identify patients, discuss risk, and order tests
Will order blood sugars for patients taking antipsychotics. Will Medicaid reimburse for this testing?
Will review nursing home patients on antipsychotics and monitor
You sent this article to a pediatrician - not real relevant to my practice!

Proposed Quantity Limits
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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Advil, Motrin	Ibuprofen	100mg	4.000	3200mg
Advil, Motrin	Ibuprofen	200mg	4.000	3200mg
Motrin	Ibuprofen	400mg	4.000	3200mg
Motrin	Ibuprofen	600mg	4.000	3200mg
Motrin	Ibuprofen	800mg	4.000	3200mg
Advil Liquid Capsule	Ibuprofen	200mg	4.000	3200mg
Advil, Motrin Chewable Tablets	Ibuprofen Chewable	100mg	12.000	3200mg
Advil, Motrin Chewable Tablets	Ibuprofen Chewable	50mg	12.000	3200mg
Advil, Motrin, Pediacare Susp	Ibuprofen Suspension	40mg/ml	8.000	3200mg
Advil, Motrin, Pediacare Susp	Ibuprofen Suspension	100mg/5ml	160.000	3200mg
Aleve	Naproxen Sodium	220mg	7.000	1650mg
Anaprox	Naproxen Sodium	275mg	6.000	1650mg
Anaprox	Naproxen Sodium	550mg	3.000	1650mg
Ansaid	Flurbiprofen	50mg	4.000	300mg
Ansaid	Flurbiprofen	100mg	3.000	300mg
Arthrotec	Diclofenac Sodium-Misoprostol	50/200	4.000	225mg diclofenac/800mg misoprostol
Arthrotec	Diclofenac Sodium-Misoprostol	75/200	3.000	225mg diclofenac/800mg misoprostol
Cataflam	Diclofenac Potassium	50mg	3.000	200mg
Celebrex	Celecoxib	50mg	2.000	800mg
Celebrex	Celecoxib	100mg	2.000	800mg
Celebrex	Celecoxib	200mg	2.000	800mg
Celebrex	Celecoxib	400mg	2.000	800mg
Clinoril	Sulindac	150mg	2.000	400mg
Clinoril	Sulindac	200mg	2.000	400mg
Daypro	Oxaprozin	600mg	2.000	1800mg
Feldene	Piroxicam	10mg	1.000	20mg
Feldene	Piroxicam	20mg	1.000	20mg
Indocin	Indomethacin	25mg	4.000	200mg
Indocin	Indomethacin	50mg	4.000	200mg
Indocin SR	Indomethacin SR	75mg	2.000	200mg
Indocin Suppository	Indomethacin Suppository	50mg	4.000	200mg
Indocin Suspension	Indomethacin Suspension	25mg/5ml	40.000	200mg
Lodine	Etodolac	200mg	4.000	1200mg
Lodine	Etodolac	300mg	4.000	1200mg
Lodine	Etodolac	400mg	3.000	1200mg
Lodine	Etodolac	500mg	2.000	1200mg
Lodine XL	Etodolac ER	400mg	3.000	1200mg
Lodine XL	Etodolac ER	500mg	2.000	1200mg

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Lodine XL	Etodolac ER	600mg	2.000	1200mg
Meclomen	Meclofenamate Sodium	50mg	4.000	400mg
Meclomen	Meclofenamate Sodium	100mg	4.000	400mg
Mobic	Meloxicam	7.5mg	1.000	15mg
Mobic	Meloxicam	15mg	1.000	15mg
Mobic Oral Suspension	Meloxicam	7.5mg/5ml	10.000	15mg
Nalfon	Fenoprofen Calcium	200mg	4.000	3200mg
Nalfon	Fenoprofen Calcium	600mg	4.000	3200mg
Naprelan	Naproxen Sodium ER	375mg	4.000	1650mg
Naprelan	Naproxen Sodium ER	500mg	3.000	1650mg
Naprosyn	Naproxen	250mg	6.000	1500mg
Naprosyn	Naproxen	375mg	4.000	1500mg
Naprosyn	Naproxen	500mg	3.000	1500mg
Naprosyn Oral Suspension	Naproxen	125mg/5ml	60.000	1500mg
EC-Naprosyn	Naproxen	375mg	4.000	1500mg
EC-Naprosyn	Naproxen	500mg	3.000	1500mg
Orudis	Ketoprofen	25mg	4.000	300mg
Orudis	Ketoprofen	50mg	4.000	300mg
Orudis	Ketoprofen	75mg	4.000	300mg
Oruvail	Ketoprofen	100mg	1.000	200mg
Oruvail	Ketoprofen	200mg	1.000	200mg
Ponstel	Mefenamic Acid	250mg	4.000	1250mg
Relafen	Nabumetone	500mg	4.000	2000mg
Relafen	Nabumetone	750mg	2.000	2000mg
Ridaura	Auranofin	3mg	3.000	9mg
Tolectin	Tolmetin Sodium	200mg	3.000	1800mg
Tolectin	Tolmetin Sodium	600mg	3.000	1800mg
Tolectin DS	Tolmetin Sodium	400mg	3.000	1800mg
Vicoprofen	Ibuprofen-Hydrocodone Bitartrate	200-7.5mg	5.000	5 tabs (package insert)
Voltaren	Diclofenac Sodium	25mg	4.000	200mg
Voltaren	Diclofenac Sodium	50mg	4.000	200mg
Voltaren	Diclofenac Sodium	75mg	2.000	200mg
Voltaren-XR	Diclofenac Sodium SR	100mg	1.000	200mg
Aggrenox	Aspirin-Dipyridamole	25-200mg	2.000	400mg dipyridamole
Persantine	Dipyridamole	25mg	4.000	400mg
Persantine	Dipyridamole	50mg	8.000	400mg
Persantine	Dipyridamole	75mg	4.000	400mg
Plavix	Clopidogrel Bisulfate	75mg	1.000	75mg

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Pletal	Cilostazol	50mg	2.000	200mg
Pletal	Cilostazol	100mg	2.000	200mg
Ticlid	Ticlopidine HCl	250mg	2.000	500mg
Accupril	Quinapril HCl	5mg	2.000	80mg
Accupril	Quinapril HCl	10mg	2.000	80mg
Accupril	Quinapril HCl	20mg	2.000	80mg
Accupril	Quinapril HCl	40mg	2.000	80mg
Accuretic	Quinapril-Hydrochlorothiazide	10-12.5mg	2.000	80mg
Accuretic	Quinapril-Hydrochlorothiazide	20-12.5mg	4.000	80mg
Accuretic	Quinapril-Hydrochlorothiazide	20-25mg	4.000	80mg
Aceon	Perindopril Erbumine	2mg	2.000	8mg
Aceon	Perindopril Erbumine	4mg	2.000	8mg
Aceon	Perindopril Erbumine	8mg	1.000	8mg
Altace	Ramipril	1.25mg	2.000	20mg
Altace	Ramipril	2.5mg	2.000	20mg
Altace	Ramipril	5mg	2.000	20mg
Altace	Ramipril	10mg	2.000	20mg
Capoten	Captopril	12.5mg	3.000	450mg
Capoten	Captopril	25mg	3.000	450mg
Capoten	Captopril	50mg	9.000	450mg
Capoten	Captopril	100mg	3.000	450mg
Capozide	Captopril-Hydrochlorothiazide	25-15	3.000	450mg
Capozide	Captopril-Hydrochlorothiazide	25-25	3.000	450mg
Capozide	Captopril-Hydrochlorothiazide	50-15	9.000	450mg
Capozide	Captopril-Hydrochlorothiazide	50-25	9.000	450mg
Lotensin	Benazepril HCl	5mg	2.000	80mg
Lotensin	Benazepril HCl	10mg	2.000	80mg
Lotensin	Benazepril HCl	20mg	2.000	80mg
Lotensin	Benazepril HCl	40mg	2.000	80mg
Lotensin HCT	Benazepril HCl-Hydrochlorothiazide	5/6.25	2.000	80mg
Lotensin HCT	Benazepril HCl-Hydrochlorothiazide	10/12.5	2.000	80mg
Lotensin HCT	Benazepril HCl-Hydrochlorothiazide	20/12.5	4.000	80mg
Lotensin HCT	Benazepril HCl-Hydrochlorothiazide	20/25	4.000	80mg
Mavik	Trandolapril	1mg	1.000	8mg
Mavik	Trandolapril	2mg	1.000	8mg
Mavik	Trandolapril	4mg	2.000	8mg
Monopril	Fosinopril Sodium	10mg	1.000	80mg
Monopril	Fosinopril Sodium	20mg	1.000	80mg

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Monopril	Fosinopril Sodium	40mg	2.000	80mg
Monopril HCT	Fosinopril Sodium-Hydrochlorothiazide	10-12.5mg	1.000	80mg
Monopril HCT	Fosinopril Sodium-Hydrochlorothiazide	20-12.5mg	4.000	80mg
Prinivil, Zestril	Lisinopril	2.5mg	2.000	80mg
Prinivil, Zestril	Lisinopril	5mg	2.000	80mg
Prinivil, Zestril	Lisinopril	10mg	2.000	80mg
Prinivil, Zestril	Lisinopril	20mg	2.000	80mg
Prinivil, Zestril	Lisinopril	30mg	2.000	80mg
Prinivil, Zestril	Lisinopril	40mg	2.000	80mg
Prinzide, Zestoretic	Lisinopril-Hydrochlorothiazide	10-12.5mg	2.000	80mg
Prinzide, Zestoretic	Lisinopril-Hydrochlorothiazide	20-12.5mg	2.000	80mg
Prinzide, Zestoretic	Lisinopril-Hydrochlorothiazide	20-25mg	2.000	80mg
Univasc	Moexipril	7.5mg	2.000	60mg
Univasc	Moexipril	15mg	2.000	60mg
Uniretic	Moexipril-Hydrochlorothiazide	7.5-12.5mg	2.000	60mg
Uniretic	Moexipril-Hydrochlorothiazide	15-12.5mg	2.000	60mg
Uniretic	Moexipril-Hydrochlorothiazide	15-25mg	2.000	60mg
Vasotec	Enalapril Maleate	2.5mg	2.000	40mg
Vasotec	Enalapril Maleate	5mg	2.000	40mg
Vasotec	Enalapril Maleate	10mg	2.000	40mg
Vasotec	Enalapril Maleate	20mg	2.000	40mg
Vaseretic	Enalapril-Hydrochlorothiazide	5-12.5mg	2.000	40mg
Vaseretic	Enalapril-Hydrochlorothiazide	10-25mg	4.000	40mg
Lexxel	Enalapril Maleate-Felodipine	5-2.5mg	2.000	
Lexxel	Enalapril Maleate-Felodipine	5-5mg	2.000	
Lotrel	Amlodipine Besylate-Benazepril	10-2.5mg	1.000	
Lotrel	Amlodipine Besylate-Benazepril	10-20mg	1.000	
Lotrel	Amlodipine Besylate-Benazepril	10-40mg	1.000	
Lotrel	Amlodipine Besylate-Benazepril	5-10mg	1.000	
Lotrel	Amlodipine Besylate-Benazepril	5-20mg	1.000	
Lotrel	Amlodipine Besylate-Benazepril	5-40mg	1.000	
Tarka	Trandolapril-Verapamil HCl	1-240mg	2.000	8mg-240mg
Tarka	Trandolapril-Verapamil HCl	2-180mg	2.000	8mg-240mg
Tarka	Trandolapril-Verapamil HCl	2-240mg	2.000	8mg-240mg
Tarka	Trandolapril-Verapamil HCl	4-240mg	2.000	8mg-240mg
Ziac	Bisoprolol-Hydrochlorothiazide	2.5-6.25mg	1.000	20-12.5
Ziac	Bisoprolol-Hydrochlorothiazide	5-6.25mg	1.000	20-12.5
Ziac	Bisoprolol-Hydrochlorothiazide	10-6.25mg	2.000	20-12.5

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Lopressor HCT	Metoprolol-Hydrochlorothiazide	50-25	2.000	200-50
Lopressor HCT	Metoprolol-Hydrochlorothiazide	100-25	2.000	200-50
Lopressor HCT	Metoprolol-Hydrochlorothiazide	100-50	2.000	200-50
Inderide	Propranolol-Hydrochlorothiazide	25/40	2.000	160/50
Inderide	Propranolol-Hydrochlorothiazide	25/80	2.000	160/50
Timolide	Timolol-Hydrochlorothiazide	25/10	2.000	20mg timolol, 50mg hctz
Corzide	Nadolol-Bendroflumethiazide	40-5mg	1.000	320/20
Corzide	Nadolol-Bendroflumethiazide	80-5mg	4.000	320/20
Tenoretic	Atenolol-Chlorthalidone	25/50	1.000	200mg metoprolol, 50mg chlorthalidone
Tenoretic	Atenolol-Chlorthalidone	25/100	2.000	200mg metoprolol, 50mg chlorthalidone
BiDil	Isosorbide Dinitrate-Hydralazine	20-37.5mg	6.000	6 tabs
Aricept ODT	Donepezil HCl	5mg	1.000	10mg
Aricept ODT	Donepezil HCl	10mg	1.000	10mg
Cognex	Tacrine HCl	10mg	4.000	640mg
Cognex	Tacrine HCl	20mg	4.000	640mg
Cognex	Tacrine HCl	30mg	4.000	640mg
Cognex	Tacrine HCl	40mg	4.000	640mg
Exelon	Rivastigmine Tartrate	1.5mg	2.000	24mg
Exelon	Rivastigmine Tartrate	3mg	2.000	24mg
Exelon	Rivastigmine Tartrate	4.5mg	2.000	24mg
Exelon	Rivastigmine Tartrate	6mg	2.000	24mg
Exelon Oral Solution	Rivastigmine Tartrate	2mg/ml	12.000	24mg
Exelon Patch	Rivastigmine Tartrate	4.6mg/24h	1.000	9.5mg
Exelon Patch	Rivastigmine Tartrate	9.5mg/24h	1.000	9.5mg
Namenda	Memantine HCl	5mg	2.000	20mg
Namenda	Memantine HCl	10mg	2.000	20mg
Namenda Oral Solution	Memantine HCl	10mg/5ml	10.000	20mg
Razadyne	Galantamine Hydrobromide	4mg	2.000	24mg
Razadyne	Galantamine Hydrobromide	8mg	2.000	24mg
Razadyne	Galantamine Hydrobromide	12mg	2.000	24mg
Razadyne Oral Solution	Galantamine Hydrobromide	4mg/ml	6.000	24mg
Razadyne ER	Galantamine Hydrobromide	8mg	1.000	24mg
Razadyne ER	Galantamine Hydrobromide	16mg	1.000	24mg
Razadyne ER	Galantamine Hydrobromide	24mg	1.000	24mg
Amerge	Naratriptan HCl	1mg	0.322	5mg/24hr; 4 attacks/30 days
Amerge	Naratriptan HCl	2.5mg	0.322	5mg/24hr; 4 attacks/30 days
Axert	Almotriptan Malate	6.25mg	0.322	25mg/24hr; 4 attacks/30days
Axert	Almotriptan Malate	12.5mg	0.322	25mg/24hr; 4 attacks/30days

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Frova	Frovatriptan Succinate	2.5mg	0.430	7.5mg/24hr; 4 attacks/30 days
Imitrex Injection Kit	Sumatriptan Succinate	4mg/0.5ml	0.322	12mg/24hr; 4 attacks/30 days
Imitrex Injection Refill	Sumatriptan Succinate	4mg/0.5ml	0.322	12mg/24hr; 4 attacks/30 days
Imitrex Prefilled Syringe	Sumatriptan Succinate	6mg	0.322	12mg/24hr; 4 attacks/30 days
Imitrex Single Dose Vial	Sumatriptan Succinate	6mg	0.322	12mg/24hr; 4 attacks/30 days
Imitrex STAT-Dose Kit	Sumatriptan Succinate	6mg/0.5ml	0.322	12mg/24hr; 4 attacks/30 days
Imitrex STAT-Dose Refill	Sumatriptan Succinate	6mg/0.5ml	0.322	12mg/24hr; 4 attacks/30 days
Imitrex Nasal Spray	Sumatriptan	5mg	0.575	40mg/24hr; 4 attacks/30 days
Imitrex Nasal Spray	Sumatriptan	20mg	0.322	40mg/24hr; 4 attacks/30 days
Imitrex Tablet	Sumatriptan Succinate	25mg	0.322	200mg/24hr; 4 attacks/30 days
Imitrex Tablet	Sumatriptan Succinate	50mg	0.322	200mg/24hr; 4 attacks/30 days
Imitrex Tablet	Sumatriptan Succinate	100mg	0.322	200mg/24hr; 4 attacks/30 days
Maxalt	Rizatriptan Benzoate	5mg	0.430	30mg/24hr; 4 attacks/30 days
Maxalt	Rizatriptan Benzoate	10mg	0.430	30mg/24hr; 4 attacks/30 days
Maxalt MLT	Rizatriptan Benzoate	5mg	0.430	30mg/24hr; 4 attacks/30 days
Maxalt MLT	Rizatriptan Benzoate	10mg	0.430	30mg/24hr; 4 attacks/30 days
Migranal Nasal Spray	Dihydroergotamine Mesylate	0.5mg/spray	0.600	4 sp (2mg)/24hr; 8 sp (4mg)/7 days
Relpax	Eletriptan Hydrobromide	20mg	0.220	80mg/24hr; 3 attacks/30 days
Relpax	Eletriptan Hydrobromide	40mg	0.220	80mg/24hr; 3 attacks/30 days
Zomig Nasal Spray	Zolmitriptan	5mg	0.322	10mg/24hr; 4 attacks/30 days
Zomig Tablet	Zolmitriptan	2.5mg	0.220	10mg/24hr; 3 attacks/30 days
Zomig Tablet	Zolmitriptan	5mg	0.220	10mg/24hr; 3 attacks/30 days
Zomig ZMT	Zolmitriptan	2.5mg	0.220	10mg/24hr; 3 attacks/30 days
Zomig ZMT	Zolmitriptan	5mg	0.220	10mg/24hr; 3 attacks/30 days
Amrix	Cyclobenzaprine HCl	15mg	1.000	30mg
Amrix	Cyclobenzaprine HCl	30mg	1.000	30mg
Flexeril	Cyclobenzaprine HCl	5mg	3.000	30mg
Flexeril	Cyclobenzaprine HCl	10mg	3.000	30mg
Lioresal	Baclofen	10mg	4.000	80mg
Lioresal	Baclofen	20mg	4.000	80mg
Norflex	Orphenadrine Citrate	100mg	2.000	200mg
Norgesic	Aspirin-Caffeine-Orphenadrine	385-30-25	8.000	200mg orphenadrine
Norgesic Forte	Aspirin-Caffeine-Orphenadrine	770-60-50	4.000	200mg orphenadrine
Paraflex, Remular-S	Chlorzoxazone	250mg	12.000	3000mg
Parafon Forte DSC	Chlorzoxazone	500mg	6.000	3000mg
Robaxin	Methocarbamol	500mg	8.000	8000mg
Robaxin	Methocarbamol	750mg	6.000	8000mg
Robaxisal	Methocarbamol-Aspirin	400/325	8.000	

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Skelaxin	Metaxalone	800mg	4.000	
Soma	Carisoprodol	350mg	4.000	1400mg
Soma Compound	Carisoprodol-Aspirin	200/325	8.000	1400mg
Zanaflex Capsule	Tizanidine HCl	2mg	3.000	36mg
Zanaflex Capsule	Tizanidine HCl	4mg	6.000	36mg
Zanaflex Capsule	Tizanidine HCl	6mg	3.000	36mg
Zanaflex Tablet	Tizanidine HCl	2mg	3.000	36mg
Zanaflex Tablet	Tizanidine HCl	4mg	6.000	36mg
Chantix	Varenicline Tartrate	0.5mg	2.000	
Chantix	Varenicline Tartrate	1mg	2.000	
Chantix Starting Month Pak	Varenicline Tartrate	0.5(11)-1	2.000	
Commit Lozenge	Nicotine Polacrilex Lozenge	2mg	20.000	
Commit Lozenge	Nicotine Polacrilex Lozenge	4mg	20.000	
Nicoderm CQ Patch	Nicotine Transdermal	14mg/24hr	1.000	
Nicoderm CQ Patch	Nicotine Transdermal	21mg/24hr	1.000	
Nicoderm CQ Patch	Nicotine Transdermal	7mg/24hr	1.000	
Nicorette, Nicorelief	Nicotine Polacrilex Gum	2mg	20.000	
Nicorette, Nicorelief	Nicotine Polacrilex Gum	4mg	20.000	
Nicotrol Cartridge Inhaler	Nicotine	10mg	0.100	16 cartridges
Nicotrol NS	Nicotine	10mg/ml	4.000	4ml/day
Nicotrol Patch	Nicotine	15mg/16hr	1.000	
Byetta	Exenatide	5mcg/0.02	0.080	
Byetta	Exenatide	10mcg/0.04	0.080	
Symlin	Pramlintide Acetate	0.6mg/ml	1.000	
Apidra Cartridge	Insulin Glulisine	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Apidra Vial	Insulin Glulisine	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humalog Cartridge	Insulin Lispro	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humalog Pen	Insulin Lispro	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humalog Vial	Insulin Lispro	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humalog Mix 50/50 Pen	Insulin Lispro Protamine/Insulin Lispro	50-50u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humalog Mix 50/50 Vial	Insulin Lispro Protamine/Insulin Lispro	50-50u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humalog Mix 75/25 Pen	Insulin Lispro Protamine/Insulin Lispro	75-25u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humalog Mix 75/25 Vial	Insulin Lispro Protamine/Insulin Lispro	75-25u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humulin 50/50	Human Insulin NPH-Regular	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Humulin R 500U/ml Vial	Human Insulin Regular	500u/ml	0.300	1u/kg/day - limit based on 150kg patient
Lantus Cartridge	Insulin Glargine	100u/ml	1.000	100u/day
Lantus Vial	Insulin Glargine	100u/ml	1.000	100u/day
Levemir Pen	Insulin Detemir	100u/ml	1.500	1u/kg/day - limit based on 150kg patient

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Levemir Vial	Insulin Detemir	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolin 70/30, Humulin 70/30 Pen	Human Insulin NPH-Regular	70-30u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolin 70/30, Humulin 70/30 Vial	Human Insulin NPH-Regular	70-30u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolin N Cartridge	Human Insulin NPH	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolin N, Humulin N Pen	Human Insulin NPH	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolin N, Humulin N Vial	Human Insulin NPH	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolin R Cartridge	Human Insulin Regular	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolin R Pen	Human Insulin Regular	300u/3ml	1.500	1u/kg/day - limit based on 150kg patient
Novolin R, Humulin R Vial	Human Insulin Regular	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolog Mix 70/30 Cartridge	Insulin Aspart Protamine/Insulin Aspart	70-30u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolog Mix 70/30 Pen	Insulin Aspart Protamine/Insulin Aspart	70-30u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolog Mix 70/30 Vial	Insulin Aspart Protamine/Insulin Aspart	70-30u/ml	1.500	1u/kg/day - limit based on 150kg patient
Novolog Vial	Insulin Aspart	100u/ml	1.500	1u/kg/day - limit based on 150kg patient
Actos	Pioglitazone HCl	15mg	1.000	45mg
Actos	Pioglitazone HCl	30mg	1.000	45mg
Actos	Pioglitazone HCl	45mg	1.000	45mg
ActoPlus Met	Pioglitazone HCl-Metformin HCl	15mg-500mg	3.000	45mg/2550mg
ActoPlus Met	Pioglitazone HCl-Metformin HCl	15mg-850mg	3.000	45mg/2550mg
Amaryl	Glimepiride	1mg	1.000	8mg
Amaryl	Glimepiride	2mg	1.000	8mg
Amaryl	Glimepiride	4mg	2.000	8mg
Avandamet	Rosiglitazone-Metformin HCl	1-500mg	2.000	8mg/2000mg
Avandamet	Rosiglitazone-Metformin HCl	2-500mg	2.000	8mg/2000mg
Avandamet	Rosiglitazone-Metformin HCl	2-1000mg	2.000	8mg/2000mg
Avandamet	Rosiglitazone-Metformin HCl	4-500mg	2.000	8mg/2000mg
Avandamet	Rosiglitazone-Metformin HCl	4-1000mg	2.000	8mg/2000mg
Avandia	Rosiglitazone Maleate	2mg	2.000	8mg
Avandia	Rosiglitazone Maleate	4mg	2.000	8mg
Avandia	Rosiglitazone Maleate	8mg	1.000	8mg
Avandaryl	Rosiglitazone Maleate-Glimepiride	4mg-1mg	2.000	8mg rosiglitazone/4mg glimepiride
Avandaryl	Rosiglitazone Maleate-Glimepiride	4mg-2mg	2.000	8mg rosiglitazone/4mg glimepiride
Avandaryl	Rosiglitazone Maleate-Glimepiride	4mg-4mg	1.000	8mg rosiglitazone/4mg glimepiride
Avandaryl	Rosiglitazone Maleate-Glimepiride	8mg-2mg	1.000	8mg rosiglitazone/4mg glimepiride
Avandaryl	Rosiglitazone Maleate-Glimepiride	8mg-4mg	1.000	8mg rosiglitazone/4mg glimepiride
Duetact	Pioglitazone-Glimepiride	30-2mg	1.000	45mg/8mg
Duetact	Pioglitazone-Glimepiride	30-4mg	1.000	45mg/8mg
Fortamet	Metformin HCl	500mg	2.000	2550mg
Fortamet	Metformin HCl	1000mg	2.000	2550mg

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Glucophage	Metformin HCl	500mg	5.000	2550mg
Glucophage	Metformin HCl	850mg	3.000	2550mg
Glucophage	Metformin HCl	1000mg	2.000	2550mg
Glucophage XR	Metformin HCl	500mg	5.000	2550mg
Glucophage XR	Metformin HCl	750mg	3.000	2550mg
Glucotrol	Glipizide	5mg	3.000	40mg
Glucotrol	Glipizide	10mg	4.000	40mg
Glucotrol XL	Glipizide ER	2.5mg	1.000	20mg
Glucotrol XL	Glipizide ER	5mg	1.000	20mg
Glucotrol XL	Glipizide ER	10mg	2.000	20mg
Glucovance	Glyburide-Metformin HCl	1.25-250mg	2.000	20mg/2000mg
Glucovance	Glyburide-Metformin HCl	2.5-500mg	2.000	20mg/2000mg
Glucovance	Glyburide-Metformin HCl	5-500mg	4.000	20mg/2000mg
Glumetza	Metformin HCl	500mg	5.000	2550mg
Glynase	Glyburide, Micronized	1.5mg	1.000	12mg
Glynase	Glyburide, Micronized	3mg	1.000	12mg
Glynase	Glyburide, Micronized	6mg	2.000	12mg
Glyset	Miglitol	25mg	3.000	300mg
Glyset	Miglitol	50mg	3.000	300mg
Glyset	Miglitol	100mg	3.000	300mg
Januvia	Sitagliptin Phosphate	25mg	1.000	100mg
Januvia	Sitagliptin Phosphate	50mg	1.000	100mg
Januvia	Sitagliptin Phosphate	100mg	1.000	100mg
Janumet	Sitagliptin Phosphate-Metformin	50-500mg	2.000	100MG sitagliptin/2000MG metformin
Janumet	Sitagliptin Phosphate-Metformin	50-1000mg	2.000	100MG sitagliptin/2000MG metformin
Metaglip	Glipizide-Metformin HCl	2.5-250mg	3.000	20mg/2000mg
Metaglip	Glipizide-Metformin HCl	2.5-500mg	4.000	20mg/2000mg
Metaglip	Glipizide-Metformin HCl	5-500mg	4.000	20mg/2000mg
Micronase, Diabeta	Glyburide	1.25mg	1.000	20mg
Micronase, Diabeta	Glyburide	2.5mg	1.000	20mg
Micronase, Diabeta	Glyburide	5mg	4.000	20mg
Prandin	Repaglinide	0.5mg	4.000	16mg
Prandin	Repaglinide	1mg	4.000	16mg
Prandin	Repaglinide	2mg	8.000	16mg
Precose	Acarbose	25mg	3.000	300mg
Precose	Acarbose	50mg	3.000	300mg
Precose	Acarbose	100mg	3.000	300mg
Riomet Oral Solution	Metformin HCl	500mg/5ml	25.000	2550mg

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Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Starlix	Nateglinide	60mg	3.000	
Starlix	Nateglinide	120mg	3.000	
Actonel	Risedronate Sodium	5mg	1.000	
Actonel	Risedronate Sodium	30mg	1.000	
Actonel With Calcium	Risedronate-Calcium Carbonate	35mg-500mg	1.000	
Boniva	Ibandronate Sodium	2.5mg	1.000	
Boniva	Ibandronate Sodium	150mg	0.040	
Didronel	Etidronate Disodium	200mg	5.000	20mg/kg/day
Didronel	Etidronate Disodium	400mg	5.000	20mg/kg/day
Evista	Raloxifene HCl	60mg	1.000	
Fosamax	Alendronate Sodium	5mg	1.000	
Fosamax	Alendronate Sodium	10mg	1.000	
Fosamax	Alendronate Sodium	40mg	1.000	
Fosamax Oral Solution	Alendronate Sodium	70mg/75ml	10.800	
Fosamax Plus D	Alendronate Sodium-Vitamin D3	70mg-2800	0.143	
Fosamax Plus D	Alendronate Sodium-Vitamin D3	70mg-5600	0.143	
Miacalcin, Fortical	Calcitonin, Salmon, Synthetic	200u/dose	0.135	1 bottle (3.7ml) = 30 doses
Skelid	Tiludronate Disodium	200mg	2.000	
Anzemet	Dolasetron Mesylate	50mg	1.000	
Anzemet	Dolasetron Mesylate	100mg	1.000	
Emend	Aprepitant	40mg	1.000	
Emend	Aprepitant	80mg	1.000	
Emend	Aprepitant	125mg	1.000	
Emend Trifold	Aprepitant	125mg-80mg	1.000	
Kytril	Granisetron HCl	1mg	2.000	
Kytril Oral Solution	Granisetron HCl	1mg/5ml	10.000	
Transderm-Scop Patch	Scopolamine Hydrobromide	1.5mg/72hr	0.360	
Zofran	Ondansetron HCl	4mg	3.000	
Zofran	Ondansetron HCl	8mg	3.000	
Zofran	Ondansetron HCl	24mg	1.000	
Zofran ODT	Ondansetron	4mg	3.000	
Zofran ODT	Ondansetron	8mg	3.000	
Zofran oral solution	Ondansetron HCl	4mg/5ml	30.000	
Amitiza	Lubiprostone	24mg	2.000	
Avodart	Dutasteride	0.5mg	1.000	
Cardura	Doxazosin Mesylate	1mg	1.000	
Cardura	Doxazosin Mesylate	2mg	1.000	
Cardura	Doxazosin Mesylate	4mg	1.000	

Proposed Quantity Limits
For Consideration by the
Ohio Medicaid DUR Board
November 14, 2007

Brand Name	Generic Name	Strength	Qty/Day	Max Daily Dose
Cardura	Doxazosin Mesylate	8mg	2.000	
Cardura XL	Doxazosin Mesylate	4mg	1.000	8mg
Cardura XL	Doxazosin Mesylate	8mg	1.000	8mg
Flomax	Tamsulosin HCl	0.4mg	2.000	
Hytrin	Terazosin HCl	1mg	2.000	
Hytrin	Terazosin HCl	2mg	2.000	
Hytrin	Terazosin HCl	5mg	2.000	
Hytrin	Terazosin HCl	10mg	2.000	
Minipress	Prazosin HCl	1mg	3.000	40mg
Minipress	Prazosin HCl	2mg	9.000	40mg
Minipress	Prazosin HCl	5mg	8.000	40mg
Proscar	Finasteride	5mg	1.000	
Uroxatral	Alfuzosin HCl	10mg	1.000	
Copegus	Ribavirin	200mg	6.000	1200mg
Rebetol	Ribavirin	200mg	6.000	1200mg
Rebetol Oral Solution	Ribavirin	40mg/ml	30.000	1200mg
Ribasphere	Ribavirin	400mg	3.000	1200mg
Ribasphere	Ribavirin	600mg	2.000	1200mg
Allegra Oral Suspension	Fexofenadine HCl	30mg/5ml	30.000	
Clarinet	Desloratadine	2.5mg	1.000	
Clarinet Syrup	Desloratadine	2.5mg/5ml	10.000	
Accolate	Zafirlukast	10mg	2.000	
Accolate	Zafirlukast	20mg	2.000	
Singulair	Montelukast Sodium	4mg	1.000	
Singulair	Montelukast Sodium	5mg	1.000	
Singulair Oral Granules	Montelukast Sodium	4mg	1.000	
Zyflo	Zileuton	600mg	4.000	
Zyflo CR	Zileuton	600mg	4.000	



Long-Acting Beta Agonist Step Therapy Proposal: Preliminary Results

DUR Board
November 14, 2007
Margaret Scott, RPh



Objectives

- Review point-of-sale prior authorization criteria implemented 10/3
- Examine claims from 9/1 through 9/14 and report preliminary results



2

Criteria for System-Generated Approval of LABAs and LABA/corticosteroid

Criteria	Approval
>= 3 claims for LABA (formoterol or salmeterol alone or in combination with steroid) in previous 6 months	6 months
>= 1 claim for anticholinergic in previous 6 months	12 months
>= 3 claims for inhaled corticosteroid in previous 12 months	6 months
>= 3 claims for leukotriene modifier in previous 12 months	6 months
>= 3 claims for theophylline in previous 12 months	6 months
>= 3 claims for oral corticosteroid in previous 4 months	6 months

Ohio Medicaid Claims, January 2006: 11,079 Patients Received LABA

Criteria	Number (%) Meeting
>= 3 claims for LABA in previous 6 months	6,340 (57.2%)
>= 1 claim for anticholinergic in previous 6 months	3,209 (29.0%)
>= 3 claims for ICS in previous 12 months	825 (7.5%)
>= 3 claims for leukotriene modifier in previous 12 months	3,722 (33.6%)
>= 3 claims for theophylline in previous 12 months	704 (6.4%)
>= 3 claims for oral corticosteroid in previous 4 months	533 (4.8%)
Failed all claims history criteria	2,809 (25.4%)

LABA Claims 9/1/07 through 9/14/07

- Claims submitted for 1534 unique patients
- 1087 (70.9%) patients met criteria
- Of the 447 patients that did not meet criteria:
 - ❖ 43 (9.6%) patients received another prescription on the same day that would have caused criteria to be met
 - ❖ 13 (2.9%) patients had received an anticholinergic more than 6 months but less than 1 year prior



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Changes to Criteria Based on 2 Weeks Claims Experience

- Of the 447 patients that did not meet criteria, 56 (12.5%) showed evidence of appropriate first-line asthma/COPD therapy
- Programming changed:
 - ❖ Include claims submitted same day
 - ❖ COPD diagnosis inferred if history of anticholinergic in 12 months (increased from 6 months)
- Programming changes result in 74.5% of patients meeting criteria



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Analysis of 391 Patients That Did Not Meet Criteria

- 79 patients (20.2%) were in fee-for-service for a short time between managed care plans
- 74 patients (18.9%) were new to Medicaid or had a coverage gap
- 38 patients (9.7%) had no evidence of asthma in claims history; 17 of the 38 filled an antibiotic on the same day
- 18 patients (4.6%) had only a history of short-acting beta agonist, no controller therapy
- Remaining 182 patients (46.5%) partially met criteria (one or more claims for LABA or first-line asthma controller therapy)

Criteria for Approval of Prescriber- Requested PA of LABAs

Criteria	Approval
Diagnosis is COPD or exercise-induced bronchospasm	12 months
Diagnosis is moderate persistent or severe persistent asthma, or partly controlled or uncontrolled asthma	6 months
Prescriber has documentation of previous therapy outlined on last slide (samples, claims prior to Medicaid eligibility, etc.)	6 to 12 months
Patient scored <=19 on the Asthma Control Test (ACT) TM	6 months

Provider-Initiated PA Requests October 3-27

- 254 requests received
 - ❖ Advair – 232
 - ❖ Brovana – 4
 - ❖ Foradil – 7
 - ❖ Serevent – 2
 - ❖ Symbicort – 9
- All requests approved

Conclusions

- First two weeks of edit show similar results to January 2006 claims history
 - ❖ January 2006, 74.6% of patients met criteria
 - ❖ September 1-14, 2007, 74.5% of patients met criteria
- Edit appears to be working as intended
- Department will continue to monitor