The Bulletin of Medicaid Drug Utilization Review (DUR) in Ohio

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### Quarterly Medicaid FFS Rx Overview

<table>
<thead>
<tr>
<th>Paid Claims</th>
<th>1,193,510</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Dollars Paid</td>
<td>$80,585,449.31</td>
</tr>
<tr>
<td>Average Cost/Rx</td>
<td>$67.52</td>
</tr>
</tbody>
</table>

#### Top 5 Drugs by Paid Amount (pre-rebate)

- Lantus Inj Solostar & Vial
- Sabril 500mg Powder & Tablets
- Spiriva Handihaler
- Novolog FlexPen & Vial
- Invega Sustenna 234/1.5

#### Top 5 Drugs by Claim Count

- Loratadine Tablet 10mg
- Vitamin D Capsule 50,000 Unit
- Ferrous Sulfate Tablet 325mg
- Folic Acid Tablet 1mg
- Calcium with Vitamin D 500mg Tablet

#### Top 5 Therapeutic Class by Paid Amount (pre-rebate)

- Anticonvulsant-Misc
- Insulin
- Antipsychotics
- Respiratory Beta Agonists
- Benzodiazepines

#### Top 5 Therapeutic Class by Claim Count

- Anticonvulsants-Misc
- Oil Soluble Vitamins
- Antihistamines-Non-Sedating
- Selective Serotonin Reuptake Inhibitors
- HMG COA Reductase Inhibitors (Statins)
Introduction to Change Healthcare
Change Healthcare is the pharmacy benefit administrator for the Ohio Department of Medicaid. Our role is to manage and coordinate the Ohio Medicaid Fee-for-Service (FFS) claims processing and prior authorization determination activity. Change Healthcare is also delegated to administer the Drug Utilization Review (DUR) program for the Ohio Medicaid FFS population.

ACEI/ARB or Statin Therapy in Diabetic Patients

Purpose
The purpose of this educational intervention is to notify prescribers of patients under their care who are on anti-diabetic agent(s), however are not filling an ACEI (angiotensin-converting enzyme inhibitor), ARB (angiotensin-II receptor blocker), or a statin prescription. The goal is to improve care for diabetic patients who may benefit from additional therapies known to reduce cardiovascular events.1

Background and Standards of Clinical Practice
Diabetic patients are at an increased risk for atherosclerotic cardiovascular disease (ASCVD) events. Evidence supports the use of statin therapy for ASCVD events in patients between the ages of 40 to 75.2 Studies have also shown that ACEIs reduce the risk of end-stage renal disease (ESRD) in diabetic patients. ARBs have been found to reduce microalbuminuria and proteinuria, slowing the progression of diabetic and non-diabetic kidney disease.3 The American Diabetes Association also recommends the use of a statin and ACEI in patients with known cardiovascular disease (CVD) to reduce the risk of cardiovascular (CV) events.4

Statin. The cardiovascular event rate reduction with statins far outweigh the risk of incident diabetes. Although a risk exists of development of new onset diabetes mellitus while on statin therapy, the risk remains small. A 2010 meta-analysis of 13 trials involving 91,140 patients found an overall absolute risk of diabetes of 0.39% (number needed to harm = 255) over four years.2,4 Of note, American College of Cardiology (ACA)/American Heart Association (AHA) guidelines do not recommend the use of statin in patients older than 75 years of age unless they have clinical ASCVD in which case a moderate-intensity statin is recommended over a high-intensity statin.2

ACEI/ARB. Several studies have showed the benefit of ACEI and ARB independently in reducing the risk of ESRD in diabetic patients and improving insulin resistance.3,5 The HOPE study involving 3,577 patients randomized to ramipril or placebo and vitamin E or placebo showed that ramipril lowered the risk of the combined primary outcome of myocardial infarction, stroke, or CV death by 25%; myocardial infarction by 22%, stroke by 33%, CV death by 37%, total mortality by 24%, revascularization by 17% and overt nephropathy by 24.6 A study evaluating prospectively the effect of an ARB (valsartan), as compared to placebo on glucose homeostasis in 79 patients with impaired glucose tolerance demonstrated improved both whole body glucose uptake and insulin secretion.5

Intervention Criteria
Intervention patients were identified by performing a query for patients on anti-diabetic medications who were not filling prescriptions for an ACEI/ARB or a statin. A look back period of 90 days was utilized to assure that the required intervention drug classes were present in the patients’ profile.

Expected Impact on Health Outcomes
Prescribers of patients identified as not having an ACEI/ARB or a statin in claims history have been notified. The goal is to increase provider awareness so that the gap in care can be addressed if the prescriber deems it appropriate to do so. The goal is to improve care for diabetic patients who may benefit from additional therapies known to reduce cardiovascular events.1

FDA Drug Safety Communication
The U.S. Food and Drug Administration (FDA) is advising caution before prescribing the antibiotic clarithromycin (Biaxin) to patients with heart disease because of a potential increased risk of heart problems or death that can occur years later. The FDA recommendation is based on review of the results of a 10-year follow-up study of patients with coronary heart disease from a large clinical trial that first observed this safety issue.7

The U.S. Food and Drug Administration (FDA) is requiring safety labeling changes for prescription cough and cold medications containing codeine or hydrocodone. Changes include limiting the use of these products to adults 18 years and older because the risks of outweigh the benefits in children younger than 18. The FDA is requiring the addition of safety information including the risks of misuse, abuse, addiction, overdose, death, and slowed or difficult breathing to the Boxed Warning.8
## Prior Authorization Criteria Changes for April 1st, 2018

**Preferred Drug List (PDL) Changes**  
P&T Meeting Date: January 10, 2018  
PDL Changes Effective Date: April 1, 2018

### NEW PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>PREFERRED STATUS</th>
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<tbody>
<tr>
<td>Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents</td>
<td>Atomoxetine (Generic of Strattera®)†</td>
</tr>
<tr>
<td>†No longer limited to specific labeler</td>
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### NEW NON-PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>NON-PREFERRED STATUS</th>
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<tbody>
<tr>
<td>Endocrine Agents: Diabetes-Insulin</td>
<td>Fiasp® (insulin aspart)</td>
</tr>
<tr>
<td>Gastrointestinal Agents: Opioid-Induced Constipation</td>
<td>Symproic® (naloxone)</td>
</tr>
<tr>
<td>Immunomodulator Agents for Systemic Inflammatory Disease</td>
<td>Kevzara® (sarilumab)</td>
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<tr>
<td>Immunomodulator Agents for Systemic Inflammatory Disease</td>
<td>Siliq™ (brodalumab)</td>
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<tr>
<td>Immunomodulator Agents for Systemic Inflammatory Disease</td>
<td>Tremfya™ (guselkumab)</td>
</tr>
<tr>
<td>Infectious Disease Agents: Antivirals-Hepatitis C Agents</td>
<td>Vosevi™ (sofosbuvir, velpatasvir, and voxilaprevir)</td>
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<tr>
<td>Respiratory Agents: Beta-Adrenergic Agonists-Inhaled, Long Acting</td>
<td>AirDuo™ Respliclick® (fluticasone-salmeterol)</td>
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<tr>
<td>Respiratory Agents: COPD</td>
<td>Trelegy Ellipta (fluticasone, umeclidinium, and vilanterol)</td>
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<tr>
<td>Respiratory Agents: Glucocorticoid Agents - Inhaled</td>
<td>Armonair™ Respliclick® (fluticasone)</td>
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<tr>
<td>Respiratory Agents: Hereditary Angioedema</td>
<td>Haegarda® (C1 esterase inhibitor)</td>
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References


