**The Bulletin of Medicaid Drug Utilization Review (DUR) in Ohio Fee-For-Service**

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**DUR Professional Staff**
- Change Healthcare Clinical Pharmacist
- Gail Master, R.Ph.
- Jill RK Griffith, B.S., Pharm.D.
- Ben Link, Pharm.D.

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**Introduction to Change Healthcare**
Change Healthcare is the pharmacy benefit administrator for the Ohio Department of Medicaid (ODM). 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 Retrospective Drug Utilization Review (DUR) program for the Ohio Medicaid FFS population.

**Medication Adherence to Antidiabetic Medications**

**Purpose**
The purpose of this intervention is to notify prescribers of patients under their care who may not be compliant with filling their antidiabetic medications (non-insulin).

**Intervention Criteria**
Medication persistence was calculated for individuals who were taking antidiabetic medications in 2018 by using the Proportion of Days Covered (PDC) methodology.\(^1\)\(^2\)

\[
PDC = \left( \frac{\text{# of days in period covered}}{\text{# of days in period}} \right) \times 100
\]

**Intervention Goals**
The goal of the intervention is to alert prescribers that their patients are not filling prescriptions in a timely manner in order to be considered adherent.

**Background and Standards of Clinical Practice**
Failure to take medication as prescribed is an important impediment to effective treatment. Medication nonadherence is prevalent among patients with diabetes mellitus and is associated with adverse outcomes such as increased glycated hemoglobin (A1C), higher risk of all-cause hospitalization, and higher risk of all-cause mortality.\(^3\) Adherence to antidiabetic medications is associated with lower rates of complications, emergency department visits, short-term disability, and hospitalizations.\(^3\)\(^4\) Strategies to improve patient adherence should include incorporating the assessment of medication nonadherence into routine clinical practice, prescribing medication judiciously, and keeping daily doses to a minimum.\(^5\) Payers and providers can improve adherence by collaborating across disciplines during care transitions.

**Insulin with no Glucose Test Strips**

**Purpose**
The purpose of this intervention is to notify prescribers of patients under their care who have pharmacy claims for insulin and are potentially not testing their blood glucose levels.

**Intervention Criteria**
Members were identified who have pharmacy claims for insulin but have no pharmacy claims for glucose strips.
Intervention Goals
The goal of the intervention is to alert prescribers that patients under their care have pharmacy claims for insulin but do not have pharmacy claims for blood glucose test strips. The prescriber is encouraged to educate their patient on the importance of self-testing blood glucose levels in order to manage their diabetes and help prevent complications.

Background and Standards of Clinical Practice
Medications, diet, exercise, and lifestyle can alter a patient’s blood sugar levels. Eating a healthy diet, maintaining a healthy weight, participating in regular activity and taking medications on schedule are important factors in reducing the risk for hypoglycemia or hyperglycemia. Blood sugar numbers indicate how well a patient’s diabetes is managed. Self-testing blood glucose is important in a diabetic patient to prevent hypoglycemic or hyperglycemic episodes, which can lead to serious health problems, such as neuropathy, kidney disease, and vision loss. Careful monitoring is the only way to make sure that blood sugar level remains within a patient’s target range. FFS Ohio Medicaid covers Freestyle, Precision Xtra, True Metrix, and Truetrack test strips.

Prescribing Guidelines for Subacute and Chronic Pain
Ohio Administrative Code 4731-11-14 Prescribing for subacute and chronic pain.
Beginning December 2018, new rules are in place for treating subacute and chronic pain. The rules focus on safety check points, not limits.
- The prescriber needs to document an assessment and treatment plan in the patient’s record as outlined in the rule.
- The prescriber should also offer a prescription for naloxone to the patient under certain circumstances as listed in the rule.
- Prior to increasing the opioid dosage to a daily average of 50 MED or greater, the prescriber shall complete and document certain criteria in the patient’s record as listed in the rule.
- Prior to increasing the opioid dosage to a daily average of 80 MED or greater, the prescriber shall complete and document certain criteria in the patient’s record as listed in the rule.
- The prescriber shall not prescribe a dosage that exceeds an average of 120 MED per day. This prohibition shall not apply in certain circumstances as listed in the rule.

Medicaid Update
As of January 1, 2019, Ohio Medicaid eliminated prior authorization on all brand and generic forms of oral short-acting buprenorphine containing products for all prescribers of Medication Assisted Treatment (MAT). To facilitate patient safety, there are pharmacy point-of-sale edits for initial fills of oral short-acting buprenorphine containing products per the following:
- Individuals who are 15 years of age or younger.
- Individuals who are male and receiving short-acting buprenorphine without naloxone.
- Individuals who are female and 45 years of age or older and receiving short-acting buprenorphine without naloxone.
- Dosages greater than 24mg/day; or
- Dosages over 16mg/day beginning 90 days after the initial fill.
- Long-acting or injectable buprenorphine.

Ohio Board of Pharmacy Update
On January 16, 2019, a limited number of Ohio dispensaries began selling medical marijuana products. All Ohio licensed dispensaries are required to report medical marijuana dispensing to OARRS within five minutes of a sale.

Prescribers and pharmacists should be aware that medical marijuana will be displayed with all other prescription drug information in OARRS. Medical marijuana dispensing information will not impact a patient’s NARX Score or Overdose Risk Scores.

Beginning March 19, 2019, naltrexone dispensing information by pharmacies will be reported to OARRS. The collection of naltrexone is intended to assist prescribers and pharmacists in identifying individuals who may be receiving treatment for substance use disorder. This information can be useful for health care providers who are considering the use of controlled substances to treat patients.

FDA Drug Safety Communication First Quarter 2019
February 21, 2019 The U.S. Food and Drug Administration (FDA) has concluded there is an increased risk of death with Uloric (febuxostat) compared to allopurinol. This conclusion is based on the results from a safety clinical trial that found an increased risk of heart-related death and death from all-causes with febuxostat. As a result, the FDA is requiring a Boxed Warning, and a new patient Medication Guide. The FDA is also limiting the approved use of Uloric to certain patients who are not treated effectively or experience severe side effects with allopurinol.

February 25, 2019 The FDA alerted the public that a safety clinical trial found an increased risk of blood clots in the lungs and death when a 10 mg twice daily dose of tofacitinib (Xeljanz, Xeljanz XR) was used in patients with rheumatoid arthritis (RA). The FDA has not approved the 10 mg twice daily dose for RA. This dose is only approved in the dosing regimen for patients with ulcerative colitis.

April 9, 2019 The FDA received reports of serious harm in patients who are physically dependent on opioid pain medicines after abrupt discontinuation or dose rapidly
therapies known to reduce cardiovascular events for diabetic patients who may benefit from additional 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.

Re-Review High Dose/Duplicate Therapy PPI Intervention

Purpose
The purpose of this intervention was to notify prescribers of patients under their care, who were either on high dose Proton Pump Inhibitors (PPIs) for over 6 months or who were taking duplicate PPIs. By tapering PPI doses where possible and by discontinuing duplicate therapy, the goal was to improve patient care and reduce medication costs.

Results
There were 117 members included in the intervention. In the 4th quarter of 2018, a re-review of the intervention was done to capture results of the intervention. Fifteen members who were targeted for being on a high dose PPI were lost to follow up (ex: losing Medicaid eligibility). Of the 102 members remaining, 58% are no longer taking a PPI or are on a lower dose. Of the 7 members who were targeted for taking duplicate therapy, 2 were lost to follow up. Of the 5 members remaining, 100% were no longer on duplicate therapy upon re-review.

Re-review 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.

Results
Sixty-one members were selected for intervention in the first quarter of 2018. In the first quarter 2019, a re-review of the intervention was done to capture results of the intervention. A total of 27% of members either had a statin or ACEI/ARB added and 23% were lost to follow up.

References
# Preferred Drug List (PDL) Changes

**P&T Meeting Date:** January 16th, 2019  
**PDL Changes Effective Date:** April 1st, 2019

## NEW PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>PREFERRED STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Nervous System (CNS) Agents: Anticonvulsants</td>
<td>Epidiolex® (cannabidiol)†</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Antipsychotic, Second generation</td>
<td>Perseris™ (risperidone)</td>
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*Clinical PA required preferred

## NEW NON-PREFERRED DRUGS

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<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>NON-PREFERRED STATUS</th>
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<tr>
<td>Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors</td>
<td>Nivestyn™ (filgrastim)</td>
</tr>
<tr>
<td>Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factors</td>
<td>Jivi® (factor VIII, recombinant, pegylated-aucl)</td>
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<tr>
<td>Central Nervous System (CNS) Agents: Anti-Migraine Agents</td>
<td>Ajovy™ (fremanezumab-vfrm)</td>
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<tr>
<td>Central Nervous System (CNS) Agents: Anti-Migraine Agents</td>
<td>Emgality™ (galcanezumab)</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Neuropathic Pain</td>
<td>Ztido™ topical delivery system (lidocaine)</td>
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<tr>
<td>Immunomodulator Agents for Systemic Inflammatory Disease</td>
<td>Ilumya™ (tidrakizumab-asmn)</td>
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<tr>
<td>Infectious Disease Agents: Antivirals – HIV</td>
<td>Delstrigo™ (doravirine, lamivudine, and tenofovir disoproxil)</td>
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<tr>
<td>Infectious Disease Agents: Antivirals – HIV</td>
<td>PifelTro™ (doravirine)</td>
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<tr>
<td>Respiratory Agents: Hereditary Angioedema</td>
<td>Takhzyo™ (lanadelumab-flyo)</td>
</tr>
<tr>
<td>Topical Agents: Acne Preparations</td>
<td>Altreno™ lotion (tretinoin)</td>
</tr>
<tr>
<td>Topical Agents: Acne Preparations</td>
<td>Plixda™ pad (adapalene)</td>
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## CHANGES IN CRITERIA

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<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>SUMMARY OF CHANGE</th>
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| Central Nervous System (CNS) Agents: Anticonvulsants | Epidiolex® requires prior authorization to demonstrate:  
  - Patient has a diagnosis of Lennox-Gastaut syndrome or Dravet syndrome  
  - Patient has trialed and failed (inadequate seizure control) 3 prior anticonvulsant therapies for one month each (Note: Not required to be met for a diagnosis of Dravet syndrome)  
  - Prescriber has obtained serum transaminases (ALT and AST) and total bilirubin levels prior to starting therapy  
  - Prescriber must submit documented average number of seizure days per month (measured monthly or quarterly) |

For additional details, the Preferred Drug List (PDL) and clinical criteria can be found at:  
[http://pharmacy.medicaid.ohio.gov/drug-coverage](http://pharmacy.medicaid.ohio.gov/drug-coverage)

Date of Notice: 03/01/2019