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 (rDUR) program for the Ohio Medicaid FFS population.

Opioids and Gabapentin

Purpose
The purpose of this intervention was to notify prescribers of patients under their care who were filling a prescription for greater than 2,400mg/day of gabapentin and an opioid. This intervention is in process.

Intervention Criteria
Prescription claims for gabapentin greater than 2,400mg/day were reviewed and members who also were receiving an opioid were identified.

Intervention Goals
The goal of this intervention was to notify prescribers that when gabapentin is co-prescribed with an opioid, both drugs have been shown to suppress breathing, with the combination increasing the risk of death.1 Prescribers can consider use of non-opioid medications as part of their multidisciplinary treatment strategy, consider if their patient is a candidate for an opioid taper, a pain management referral, or palliative care consult.2,3 Another option would be for prescribers to consider if their patient can be managed with a lower dose of gabapentin. It is recommended that prescribers check OARRS before prescribing these medications.

Background and Standards of Clinical Practice
When gabapentin is taken with other medications such as opioids, muscle relaxants or anti-anxiety medications, it enhances the side effects in the central nervous system, triggering euphoric effects, offering potential for abuse.4 The FDA required new warnings for gabapentanoids around the risk of serious breathing difficulties that can lead to death in patients who use gabapentinoids with opioid pain medicines or other drugs that depress the central nervous system, or those who have underlying respiratory impairment.5

Metabolic Monitoring in Children Taking Atypical Antipsychotics

Purpose
The purpose of this educational communication was to increase awareness for prescribers about the importance of metabolic testing for children taking atypical antipsychotic medications. This intervention is in process.
The following were identified as receiving a flu shot at the pharmacy or were between September 1, 2018 and April 30, 2019, 474 members were identified for this intervention. The following year, there were 418 members remaining in FFS. Twenty-one members were identified as receiving a flu shot at the pharmacy or prescribers office.

COVID-19
The following are changes that have been made to the Ohio Medicaid pharmacy benefit during the COVID-19 pandemic:

- Lifting prior authorization on drugs
- Extending existing prior authorizations for 6 months from their expiration date
- Allowing early refills
- Waiving all copays
- Removing barriers to accessing diabetic supplies and respiratory aerosol machines
- Allowing prescriptions from prescribers not enrolled with Ohio Medicaid
- Allowing pharmacists to bill and be paid for covered over the counter items without a prescription, not exceeding a 30-day supply.

References
**NEW PREFERRED DRUGS**

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>NO PA REQUIRED PREFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Nervous System (CNS) Agents: Anticonvulsants</td>
<td>NAYZILAM (midazolam)</td>
</tr>
</tbody>
</table>

**CLINICAL PA REQUIRED “PREFERRED” DRUGS**

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>CLINICAL PA REQUIRED PREFERRED</th>
</tr>
</thead>
</table>
| Respiratory Agents: Cystic Fibrosis | KALYDECO (ivacaftor)  
ORKAMBI (lumacaftor/ivacaftor)  
SYMDEKO (tezacaftor/ivacaftor)  
TRIKAFTA (elixacaftor/tezacaftor/ivacaftor and ivacaftor) |
| Oncology | AFINITOR (everolimus)  
ALECENSA  
FRIVEDGE  
GILOTRIF  
IBRANCE  
ICLUSIG  
IMBRUVICA  
INLYTA  
IRESSA  
JAKAFI  
LENVIMA  
LONSURF  
MEKINIST  
NEXAVAR  
NINLARO  
PURIXAN  
RYDAPT  
STIVARGA  
SUTENT  
TAFINLAR  
TAGRISSO  
TASIGNA  
XALKORI  
XELODA  
XTANDI  
TAGRISSO  
ZYTIGA |
### NEW NON-PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>PA REQUIRED NON-PREFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Agents: Angina, Hypertension &amp; Heart Failure</td>
<td>KATERZIA oral suspension (amlodipine)</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Anti-Migraine Agents</td>
<td>TOSYMRA (sumatriptan)</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Antidepressants</td>
<td>DRIZALMA SPRINKLE (duloxetine DR)</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents</td>
<td>ADHANSIA XR (methylphenidate hydrochloride ER)</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Parkinson’s Agents</td>
<td>NOURIANZ (istradefylline)</td>
</tr>
<tr>
<td>Endocrine Agents: Diabetes-Non-Insulin</td>
<td>RYBELSUS (semaglutide)</td>
</tr>
<tr>
<td>Immunomodulator Agents for Systemic Inflammatory Disease</td>
<td>RINVOQ (upadacitinib)</td>
</tr>
<tr>
<td>Medication Assisted Treatment of Opioid Addiction</td>
<td>LUCEMYRA (lofexidine)</td>
</tr>
<tr>
<td>Respiratory Agents: Beta-Adrenergic Agonists-Inhaled, Short Acting</td>
<td>PROAIR DIGIHALER (albuterol sulfate)</td>
</tr>
<tr>
<td>Respiratory Agents: Beta-Adrenergic Agonists-Inhaled, Long Acting</td>
<td>DUAKLIR PRESSAIR (acldinium bromide/formoterol fumarate)</td>
</tr>
</tbody>
</table>