



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

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Scott Baran, R.Ph.

David Brookover, R.Ph.

Sean Eckard, B.S. Pharm. D.

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Jeffrey Michael Rabe, Pharm.D.

William R. Casee Seibert, Pharm.D.

Jill Wellmeier, R.Ph.

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DUR Professional Staff

Jill R.K. Griffith, B.S., Pharm.D.

Gail Master, R.Ph.

Philip Verret, Pharm.D.

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.

HIV Adherence

Purpose

The purpose of this intervention was to notify prescribers of patients under their care who were potentially being noncompliant with their HIV medication(s). A calculation based on their patient's prescription claims history indicated that they were not filling prescriptions at a rate to ensure 95% or greater compliance with HIV medications.

Intervention Criteria

Medication adherence was calculated for individuals who were on HIV therapy during 2020, using the Proportion of Days Covered (PDC) methodology. The formula is similar to the Medication Persistence Ratio (MPR), but instead of adding the days' supply in a given period, the PDC considers the days that are "covered".

$$PDC = \left(\frac{\# \text{ of days in period covered}}{\# \text{ of days in period}} \right) * 100$$

PDC is also better suited for medication regimens, such as antiretroviral therapy for HIV medications. PDC doesn't average the PDC for individual drugs; instead, it considers the days within a particular period when a patient is covered for all medications in a regimen. In other words, for a 3-drug regimen, a day is only considered "covered" when all 3 medications are available to the patient.¹

Intervention Goals

The goal of this intervention was to notify prescribers that strict adherence to antiretroviral therapy is key to sustained HIV suppression. Poor adherence to antiretroviral therapy (ART) is associated with less effective viral suppression, which risks the immediate health of the patient, and risks creating permanent treatment resistance to that particular agent or group of agents within a given combination therapy regimen. Achieving adherence is a critical determinant of long-term outcome in HIV infected patients.²

Background and Standards of Clinical Practice

Studies involving HIV medications have found that an adherence level of 95% is required to avoid the risk of drug resistance.¹ Sub-optimal adherence to HIV medication can lead to increased viral replication and the development of drug-resistant HIV strains, which can result in adverse personal and public health consequences.

National Institute of Health (NIH) treatment guidelines emphasize the importance of screening and early diagnosis of HIV. In order for persons with HIV to benefit from early diagnosis, the Panel recommends that ART be started immediately or as soon as possible after diagnosis to increase the uptake of ART, decrease the time required to achieve linkage to care and virologic suppression for individual patients, reduce the risk of HIV transmission, and improve the rate of virologic suppression among persons with HIV.³

Proton Pump Inhibitors (PPI) Deprescribing

Purpose

The purpose of this intervention was to notify prescribers of patients under their care that a review of pharmacy dispensing data identified their patient(s) taking proton pump inhibitors (PPIs) for longer than 6 months.

Intervention Criteria

Prescription claims for members taking PPIs for longer than 6 months were reviewed. Members were excluded who:

- had a gastroenterologist as the prescriber
- were less than 50 years old
- had a diagnosis of Barrett's esophagus or Zollinger Ellison syndrome

Intervention Goals

The goal of this intervention was to notify prescribers that there is a concern over potential adverse effects associated with long-term PPI use. Prescribers were asked to consider reviewing their patient's continued need for acid-suppressive therapy. If appropriate, tapering is the more effective discontinuation strategy. Abrupt withdrawal may result in rebound acid hypersecretion and exacerbation of symptoms.⁴

Background and Standards of Clinical Practice

PPIs remain the leading evidence-based therapy for upper gastrointestinal disorders, including gastroesophageal reflux disease, dyspepsia, and peptic ulcer disease. The effectiveness of PPIs has led to overutilization in multiple treatment arenas, exposing patients to an increasing number of potential risks. The overutilization of PPIs in ambulatory care settings are often a result of failure to re-evaluate the need for continuation of therapy, or insufficient use of on-demand and step-down therapy. Potential consequences of prolonged PPI therapy include hypergastrinemia, enterochromaffin like cell hyperplasia, and parietal cell hypertrophy, leading to rebound acid hypersecretion.

Clostridium difficile-associated diarrhea, community-acquired pneumonia, bone fracture, nutritional deficiencies, and interference with metabolism of antiplatelet agents are also results of long-term PPI therapy. Reducing inappropriate prescribing of PPIs in the inpatient and outpatient settings can minimize potential for adverse events and foster controllable cost expenditure.⁵

Re-Reviews

One year after a RetroDUR intervention has been performed, a re-review is completed in order to determine the outcome of the intervention.

Re-review: Adherence to Antiepileptic Medication

Purpose

The purpose of this intervention was to notify prescribers of patients under their care who were less than 70 percent adherent to their antiepileptic medication.

Results

Between 1/1/2019 and 11/30/2019, 82 members were identified for this intervention. One year later, 64 of those members remained in FFS. Out of the 64 members, 30 members were identified as improving their adherence (46.88%).

COVID-19 Vaccine

Pharmacies enrolled with Ohio Medicaid are now able to bill for administering the COVID-19 vaccine. For the 2-dose vaccine, pharmacies will be reimbursed \$16.94 for the first dose and \$28.39 for the second dose. For the single dose vaccine, pharmacies will be reimbursed \$28.39.

CMS Annual DUR Report

The results for the FFY 2019 CMS DUR Annual Report are now online for all Medicaid states.

Available at:

<https://www.medicaid.gov/medicaid/prescription-drugs/downloads/2019-dur-ffs-summary-report.pdf>.

Accessed December 21, 2020.

SUPPORT ACT

On 12/21/2020, CMS published the final rule establishing minimum standards for Medicaid to implement new opioid-related DUR standards that are required for the SUPPORT ACT.

Available at:

<https://www.cms.gov/newsroom/fact-sheets/establishing-minimum-standards-medicaid-state-drug-utilization-review-dur-and-supporting-value-based-0>.

Accessed December 21, 2020.

Coordinated Services Program (CSP) New Rules

Effective 1/1/2021 Ohio Administrative Code 5160-20-01 for CSP enrollment has been updated.

Changes are:

- the lookback period states during a 90-day period within the last 12 months
- an additional criterion for enrollment is for an individual who receives Medication Assisted Treatment (MAT) concurrently with an opioid

- affiliated prescribers with a shared business structure such as those at an RHC, FQHC, and group practices are considered a single prescriber

FDA Drug Safety Communication⁶

October 15, 2020. FDA recommends avoiding use of NSAIDs in pregnancy at 20 weeks or later because they can result in low amniotic fluid.

References

1. Crowe M. Do You Know the Difference Between These Adherence Measures? Pharm Times. 2015 Jul; 01:36:05.
2. Schaecher KL. The Importance of Treatment Adherence in HIV. Am J Manag Care. 2013 Sep (12 Suppl):s231-237.
3. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. Department of Health and Human Services. Available at:

<https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>. Accessed January 29, 2021.

4. Scarpignato C, Gatta L, Zullo A, et al. Effective and Safe Proton Pump Inhibitor Therapy in Acid-Related Diseases – A Position Paper Addressing Benefits and Potential Harms of Acid Suppression. BMC Med. 2016;14(179).
5. Heidelbaugh J, Kim A, Chang R, et al. Overutilization of Proton-Pump Inhibitors: What the Clinician Needs to Know. Ther Adv Gastroenterol. 2012;5(4):219-232.
6. Food and Drug Administration. 2020 Drug Safety Communications. Available at: <https://www.fda.gov/drugs/drug-safety-and-availability/2020-drug-safety-communications>. Accessed January 28, 2021.



Department of
Medicaid

30 Day Change Notice
Effective Date: April 1st, 2021

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	PA REQUIRED NON-PREFERRED
Central Nervous System (CNS) Agents: Anticonvulsants	Fintepla
Central Nervous System (CNS) Agents: Multiple Sclerosis	Bafiertam Kesimpta
Central Nervous System (CNS) Agents: Parkinson's Agents	Ongentys
Endocrine Agents: Diabetes-Insulin	Semglee
Gastrointestinal Agents: Ulcerative Colitis Agents	Ortikos ER
Infectious Disease Agents: Antivirals – HIV	Rukobia ER
Respiratory Agents: Inhaled Agents	Airduo Digihaler Armonair Digihaler Breztri Aerosphere