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

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Jill Wellmeier, R.Ph.
* * *

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.

Opioids Exceeding 80 Morphine Equivalent Doses (MED)

Purpose
The purpose of this intervention was to notify prescribers with patients identified as taking opioid medications greater than 80 MED per day, that the State of Ohio Medical Board requires Ohio physicians to complete a written pain treatment agreement with their patient prior to increasing the opioid dosage to a daily average of 80 MED or greater. Furthermore, they must also obtain a consultation with a specialist in the area of the body affected by the pain, or with a pain management specialist, or with a specialist in addiction medicine or addiction psychiatry. Alternatively, they can obtain a medication therapy management review.

Intervention Criteria
Prescription claims for members taking opioids greater than 80 MED per day were reviewed. Members in hospice were excluded.

Intervention Goals
The goal of this intervention was to ask prescribers if they have considered opioid tapering, pain management, palliative care, or use of non-opioid medications as part of a multimodal treatment strategy. The prescriber was asked to check OARRS before prescribing an opioid when required by Ohio law and to offer a prescription for naloxone to the patient.

Background and Standards of Clinical Practice
Patients receiving high doses of prescribed opioids are at an increased risk for overdose. Providers must be vigilant to the wide range of potential adverse effects associated with long-term opioid therapy and misuse of extended-release formulations. Providers can further minimize the potential for prescription drug abuse/misuse and help reduce the number of unintentional overdose deaths associated with pain medications by recognizing times to “press pause” in response to certain “trigger points”. A trigger point is an opportunity to review the plan of treatment, the patient’s response to treatment, and any modification to the plan of treatment that is necessary to achieve a favorable risk-benefit balance for the patient’s care. This pause allows providers to reassess their compliance with accepted and prevailing standards of care. Prescribing 80 MED is recommended as a trigger point.
Triple Antithrombotic Therapy (TT)\textsuperscript{3,4}

**Purpose**
The purpose of this intervention was to educate prescribers that patients taking prolonged triple antithrombotic therapy carries an elevated bleeding with continued use.

**Intervention Criteria**
Prescription claims for members taking triple antithrombotic therapy for longer than 30 days were reviewed.

**Intervention Goals**
The goal of the intervention was to confirm that the prescriber, if not a cardiologist, had a consult with a cardiologist and that their patient was taking triple antithrombotic therapy for an appropriate length of time. The prescriber was asked to consider the following:
- If their patient was at an elevated risk for thrombosis
- Medications the patient was taking
- Risk of falls for their patient
- Step down therapy
- Performing a HAS BLED score
- Maintaining an INR \( \leq 3 \) if their patient was taking warfarin.\textsuperscript{4}

**Background and Standards of Clinical Practice**
Treatments with TT, defined as treatment with aspirin, a P\(_{2Y}\)i\(_{12}\) inhibitor (such as ticagrelor, clopidogrel, prasugrel) and oral anticoagulation (such as apixaban, rivaroxaban, warfarin), may be indicated in patients for a limited period of time. Three to six months of therapy is recommended but individualized according to risks of coronary stent thrombosis and major bleeding (e.g. type of stent, comorbidities, HAS-BLED score). TT should be limited to the shortest possible period as it poses elevated bleeding risk with continued use, followed by an increased risk of thrombosis and death.

**Inhaler Fax to Pharmacies**

**Purpose**
The purpose of this educational communication was to ask pharmacists to have their patients demonstrate their inhaler technique and to discuss inhaler maintenance.

**Intervention Criteria**
A communication was faxed to all pharmacy providers enrolled with Ohio Medicaid.

**Intervention Goals**
The goal of this intervention was to ask pharmacists to educate their Ohio Medicaid patients with asthma or COPD by demonstrating proper technique of their inhaler. If their patient is unable to demonstrate correct technique, it is important for the pharmacist to determine whether the device is appropriate for them. Additionally, pharmacists were asked to recommend and demonstrate the use of a spacer to patients who are unable to follow correct technique.

**Background and Standards of Clinical Practice**
Incorrect use of inhalers can lead to poor disease control and increased healthcare costs. There are many types of inhalers available and patients need to ensure that they are using their inhaler correctly. In addition to having a pharmacist show the patient how to use the inhaler, it is important to use the teach-back method to assure complete understanding.

**Re-Reviews**
After an rDUR intervention has been performed, a re-review is completed to determine the outcome of the intervention.

**Re-Review: Flu Shot**

**Purpose**
For this intervention, a fax was sent in September 2020 to all Ohio Medicaid pharmacies to remind them to administer a flu shot to their Ohio Medicaid patients during the flu season.

**Results**
In March 2021, the data was re-reviewed. This re-review was not performed one year after the intervention due to the duration of influenza season. Member claims were queried from 9/1/2019 to 2/28/2020 and from 9/1/2020 to 2/28/2021 for a flu vaccine. Members who lost Medicaid eligibility or moved to managed care were excluded from the re-review.

1,418 more members received a flu vaccine than the previous year, an increase of 44%.

**Updates on the Management of Asthma in Adults and Adolescents\textsuperscript{5}\textsuperscript{5}**
The most recent update to the Global Initiative for Asthma (GINA) in 2020 advocated for a significant shift in the pharmacologic management of asthma. GINA recommends the use of as-needed low-dose inhaled corticosteroids (ICS)-formoterol as the preferred reliever therapy in most patients with asthma. This recommendation is based on a significant reduction in the risk of severe exacerbations compared to short acting beta agonist (SABA) monotherapy and is non-inferior to daily low-dose ICS therapy. This also aligns with the recommendation that SABA monotherapy should be avoided due to evidentiary support that ICS therapy reduces risk of serious exacerbations and improves symptom control. The use of as-needed low-dose ICS-formoterol may also improve outcomes as adherence to daily ICS controller therapy is oftentimes suboptimal.

**COVID-19 Vaccine\textsuperscript{6}**
Pharmacies enrolled with Ohio Medicaid may bill for administration of the COVID-19 vaccine.
There has been an update in the reimbursement rate to pharmacies for the COVID-19 vaccine. Medicare and Ohio Medicaid have increased their rate to $37.98 per dose effective on 3/15/2021.

**FDA Drug Safety Communication**

**March 25, 2021.** FDA warns that abuse and misuse of the nasal decongestant propylhexedrine causes serious harm. **March 31, 2021.** Studies show increased risk of heart rhythm problems with seizure and mental health medicine lamotrigine (Lamictal) in patients with heart disease.

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**References**


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**30 Day Change Notice**

**Effective Date:** July 1, 2021

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**NEW NON-PREFERRED DRUGS**

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>PA REQUIRED NON-PREFERRED</th>
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<tbody>
<tr>
<td>Blood Formation, Coagulation, and Thrombosis Agents:</td>
<td>Nyvepra</td>
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<tr>
<td>Colony Stimulating Factors</td>
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<tr>
<td>Ophthalmic Agents: Dry Eye Treatments</td>
<td>Eysuvis</td>
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<tr>
<td>Topical Agents: Corticosteroids</td>
<td>Impekel</td>
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<tr>
<td>Dermatological: Topical Acne Products</td>
<td>Tazorac (laveler 00023)</td>
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NEW PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>NO PA REQUIRED PREFERRED</th>
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</thead>
<tbody>
<tr>
<td>Central Nervous System (CNS) Agents: Narcolepsy</td>
<td>Armodafinil</td>
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<tr>
<td>Dermatological: Topical Acne products</td>
<td>Adapalene Gel 0.1%</td>
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NEW CLINICAL PA REQUIRED PREFERRED

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>CLINICAL PA REQUIRED “PREFERRED”</th>
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<tbody>
<tr>
<td>Chemotherapy</td>
<td>Votrient</td>
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NEW THERAPEUTIC CATEGORIES

Central Nervous System (CNS) Agents: Narcolepsy

Central Nervous System (CNS) Agents: Narcolepsy

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>NON-PREFERRED</th>
</tr>
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<tbody>
<tr>
<td>Amphetamine/Dextroamphetamine</td>
<td>Sunosi</td>
</tr>
<tr>
<td>Armodafinil</td>
<td>Wakix</td>
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<tr>
<td>Dextroamphetamine ER</td>
<td>Xyrem</td>
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<tr>
<td>Methylphenidate ER</td>
<td>Xywax</td>
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<tr>
<td>Methylphenidate Tab</td>
<td></td>
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<tr>
<td>Modafinil</td>
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Legend

AR (Age Restriction) - An age edit allows claims for members within a defined age range to adjudicate without authorization
BvG (Brand Preferred Over the Generic) - The brand name medication is preferred over the generic equivalent
PA (Clinical Prior Authorization) - A prior authorization is required before the medication will adjudicate
QL (Quantity Limit) - A limit on the quantity that can be covered within a given time frame
ST (Step Therapy) - Medications require a trial with one or more preferred products before approval

Central Nervous System (CNS) Agents: Narcolepsy

LENGTH OF AUTHORIZATIONS: 365 Days

Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:

- Allergy to medications not requiring prior approval
- Contraindications to or drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior approval
NON - PREFERRED MEDICATION:
☐ For non-preferred drugs without medication specific criteria, there must have been an inadequate clinical response to preferred alternatives, including a trial of no less than 30 days each of at least two preferred products

PRIOR AUTHORIZATION CRITERIA:
☐ Sunosi (soriamfetol)
  • Diagnosis of narcolepsy with excessive daytime sleepiness or obstructive sleep apnea with excessive daytime sleepiness AND
  • An inadequate response to or inability to tolerate a 30-day course of treatment with modafinil or armodafinil AND
  • An inadequate response to or inability to tolerate a 30-day course of treatment with a preferred methylphenidate or amphetamine product

☐ Wakix (pitolisant), Xyrem (sodium oxybate)
  • Diagnosis of narcolepsy with excessive daytime sleepiness AND
  • An inadequate response to or inability to tolerate a 30-day course of treatment with modafinil or armodafinil AND
  • An inadequate response to or inability to tolerate a 30-day course of treatment with a preferred methylphenidate or amphetamine product OR
  • Diagnosis of narcolepsy with cataplexy
    Xywav (calcium, magnesium, potassium & sodium oxybates)
      • Diagnosis of narcolepsy with excessive daytime sleepiness AND
      • An inadequate response to or inability to tolerate a 30-day course of treatment with modafinil or armodafinil AND
      • An inadequate response to or inability to tolerate a 30-day course of treatment with a preferred methylphenidate or amphetamine product AND
      • Sodium restriction with documented adherence to sodium restricted diet OR
      • Diagnosis of narcolepsy with cataplexy AND
      • Sodium restriction with documented adherence to sodium restricted diet

REAUTHORIZATION CRITERIA:
☐ Attestation that the patient’s condition has improved while taking the requested medication
<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>SUMMARY OF CHANGE</th>
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| Ophthalmic Agents: Dry Eye Treatments | **LENGTH OF AUTHORIZATIONS:**  
365 Days for Cequa, Restasis Trays, Restasis Multi-Dose and Xiidra  
14 Days for Eysuvis  
All drugs in this class require step therapy: Patient must have a claim for an artificial tear or OTC dry eye drop in the previous 120 days.  
Is there any reason the patient cannot be changed to a medication not requiring prior approval?  
Acceptable reasons include:  
• Allergy to medications not requiring prior approval  
• Contraindications to or drug interaction with medications not requiring prior approval  
• History of unacceptable/toxic side effects to medications not requiring prior approval  
Patient must have a therapeutic failure to at least 30 days of one of the preferred agents. |
<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>SUMMARY OF CHANGE</th>
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| Endocrine Agents: Diabetes-Non-Insulin | **LENGTH OF AUTHORIZATIONS:** 365 Days  
**STEP THERAPY:**  
1. For a drug requiring step therapy, there must have been inadequate clinical response to metformin products (either single-ingredient or in a sulfonylurea/metformin or TZD/metformin combination), including a trial of no less than 60 days of at least one preferred metformin product  
2. For a non-preferred drug, there must have been inadequate clinical response to preferred alternatives, including metformin and a trial of no less than 60 days of at least one preferred or step therapy product  
Note: Inadequate clinical response after at least 60 days of recommended therapeutic dose with documented adherence to the regimen.  
3. Farxiga and Trulicity step therapy requirements are waived for members with Type 2 diabetes and established cardiovascular disease or multiple cardiovascular disease risk factors  
   ☐ Farxiga step therapy requirements are waived for members without a diagnosis of Type 2 diabetes and with a diagnosis of heart failure with reduced ejection fraction, or chronic kidney disease at risk of progression.  
4. Victoza and Jardiance step therapy requirements are waived for members with Type 2 diabetes and established cardiovascular disease.  
5. Invokana step therapy requirements are waived for members with Type 2 diabetes and established cardiovascular disease or diabetic nephropathy with albuminuria  
**OTHER APPROVAL CRITERIA:**  
Is there any reason the patient cannot be changed to a medication within the same class not requiring prior approval? Acceptable reasons include:  
☐ Allergy to medications not requiring prior approval  
☐ Contraindication to or drug interaction with medications not requiring prior approval  
☐ History of unacceptable/toxic side effects to medications not requiring prior approval |