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.

Children Less Than 18 Taking Opioids$^{1, 2}$

Purpose
The purpose of this intervention was to alert providers that there is an association between legitimate opioid use in children before high school completion and an increased risk of subsequent misuse after high school.

Intervention Criteria
Prescription claims for members less than 18 years old prescribed opioids for longer than two days were reviewed.

Intervention Goals
The goal of this intervention was to ask providers to weigh the risk/benefit of prescribing an opioid to children and consider the risk of future opioid misuse.

Each provider was asked to consider the following:
- Prescribing the lowest opioid dose for the shortest duration when appropriate
- Alternatively, prescribing NSAIDs or acetaminophen around the clock
- Considering if an opioid taper, pain management referral, palliative care consult, or other non-pharmacological approaches such as physical therapy and counseling are appropriate
- Educating patients and families on safe opioid disposal

Background and Standards of Clinical Practice
Children who receive an opioid prescription by 12th grade are more likely to misuse prescription opioids after high school by age 23 than those with no history of an opioid prescription. Safe opioid prescribing practices are shown to reduce the risk of prescription opioid overdose in adolescents and young adults. Legitimate opioid use is associated with an increased risk of long-term opioid use and potential misuse in adults. This risk should be incorporated into prescribing decisions and patient counseling. Parents may opt for a nonopioid initial treatment option when they are educated on the risks of opioids.
Chronic Triptan Use Without Preventative Therapy

Purpose
The purpose of this intervention was to educate prescribers that members who are taking triptans chronically for migraines may benefit from adding preventative therapy to their regimen to reduce the frequency of migraine attacks.

Intervention Criteria
Prescription claims for members taking a quantity of nine or more triptans per month who were not receiving any preventative medication were reviewed.

Intervention Goals
The goal of this intervention was to ask prescribers to consider adding preventative therapy or seek alternative therapy to their patient’s chronic migraine regimen if they are a candidate.

Each prescriber was asked to consider the following if the patient was a candidate for preventative therapy (4+ headaches per month or 8+ headache days per month):
- First-line preventative agents such as select antihypertensives, antidepressants, and anticonvulsants
- Treatment options such as NSAIDs
- Non-pharmacological preventative therapy such as acupuncture and behavioral treatments

Background and Standards of Clinical Practice
Migraines are the second leading cause of years lived with disability worldwide. Individuals who suffer from migraines are twice as likely to have depression, anxiety, and chronic pain. In patients with migraines, as the number of headache days increase, so does the burden of the disease (disability, health care utilization, and direct costs). Preventive therapy is indicated when migraine attacks interfere with daily functioning and are frequent or debilitating. Antihypertensives such as propranolol or metoprolol, antidepressants such as amitriptyline or venlafaxine, and anticonvulsant agents such as topiramate, are considered first-line preventive treatments. Non-pharmacologic therapies such as relaxation training and cognitive behavior therapy may also be used to support migraine prevention.

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

Re-Review: Opioids and Concurrent Gabapentin Use

Purpose
The purpose of this intervention was to notify prescribers of patients under their care who received opioid medication(s) in combination with greater than 2,400 mg/day of gabapentin.

Results
Between 1/1/2020 and 3/31/2020, 118 members were identified for this intervention. One year later, 95 of those members remained in FFS. Out of the 95 members, 59 members were identified as taking less opioid or gabapentin (62%).

ODM Preferred Diabetic Supply List
Effective 7/1/2021, ODM has a new preferred diabetic supply list for blood glucose test strips, blood glucose meters, continuous glucose monitors (CGMs), and external diabetes devices. Additionally, ODM has removed prior authorization on the preferred CGMs. The following practice standards warrant CGM usage:
- Must have had appointment with provider within past 6 months AND
- Diagnosis of type 1 diabetes OR
- Diagnosis of type 2 diabetes and require insulin dose adjustment within the last 12 months, or have significant inability to adequately monitor blood glucose via fingerstick, or not require prandial insulin with A1c >7% OR
- History of significant or recurring hypoglycemia

FDA Drug Safety Communication
May 26, 2021. Due to the risk of serious liver injury, FDA warns that vapors from alcohol-based hand sanitizers can have side effects.
June 16, 2021. FDA warns that vapors from alcohol-based hand sanitizers can have side effects.
July 20, 2021. FDA requests removal of strongest warning against using cholesterol-lowering statins during pregnancy; still advises most pregnant patients should stop taking statins.

References
### NEW NON-PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>PA REQUIRED NON-PREFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors</td>
<td>Nyvepra</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>Impeklo</td>
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<tr>
<td>Dermatological: Topical Acne Products</td>
<td>Tazorac (labeler 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>
</tr>
<tr>
<td></td>
<td>Modafinil</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

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>NON-PREFERRED</th>
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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>Xywav</td>
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<tr>
<td>Methylphenidate Tab</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
BpG (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 (soriatemetol)
  - 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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<tbody>
<tr>
<td>Ophthalmic Agents: Dry Eye Treatments</td>
<td>LENGTH OF AUTHORIZATIONS: 365 Days for Cequa, Restasis Trays, Restasis Multi-Dose and Xiidra 14 Days for Eysuvis</td>
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</tbody>
</table>

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.
### CHANGES IN CRITERIA

<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 |
# NEW NON-PREFERRED DRUGS

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<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>PA REQUIRED NON-PREFERRED</th>
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<tbody>
<tr>
<td>Multivitamins</td>
<td>Vitrexyl</td>
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<td></td>
<td>Vitrexyl Plus Iron</td>
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<td>Prenatrix</td>
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<td>Vitrexate</td>
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<td>Vitrexate Fe</td>
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<td>Prenatryl</td>
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<td>Vitranol</td>
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<td>Vitranol Fe</td>
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<td>Venexa</td>
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<td></td>
<td>Venexa Fe</td>
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<tr>
<td></td>
<td>Folitin-Z</td>
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<tr>
<td>Ophthalmic Agents: Glaucoma Agents</td>
<td>Betimol Sol</td>
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