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.

Non-Selective Beta Blockers in Asthma\(^1,2\)

**Purpose**
The purpose of this intervention was to identify members who had asthma and had pharmacy claims for a non-selective beta-blocker.

**Intervention Criteria**
Members who had a diagnosis of asthma and were taking a non-selective beta-blocker were identified.

**Intervention Goals**
The goal of the intervention was to educate providers on the potential for non-selective beta-blockers to exacerbate asthma symptoms. Additionally, the goal was to encourage prescribers to weigh the risks versus benefits and to switch the non-selective beta-blockers to selective beta-blockers where appropriate.

**Background and Standards of Clinical Practice**
The 2021 Global Initiative for Asthma (GINA) report states that non-selective beta-blockers should be avoided or used cautiously in patients with asthma, as they may exacerbate asthma symptoms by causing bronchospasms. For patients who have asthma and require treatment with a beta-blocker, prescribers should consider the need of a non-selective beta-blocker on a case-by-case basis and change to a selective beta-blocker where appropriate.

Atherosclerotic Cardiovascular Disease (ASCVD) without a Statin\(^3,4,5\)

**Purpose**
The purpose of this intervention was to identify patients who had ASCVD and did not have a pharmacy claim for a statin.

**Intervention Criteria**
Members who had ASCVD and were not taking a statin were reviewed.

**Intervention Goals**
The goal of the intervention was to encourage providers to prescribe a high intensity statin for their patients, and if adverse effects have occurred from a statin in the past, to consider a re-trial with a different statin or a lower dose and titrate up as tolerated.
Background and Standards of Clinical Practice
Per the American College of Cardiology (ACC) and American Heart Association (AHA) lipid guidelines, high intensity statin therapy is recommended for all patients with ASCVD, including acute coronary syndromes, myocardial infarction, stable or unstable angina, history of coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral artery disease including aortic aneurysm. Statins reduce the rate of cardiovascular events and all cause cardiovascular death. Statins are the foundation of pharmacological therapy in preventing secondary events in ASCVD. In patients who have experienced a myocardial infarction or stroke, statins reduce the rates of a recurrent event and the need for revascularization. They also lower the risk of cardiovascular death in these patients.

The guidelines advocate for the prescriber to review the net clinical benefit of statins, to compare the potential for reduction in risk of ASCVD with the risk of statin-associated side effects and drug interactions, and to discuss with their patients the possible adverse events and how they can be managed.

Multiple Prescribers for Opioids

Purpose
The purpose of this intervention was to identify members who had received overlapping opioid prescriptions from prescribers at different practice sites.

Intervention Criteria
Members were identified who had received overlapping opioid prescriptions from prescribers at different practice sites.

Intervention Goals
The goal of the intervention was to make prescribers aware that their patients received opioids from prescribers at different practice sites. Prescribers were encouraged to have open discussions with their patients, to collaborate with all their patients’ providers, to check OARRS before prescribing controlled substances, and to enter into a pain management agreement with their patients that outlines when or if they can receive opioids from other prescribers.

Background and Standards of Clinical Practice
Patients who seek multiple prescribers for opioid prescriptions are at an increased risk of opioid overdose, which can be fatal. Doctor shopping is defined as seeking multiple prescribers, either due to requiring additional treatment or to obtain prescriptions under false pretenses. Not all doctor shopping is to gain medication for abuse. The prescriber should speak with their patients to understand their reason for this behavior in order to manage their health. OARRS can identify individuals improperly obtaining controlled substances from multiple healthcare providers.

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

Re-Review: Proton Pump Inhibitor (PPI) Deprescribing

Purpose
The purpose of this intervention was to notify prescribers that their patients were taking a PPI for longer than 6 months.

Goal
The goal of the intervention was to ask prescribers to consider reviewing their patients’ continued need for acid suppressive therapy. If appropriate, tapering the PPI was recommended as the more effective discontinuation strategy, and the prescriber was notified that abrupt withdrawal might be followed by rebound acid hypersecretion and exacerbation of symptoms.

Results
Between January and December 2020, 703 members were identified for this intervention. One year later, 624 of those members remained in FFS. Out of the 624 members, 17 members were no longer taking a PPI (2.7%).

Re-Review: Opioids Greater than 80 Morphine Equivalent Dose (MED)

Purpose
The purpose of this intervention was to notify prescribers that their patients were identified as taking opioid medications greater than 80 MED per day.

Goal
The goal of the 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 informed 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. The prescriber was asked to check OARRS before prescribing an opioid when required by Ohio law and to offer a prescription for naloxone to their patients.

Results
Between September 2020 and February 2021, 175 members were identified for this intervention. One year later, 144 of those members remained in FFS. Out of the 144 members, 98 members showed an improvement, either taking lower than 80 MED or no longer taking an opioid (68%).
Re-Review: Triple Antithrombotic Therapy

**Purpose**
The purpose of this intervention was to inform prescribers that prolonged triple antithrombotic therapy carries an elevated bleeding risk and that the risk of bleeding increases with continued use.

**Goal**
The goal of the intervention was to confirm that the prescriber, if not a cardiologist, had consulted with a cardiologist or vascular specialist and that their patient was taking triple antithrombotic therapy for an appropriate length of time.

**Results**
Between December 2019 and December 2020, 51 members were identified for this intervention. One year later, 45 of those members remained in FFS. Out of the 45 members, 30 members were no longer taking triple antithrombotic therapy (67%).

Opioids and Benzodiazepines Prescribing Trends in FFS and Across Ohio

The State of Ohio Board of Pharmacy Ohio Automated RX Reporting System (OARRS) 2021 Annual Report has been published.

Opioid and benzodiazepine prescribing continue to fall in both Ohio and Medicaid Fee for Service (FFS) populations. Overall, the Ohio Medicaid FFS showed a greater decline than the State’s average prescribing.

From 2014 to 2021, Fee For Service’s number of solid opioid doses dispensed decreased by 83% while the State’s decreased by 59%. For opioid prescriptions dispensed, FFS decreased by 83% and the State decreased by 56%.

Similarly, for benzodiazepine solid doses dispensed from 2014 to 2021, FFS and State dispensing decreased by 60% and 46% respectively.

For benzodiazepine prescriptions dispensed, FFS decreased by 64% and the State decreased by 40%.

**FDA Drug Safety Communications**

**March 30, 2022.** FDA recommends thyroid monitoring in babies and young children who receive injections of iodine-containing contrast media for medical imaging.

**References**

### NEW NON-PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>PA REQUIRED NON-PREFERRED</th>
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<tbody>
<tr>
<td>Cardiovascular Agents: Angina, Hypertension, and Heart Failure</td>
<td>Kerendia</td>
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<tr>
<td>Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute</td>
<td>Trudhesa</td>
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<tr>
<td>Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis</td>
<td>Quilipta</td>
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<tr>
<td>Central Nervous System (CNS) Agents: Atypical Antipsychotics*</td>
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<td>Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents</td>
<td>Azstarys</td>
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<tr>
<td>Central Nervous System (CNS) Agents: Skeletal Muscle Relaxants, Non-Benzodiazepine</td>
<td>Ozobax</td>
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<tr>
<td>Dermatological: Topical Acne Products</td>
<td>Winlevi</td>
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<tr>
<td>Gastrointestinal Agents: Unspecified GI</td>
<td>Aemcolo</td>
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<tr>
<td>Genitourinary Agents: Urinary Antispasmodics</td>
<td>Myrbetrix Granules</td>
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<tr>
<td>Infectious Disease Agents: Antifungals</td>
<td>Brexafemme</td>
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<tr>
<td>Topical Agents: Immunomodulators</td>
<td>Opzelura</td>
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### NEW CLINICAL PA REQUIRED PREFERRED DRUGS

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<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>CLINICAL CRITERIA REQUIRED PREFERRED</th>
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<tbody>
<tr>
<td>Central Nervous System (CNS) Agents: Atypical Antipsychotics*</td>
<td>Invega Hafyera ER</td>
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### NEW STEP THERAPY PREFERRED DRUGS

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<tr>
<th>THERAPEUTIC CLASS</th>
<th>STEP THERAPY REQUIRED PREFERRED</th>
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<tr>
<td>Gastrointestinal Agents: Hepatic Encephalopathy</td>
<td>Xifaxan</td>
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<tr>
<td>Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) with Diarrhea</td>
<td>Xifaxan</td>
</tr>
<tr>
<td>Gastrointestinal Agents: Unspecified GI</td>
<td>Xifaxan</td>
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### THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA

- Cardiovascular Agents: Angina, Hypertension, and Heart Failure Central
- Nervous System (CNS) Agents: Anti-Migraine Agents, Acute Central
- Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis Central
- Nervous System (CNS) Agents: Atypical Antipsychotics
- Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents
- Dermatological: Topical Acne Products
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<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>SUMMARY OF CHANGE</th>
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<tbody>
<tr>
<td><strong>Cardiovascular Agents: Angina, Hypertension, and Heart Failure</strong></td>
<td><strong>KERENDIA CRITERIA:</strong> 1. Patient must meet all the following criteria:  - A diagnosis of Chronic Kidney Disease due to Type 2 Diabetes  - Be on maximum tolerated dose of an angiotensin-converting enzyme inhibitor or angiotensin receptor blocker  - Allergy, intolerance, or inadequate response to an SGLT2 Inhibitor</td>
</tr>
<tr>
<td><strong>Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute</strong></td>
<td>Nurtec ODT quantity limit is 8 per 30 days</td>
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</table>
| **Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis** | **AUTHORIZATION CRITERIA:**  - Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:  - Allergy to preferred medications  - Contraindication to three preferred medications  - History of unacceptable/toxic side effects/intolerance to at least three preferred medications  **NON-PREFERRED MEDICATION:**  - For a non-preferred medication drug there must have been inadequate clinical response to a trial of at least 30 days each to at least three controller migraine medications or has experienced contraindications or intolerance to them (i.e., beta-blockers, anticonvulsants, tricyclic antidepressants, and/or serotonin-norepinephrine reuptake inhibitors) AND an inadequate clinical response or intolerance to a trial of at least 30 days of one step therapy required preferred medication.

Initial authorization will be limited to 180 days. Re-authorization for 365 days will be allowed based upon evidence of improved headache control (such as headache diary or attestation of ongoing efficacy from provider). |
| **Central Nervous System (CNS) Agents: Atypical Antipsychotics** | **ADDITIONAL CRITERIA FOR INVEGA HAFYERA ER:** 1. Treatment with 4 months of Invega Sustenna or 3 months of Invega Trinza before starting Invega Hafyera.  **ADDITIONAL CRITERIA FOR LYBALVI:** 1. Patient must not be using opioids. 2. Patient must not be undergoing acute opioid withdrawal. |
| Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents | **PRIOR AUTHORIZATION CRITERIA:**
1. Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:
   - Allergy to at least two medications not requiring prior approval
   - Contraindication to all medications not requiring prior approval
   - History of unacceptable/toxic side effects to at least two medications not requiring prior approval
   - Has the patient failed a therapeutic trial of at least 14 days with at least two medications not requiring prior approval? |

| Dermatological: Topical Acne Products | **PRIOR AUTHORIZATION CRITERIA:**
Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:
- Allergy to all medications not requiring prior approval
- Contraindication to or drug-to-drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior approval
- Inadequate response to no less than a 30-day trial of at least three (3) medications not requiring prior approval |

| Genitourinary Agents: Urinary Antispasmodics | AR – Vesicare LS: PA is not required for patients 2-5 years of age.  
AR – Myrbetriq Sol: PA is not required for patients that are 3-5 years of age. |

| Topical Agents: Immunomodulators | **CLINICAL INFORMATION**
- Indicated for short-term and intermittent long-term treatment of atopic dermatitis if:
  - Alternative, conventional therapies (such as topical corticosteroids) are deemed inadvisable because of potential risks, or
  - There has been inadequate response or intolerance to alternative, conventional therapies (such as topical corticosteroids)
- Elidel and Protopic 0.03% are indicated in patients 2 years old or older. Protopic 0.1% is indicated in adults only.
- Opzelura is contraindicated for use in immunocompromised patients |

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| **REVISED THERAPEUTIC CATEGORY CRITERIA** |
|---|---|
| **THERAPEUTIC CLASS** | **SUMMARY OF CHANGE** |
| Cardiovascular Agents: Lipotropics | 30 days for HMG-CoA Reductase Inhibitors, Niacin derivatives, ezetimibe (Zetia), 90 days for Fibrates, and 84 days for ATP Citrate Lyase (ACL) Inhibitors |
| **Number of non-PA agents** | 1 medication – The assumption is that the medication must be in the same class of the medication requested, if available, except for HMG-CoA reductase inhibitors - see specific criteria |

**ADDITIONAL CRITERIA FOR PCSK9 INHIBITORS**
- For Repatha: Age ≥18 years with ASCVD or Age ≥10 years and Familial Hypercholesterolemia (FH) OR for Praluent: Age ≥18 years with ASCVD or FH AND
- Documented adherence to prescribed lipid lowering medications for previous 90 days |
Baseline lab results are required, and approvals will be for 365 days. Subsequent approvals will require additional levels being done to assess changes.

Diagnosis of Familial Hypercholesterolemia (includes Heterozygous [HeFH] and Homozygous [HoFH]) AND must meet all:

1. Unable to reach goal LDL-C (LDL ≤ 100mg/dL for adults or LDL ≤ 110mg/dL for those < 18 years of age) with maximally tolerated dose of statin and ezetimibe (Zetia)
   - A trial of 2 or more high potency statins (atorvastatin or rosuvastatin)

Diagnosis of Clinical Atherosclerotic Cardiovascular Disease (ASCVD) AND must meet both:

1. History of MI, angina, coronary or other arterial revascularization, stroke, TIA or PVD or atherosclerotic origin and
2. Unable to reach goal LDL-C (LDL ≤ 70mg/dL) with maximally tolerated dose of statin and ezetimibe (Zetia)
   - A trial of 2 or more high potency statins (atorvastatin or rosuvastatin)

### NEW THERAPEUTIC CATEGORIES

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### NEW THERAPEUTIC CATEGORY CRITERIA

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<tbody>
<tr>
<td>Gastrointestinal Agents: Hepatic Encephalopathy</td>
<td><strong>LENGTH OF AUTHORIZATIONS:</strong> 365 Days</td>
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**PRIOR AUTHORIZATION CRITERIA:**

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

- Allergy to medication not requiring prior approval
- Contraindication to or drug interaction with medication not requiring prior approval
- History of unacceptable/toxic side effects to medication not requiring prior approval

**STEP THERAPY:** all agents listed

1. For a drug requiring step therapy, there must have been inadequate clinical response to a preferred alternative
2. XIFAXAN requires a diagnosis of hepatic encephalopathy and may be approved for monotherapy or add on therapy if there has been a therapeutic failure (defined as a recurrent episode) while on lactulose
<table>
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<tr>
<th><strong>Gastrointestinal Agents:</strong> Irritable Bowel Syndrome (IBS) with Diarrhea</th>
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<th><strong>LENGTH OF AUTHORIZATIONS:</strong></th>
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<td>365 Days</td>
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<tr>
<td>Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:</td>
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<td>✅ Allergy to medications not requiring prior approval</td>
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<tr>
<th><strong>STEP THERAPY:</strong> all agents listed</th>
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<tr>
<td>1. For a drug requiring step therapy, there must have been inadequate clinical response to a preferred alternative</td>
</tr>
<tr>
<td>2. For a non-preferred drug, there must have been inadequate clinical response to preferred alternatives, including a trial of no less than 14-days of at least one step therapy product</td>
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</table>
**LENGTH OF AUTHORIZATIONS:**
365 Days

**PRIOR AUTHORIZATION CRITERIA:**
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
- Contraindication to or drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior Approval

**STEP THERAPY:** all agents listed
1. For a drug requiring step therapy, there must have been inadequate clinical response to preferred alternatives, including no less than a 14-day trial of at least two medications not requiring prior approval
2. For a non-preferred drug, there must have been inadequate clinical response to preferred alternatives, including no less than 14-day trial of at least three preferred products including one step therapy product

**ADDITIONAL INFORMATION:**
1. Patient must be 18 years or older
2. ZORBTIVE and GATTEX require a diagnosis of short bowel syndrome (SBS) and evidence of special nutritional support
   a. GATTEX requires evidence of parenteral nutrition support at least three times per 7 days and appropriate colonoscopy and lab assessment (bilirubin, alkaline phosphatase, lipase, and amylase) 180 days prior to initiation
   b. Re-authorization of these therapies requires evidence of improved condition (i.e. as measured by total volume, total calories, or decreased frequency of specialized nutrition support)
3. MYTESI requires a diagnosis of non-infectious diarrhea and evidence of concurrent HIV antiviral therapy
   a. MYTESI will be limited to no more than 2 tablets per day
4. RELISTOR and SYMPROIC require a history of chronic pain requiring continuous opioid therapy for 84 days or longer. Electronic PA will approve with a history of 90 days of opioid therapy in the previous 90 days, in addition to trials of preferred products
5. AEMCOLO initial approval criteria for Travelers’ Diarrhea (TD) (must meet all):
   a. Diagnosis of TD
   b. Inability to take, or failure of, any of the following:
      o Azithromycin (generic Zithromax)
      o Ciprofloxacin (generic Cipro)
      o Levofloxacin (generic Levaquin)
      o Ofloxacin (generic Floxin)
      o Xifaxan (rifaximin)
   c. Approval duration is 3 days
### NEW PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>NO PA REQUIRED PREFERRED</th>
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<tbody>
<tr>
<td>Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction</td>
<td>Sublocade</td>
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### THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA

Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction

Please see below for the criteria changes

### CHANGES IN CRITERIA

<table>
<thead>
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<tbody>
<tr>
<td>Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction</td>
<td><strong>Criteria for SUBCUTANEOUS BUPRENORPHINE INJECTION (SUBLOCADE™)</strong></td>
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<tr>
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<td>- Indicated for opioid dependence;</td>
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<td>- Patient ≥18 years</td>
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<td>- Currently established on a dose of at least 8mg of oral buprenorphine for at least 7 days</td>
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<td>- Medical justification supports inability to continue to use oral formulation and Vivitrol</td>
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<td>- Urine drug screen result obtained within the last 7 days with no illicit substances or non-prescribed therapies detected (initially). Subsequent</td>
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authorization dependent upon UDS results indicating compliance to treatment plan:
- Provider will attest that the patient is receiving or planning to receive counseling,
- The physician has reviewed OARRS within 7 days prior to the PA request. If the patient has received controlled substances since the previous authorization:
  - The physician has coordinated with all other prescribers of controlled substances and has determined that the patient should continue treatment; **AND**
  - If the patient has received other controlled substances for 84 or more continuous days, the physician has consulted with a board-certified addictionologist or addiction psychiatrist who has recommended the patient receive substance abuse treatment (consultation not necessary if the prescriber is a board-certified addictionologist or addiction psychiatrist).
- Dose does not exceed 300mg per 30 days in the first 60 days and 100mg thereafter. Providers may request a maintenance dose increase beyond 100mg by submitting additional clinical documentation supporting the need for a higher dose.

Re-authorization requires adherence to specified treatment plan inclusive of adherence to counseling, OARRS and urine drug screening requirements.

**Additional Sublocade Information:**
Sublocade may be billed by the pharmacy if it is not dispensed directly to the patient. If not administered at the pharmacy, the drug must be released only to the administering provider or administering provider’s staff, following all applicable regulations.