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.

Benzodiazepine Monotherapy for Anxiety¹,²,³,⁴,⁵,⁶

Purpose
The purpose of this intervention was to identify members who are taking benzodiazepine monotherapy for anxiety and have not previously taken a different anxiety medication.

Intervention Criteria
Members with prescription claims for one of the following oral benzodiazepines for at least a five days’ supply in the last six months: alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, or oxazepam, no prescription claims for a selective serotonin reuptake inhibitor (SSRI), selective serotonin-norepinephrine reuptake inhibitor (SNRI), buspirone, or tricyclic antidepressant (TCA) in the last three years, and an ICD-10 code for an anxiety-related diagnosis were reviewed.

Intervention Goals
The goal of this intervention was to encourage providers to prescribe first line anxiety medications, such as SSRIs or SNRIs, to their patients when pharmacologic treatment for anxiety is indicated and to weigh the risks and benefits of long-term benzodiazepine use.

Background and Standards of Clinical Practice
SSRIs and SNRIs are usually preferred as initial treatments since they are generally safer and better tolerated than TCAs or monoamine oxidase inhibitors (MAOIs). Benzodiazepines can be useful early in treatment, especially while waiting on SSRI or SNRI to take effect; however, concerns of dependency, sedation, and cognitive impairment occur with long term use. Benzodiazepines are not helpful for common comorbidities like depression. In addition, there is a higher potential for abuse/dependence in patients with history of substance use disorder.

Atherosclerotic Cardiovascular Disease (ASCVD) Without a Statin⁷,⁸,⁹

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\textsuperscript{10,11,12,13,14}

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 the Ohio Automated Rx Reporting System (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: Children Taking 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 the Ohio Automated Rx Reporting System (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.


---

### NEW NON-PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>PA REQUIRED NON-PREFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesic Agents: NSAIDs</td>
<td>Elyxyb</td>
</tr>
<tr>
<td>Endocrine Agents: Growth Hormone</td>
<td>Skytrofa</td>
</tr>
<tr>
<td>Ophthalmic Agents: Dry Eye Treatments</td>
<td>Tyrvaya</td>
</tr>
<tr>
<td>Dermatological: Oral Acne Products</td>
<td>Absorica, Absorica LD</td>
</tr>
<tr>
<td>Cardiovascular Agents: Lipotropics</td>
<td>Juxtapid</td>
</tr>
</tbody>
</table>

### 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>Epronitia</td>
</tr>
</tbody>
</table>

### NEW CLINICAL PA REQUIRED PREFERRED DRUGS

<table>
<thead>
<tr>
<th>THERAPEUTIC CLASS</th>
<th>CLINICAL CRITERIA REQUIRED PREFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatological: Oral Acne Products</td>
<td>Accutane, Amnesteem, Clavaria, Isotretinoin, Myorisan, Zenatane</td>
</tr>
</tbody>
</table>
# THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Agents: Lipotropics</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Anticonvulsants</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis</td>
</tr>
<tr>
<td>Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction</td>
</tr>
<tr>
<td>Endocrine Agents: Growth Hormone</td>
</tr>
<tr>
<td>Ophthalmic Agents: Dry Eye Treatments</td>
</tr>
<tr>
<td>Respiratory Agents: Monoclonal Antibodies-Anti-IL/Anti-IgE</td>
</tr>
</tbody>
</table>

# NEW THERAPEUTIC CATEGORIES

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatological: Oral Acne Products</td>
</tr>
</tbody>
</table>

Please visit https://pharmacy.medicaid.ohio.gov/drug-coverage for the full version of the 30-day Change Notice Effective July 1st, 2022