2024

Quarter 2

DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review (DUR) in Ohio

Introduction to Gainwell Technologies

Gainwell is the Single Pharmacy Benefit Manager (SPBM) for Ohio Medicaid. The SPBM is a prepaid ambulatory health plan (PAHP) contracted with ODM to administer Ohio Medicaid's prescription drug program. Our role is to manage and coordinate the Ohio Medicaid pharmacy benefit for Fee-For-Service and Managed Care Medicaid recipients, including claims processing and prior authorization determination activities.

Proton Pump Inhibitor Overuse

Purpose

The purpose of this intervention was to identify members with chronic proton pump inhibitor (PPI) usage who do not have a definite indication supporting chronic use.

Intervention Criteria

Between 7/1/23 and 12/31/23, patients must have had at least a 150-day supply of a PPI. Patients must not have had a diagnosis of Barrett's esophagus, Zollinger-Ellison syndrome, GERD with esophagitis, esophageal obstruction, eosinophilic esophagitis, pulmonary fibrosis, or chronic NSAID, antiplatelet, or oral anticoagulant use.

Intervention Goals

The goal of this intervention was to encourage prescribers to minimize pill burden and expenditures through appropriate de-prescribing.

Background and Standards of Clinical Practice

Studies suggest that 25% of patients prescribed PPIs continue therapy for at least 1 year, and as many as two-thirds have no indication for PPI use.[1,2] In 2022, the American Gastroenterological Association (AGA) released a practice statement on de-prescribing of PPIs, stating that PPIs are only definitely indicated for long-term use (>8 weeks) for the following conditions: Barrett's esophagus, grade C/D erosive esophagitis, esophageal strictures from GERD, Zollinger-Ellison syndrome, eosinophilic esophagitis, prevention of progression of pulmonary fibrosis, and gastroprotection in NSAID users at high risk of GI bleed. Long term PPI use is conditionally indicated for the following indications: PPI-responsive endoscopy negative reflux disease with recurrence on PPI cessation, PPI-responsive functional dyspepsia with recurrence on PPI cessation, PPI-responsive upper airway symptoms ascribed to laryngopharyngeal reflux with recurrence on PPI cessation, refractory steatorrhea in chronic pancreatic insufficiency with enzyme replacement, and secondary prevention of gastric and duodenal peptic ulcers with no concomitant antiplatelet drugs.[3]

Stimulant & Benzodiazepine Co-Prescribing

Purpose

The purpose of this intervention was to identify patients with

chronic, overlapping therapy (at least 60-day supply) of benzodiazepine and stimulant in cases in which both are prescribed by the same provider.

Intervention Criteria
Patients must have had at least a 60-day overlapping supply of a CNS stimulant and benzodiazepine between 11/1/23 and 1/31/24. Both the stimulant and benzodiazepine had to have been prescribed by the same provider. Patients with a diagnosis of epilepsy, cerebral palsy, or muscle spasticity between 11/1/22 and 1/31/24 were excluded.

Intervention Goals
The goal of this intervention was to encourage prescribers to minimize drug overdose risks and unnecessary health expenditures by mitigating a potentially dangerous medication combination.

Background and Standards of Clinical Practice
Stimulants and benzodiazepines are commonly abused drugs and are frequently involved in drug-related overdose deaths.[4,5] Using benzodiazepines to dampen the effects of stimulants is a known phenomenon, likely attributed to the drugs' opposing pharmacological actions, but there is no guidance for this management among major practice gudielines.[6,7,8]

Frequent Short-Acting Beta Agonist Use

Purpose
The purpose of this intervention was to identify patients overusing short-acting beta agonist (SABA) therapy, defined as at least 6 inhalers filled within 6 months, as an indicator of poorly controlled respiratory disease.

Intervention Criteria
Patients were included in the intervention if they had at least 6 claims of a SABA product (albuterol or levalbuterol canister or nebulizer solution) between 9/1/23 and 2/29/24. Patients were excluded if they had a diagnosis of lung cancer, tracheostomy status, or mechanical ventilation between 9/1/22 and 2/29/24.

Intervention Goals
The goal of this intervention was to encourage prescribers to address the underlying cause of their patients' SABA overuse, whether it be improper inhaler technique or inadequately controlled disease.

Background and Standards of Clinical Practice
Overuse of SABA can signify worsening or inadequate control of underlying respiratory disease; use of at least 3 rescue inhalers per year in asthma and 6 per year in COPD has been associated with an increased risk of exacerbation and poor outcomes.[9,10,11] These findings are reflected in the GINA practice guidelines for asthma and the GOLD guidelines for COPD, which recommend that frequent SABA use may be cause for adjustment of therapy and/or assessment of patient inhaler technique.[12,13]

Re-Reviews

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

Diabetes Without a Statin

Purpose
The purpose of this intervention was to identify members with a diabetes diagnosis that are not receiving a statin.

Goal
The goal was to encourage prescribers to consider adding a statin for these members.

Results
Between July 1, 2022, and December 31, 2022, 1,163 patients in FFS and 26,652 patients in MCO were identified in this intervention. One year later, between July 1, 2023, and December 31, 2023, 967 of those patients (83.1%) remained in FFS and 22,412 (84.1%) remained in MCO. Of these, 180 (18.6%) in FFS and 3,748 (16.7%) in MCO had at least one claim for a statin during the follow-up period.

Asthma Without an Inhaled Corticosteroid

Purpose
The purpose of this intervention was to identify members with an asthma diagnosis that are not receiving an ICS.

Goal
The goal was to encourage prescribers to consider adding an ICS for these members.

Results
Between January 1, 2020, and December 31, 2022, 1,688 patients in FFS and 104,247 patients in MCO were identified for this intervention. Between April 1, 2023, and January 31, 2024, 1,432 of those patients (84.9%) remained in FFS and 97,972 (94.0%) remained in MCO. Of those, 185 patients (12.9%) in FFS and 6,137 patients (6.3%) in MCO had at least one claim for an ICS during the re-review period.

High-dose Opioids (MME/day ≥ 50)

Purpose
The purpose of this intervention was to identify members receiving ≥50 average MME/day.

Goal
The goal was to encourage prescribers to evaluate risks and benefits of prescribing ≥ 50 MME per day and identify opportunities to taper patients MME below 50 when appropriate.

Results
Between November 30, 2022, and February 28, 2023, 2,592

patients in MCO were identified for this intervention, with an average of 76 MME/day. One year later, between November 30, 2023, and February 28, 2024, 2,018 of those patients (77.9%) remained in MCO, with an average of 74 MME/day. Of those, 410 patients (20.3%) were receiving less than 50 MME/day of opioids. The number of opioid prescriptions per patient decreased from 3.9 at baseline to 3.7 during the re-review period.

April 1st, 2024, Ohio Medicaid 30-Day Unified Preferred Drug (UPDL) Change Notice

Please see pages 4-7 for a condensed version of the Ohio Medicaid 30-Day UPDL Change Notice effective April 1st, 2024. For the full version, please visit Drug Coverage Information | Medicaid (ohio.gov)

References

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13. Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease, 2024. Updated December 2023. Available from: www.goldcopd.org

Department of Medicaid

30 Day Change Notice
Effective Date: April 1, 2024

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	**NO PA REQUIRED PREFERRED**
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	Dyanavel XR Tab
Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction	Brixadi
Hyperkalemia Agents: Potassium Binders	Lokelma
Otic Agents: Antibacterial and Antibacterial/Steroid Combinations	Ciprofloxacin/Dexamethasone
Respiratory Agents: Inhaled Agents	Arnuity Ellipta Fluticasone Propionate Qvar

NEW CLINICAL PA REQUIRED PREFERRED DRUGS	
THERAPEUTIC CLASS	**CLINICAL CRITERIA REQUIRED PREFERRED**
Immunomodulator Agents: Systemic Inflammatory Disease	Amjevita
Respiratory Agents: Pulmonary Fibrosis	Ofev

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**PA REQUIRED NON-PREFERRED**
Endocrine Agents: Growth Hormone	Ngenla
Hyperkalemia Agents: Potassium Binders	Sodium Polystyrene Sulfonate Veltassa
Immunomodulator Agents: Systemic Inflammatory Disease	Adalimumab-aacf
Ophthalmic Agents: Glaucoma Agents	Iyuzeh
Respiratory Agents: Inhaled Agents	Airsupra Breyna
Respiratory Agents: Pulmonary Fibrosis	Pirfenidone

THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents
Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction
Central Nervous System (CNS) Agents: Narcolepsy
Infectious Disease Agents: Antivirals – Hepatitis C Agents

Date of Notice: 03/1/2024

Department of Medicaid

30 Day Change Notice
Effective Date: April 1, 2024

REVISED THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	**SUMMARY OF CHANGE**
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	**AR** – Adderall, Dexedrine, & Zenzedi IR: a PA is required for patients younger than 3 years **AR** – Adderall XR, Atomoxetine, ~~Cotempla XR-ODT,~~ ~~Daytrana~~, Dexedrine ER, Dexmethylphenidate, ~~Methylphenidate IR & ER~~, & Xelstrym: a PA is required for patients younger than 6 years **AR** – Dextroamphetamine Solution ~~& Dyanavel XR~~: a PA is required for patients 12 years and older **AR** – Methylphenidate solution/suspension/chewable tab: a PA is required for patients ~~younger than 6 years and~~ 12 years and older
Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction	**ADDITIONAL INFORMATION** Vivitrol, ~~and~~ Sublocade, and Brixadi may be billed by the pharmacy if it is not dispensed directly to the patient. If not administered by the pharmacist, the drug must be released only to the administering provider or administering provider's staff, following all regulations for a Prescription Pick-Up Station as described by the Ohio Board of Pharmacy.
Central Nervous System (CNS) Agents: Narcolepsy	~~**AR** – Methylphenidate: a PA is required for patients younger than 6 years~~
Infectious Disease Agents: Antivirals – Hepatitis C Agents	**The following documentation must be submitted with initial request for consideration of approval:** ☐ Active HCV infection verified by viral load within 180 days HCV RNA: million IU/mL Date ☐ HCV Genotype verified by lab (must also indicate genotype): ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Note: HCV genotype is not required if all of the follow apply: 1. Patient is treatment naïve AND 2. No evidence of cirrhosis AND 3. Requesting simplified treatment regimen (either a. or b.) a. Mavyret 100/40 mg, three (3) tablets daily for 8 weeks b. Sofosbuvir/velpatasvir 400/100 mg, one tablet daily for 12 weeks Hepatitis fibrosis stage | Date ~~Method(s) used:~~ ☐ Individuals scheduled to receive an HCVNS3 protease inhibitor *(i.e. grazoprevir, voxilaprevir, glecaprevir)* should be assessed for a history of decompensated liver disease and liver disease severity using the Child-Turcotte-Pugh (CTP) score if cirrhosis is determined to be likely present *(as evidenced by clinical findings, radiology, Metavir fibrosis score of F4, pathology findings, or other laboratory markers (FibroTest/FibroSure/FIB-4 index).* ☐ Prescriber has discussed the importance of adherence to treatment plan, office visits, lab monitoring, imaging, procedures, and to taking requested regimen as prescribed. ☐ Individual does not have limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions.

NEW THERAPEUTIC CATEGORIES
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia A, von Willebrand Disease, and Factor XIII Deficiency*
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia B*
Hyperkalemia Agents: Potassium Binders
Respiratory Agents: Pulmonary Fibrosis

Date of Notice: 03/1/2024

Department of Medicaid

30 Day Change Notice
Effective Date: April 1, 2024

NEW THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	**SUMMARY OF CHANGE**
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia A, von Willebrand Disease, and Factor XIII Deficiency*	Split the original class (Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*) into separate categories. No changes to drug placement or changes in clinical criteria.
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia B*	Split the original class (Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*) into separate categories. No changes to drug placement or changes in clinical criteria.
Hyperkalemia Agents: Potassium Binders	**LENGTH OF AUTHORIZATIONS:** 365 Days **ALL AUTHORIZATIONS:** Must be prescribed in accordance with FDA approved labeling **NON-PREFERRED CRITERIA:** • Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR** • Must have had an inadequate clinical response of at least 30 days with at least one preferred drug ○ For non-preferred extended-release formulations: must provide documentation of an inadequate clinical response with its immediate release formulation (if available) ○ For non-preferred brand names that have preferred generics: must provide documentation of an inadequate clinical response or allergy to two or more generic labelers (if available) **SUBSEQUENT AUTHORIZATION CRITERIA:** Must provide documentation of patient's clinical response to treatment and ongoing safety monitoring
Respiratory Agents: Pulmonary Fibrosis	**LENGTH OF AUTHORIZATIONS:** 365 Days **ALL AUTHORIZATIONS:** Must be prescribed in accordance with FDA approved labeling **CLINICAL PA CRITERIA:** • Must be prescribed by or in consultation with a pulmonologist **NON-PREFERRED CRITERIA:** • Must provide documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred

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	drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances) **OR** ○ For any nonsolid oral dosage formulation: must provide documentation of medical necessity for why patient cannot be changed to a solid oral dosage formulation • Must have had an inadequate clinical response of at least 30 days with at least one preferred drug ○ For non-preferred extended-release formulations: must provide documentation of an inadequate clinical response with its immediate release formulation (if available) ○ For non-preferred brand names that have preferred generics: must provide documentation of an inadequate clinical response or allergy to two or more generic labelers (if available **SUBSEQUENT AUTHORIZATION CRITERIA:** • Must provide documentation of patient's clinical response to treatment and ongoing safety