Ohio | Department of Medicaid

30 Day Change Notice
Effective Date: October 1, 2023

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**PA REQUIRED NON-PREFERRED**
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	Altuviiio
Cardiovascular Agents: Lipotropics	Atorvaliq
Cardiovascular Agents: Pulmonary Arterial Hypertension*	Orenitram
Endocrine Agents: Diabetes – Insulin	Rezvoglar
Gastrointestinal Agents: Bowel Preparations	Moviprep PEG3350-SOD SUL-NACL-KCL-ASB-C 7.5-2.691G Plenvu SOD SULF-POTASS SULF-MAG SULF Soln Sutab
Gastrointestinal Agents: Proton Pump Inhibitors	Konvomep
Immunomodulator Agents: Systemic Inflammatory Disease	Amjevita

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	
Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants	Pradaxa Pellet Pak Xarelto Suspension
Gastrointestinal Agents: Bowel Preparations	Clenpiq Gavilyte-C Gavilyte-G Golytely PEG-3350 and Electrolytes 236-22.7G, 420G Suprep

THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA
Analgesic Agents: Opioids
Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants
Cardiovascular Agents: Pulmonary Arterial Hypertension*
Gastrointestinal Agents: Proton Pump Inhibitors

REVISED THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	**SUMMARY OF CHANGE**
Analgesic Agents: Opioids	**LENGTH OF AUTHORIZATIONS:** For the course of therapy, up to 180 days. Initial short-acting and long-acting requests may only be authorized for up to

Date of Notice: 9/1/2023

90 days

ALL AUTHORIZATIONS: Must be prescribed in accordance with FDA approved labeling

BUPRENORPHINE TOPICAL (BUTRANS) CRITERIA:

- For doses greater than 5 mcg/hour must provide documentation of an inadequate clinical response ~~of at least 60 consecutive days with at least one immediate release opioid formulation~~ with at least one opioid formulation taken for at least 60 of the last 90 days
- ~~Must provide documentation of medical necessity for why patient cannot be changed to a solid oral dosage formulation~~

MORPHINE SULFATE ER (KADIAN, MS CONTIN) & TAPENTADOL ER (NUCYNTA) CRITERIA:

- Unless receiving for cancer pain, palliative care, or end-of-life/hospice care, must provide documentation of an inadequate clinical response with at least ~~60 consecutive days with at least one immediate release opioid formulation~~ one opioid formulation taken for at least 60 of the last 90 days
- Must also meet LONG-ACTING OPIOID CRITERIA

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**
  - 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 7 days of at least two unrelated preferred drugs of the same duration of action (SHORT-ACTING or LONG-ACTING)
  - ~~For non-preferred extended release formulations: must provide documentation of and 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)
- Must also meet applicable SHORT-ACTING or LONG-ACTING OPIOID

CRITERIA

ADDITIONAL SHORT-ACTING OPIOIDS CRITERIA:

- The system defines an "initial request" as having no opioid claims in the previous 90 days
- **Initial short-acting requests** can be authorized up to 90 days
  - Length of authorization is dependent on indication, previous patient utilization, and requested length of therapy (could be more restrictive)
  - To exceed acute opioid limits, documentation of the following must be provided:
    - Diagnosis code which must be for somatic type pain
    - Prescriber attestation that the benefits and risks of opioid therapy have been discussed with patient
  - Exemptions to the additional criteria:
    - Patients receiving short-acting opioids for active cancer treatment, palliative care, and end-of-life/hospice care, sickle cell, severe burn, traumatic crushing of tissue, amputation, major orthopedic surgery
    - Prescriber attestation that patient is opioid tolerant (i.e., new to Medicaid or was on higher dose in hospital)
- **Subsequent short-acting requests** can be authorized up to 180 days
  - Documentation of the following must be provided:
    - Current treatment plan
    - Demonstrated adherence to treatment plan through progress notes, including pain and function scores, random urine screenings results reviewed, concerns addressed, and no serious adverse outcomes observed
- **Dose escalation requests** can be authorized up to 180 days
  - Documentation of the following must be provided:
    - Prescriber attestation that dose escalation is likely to result in improved function ~~and~~or pain control
    - Requests for a cumulative daily dose > ~~100~~80 MED must be prescribed by or in consultation with a pain specialist, specialist in the area of the body affected by pain, or anesthesiologist

~~Effective July1, 2018, p~~Patients with initial prescriptions for ~~short acting~~ opioid therapy, defined as no rx claims for opioids in the last 90 days, will be limited to 30 MED per day and a maximum of 7 days per prescription. Prior authorization will be required to exceed these limits.

ADDITIONAL LONG-ACTING OPIOIDS CRITERIA:

- The system defines an "initial long-acting request" as having no opioid claims in the previous 90 days
- **Initial long-acting requests** can be authorized up to 90 days
  - Documentation of the following must be provided:
    - Request is a daily dose equivalent of ≤ 80 MED
    - Inadequate clinical response to both non-opioid pharmacologic and non- pharmacologic treatments
    - Current use of ~~short acting~~ opioids for ≥ 60 ~~consecutive days~~ of the last 90 days
    - Treatment plan including risk assessment, substance abuse history, concurrent therapies, and requirements for random urine screenings (baseline urine drug tests must be submitted)
    - Pain and function scores at each visit
    - Opioid contract required to be in place and submitted with PA form
  - Exemptions to the additional criteria:
    - Patients receiving long-acting opioids for ~~catastrophic injury or~~ cancer pain, palliative care, or end-of-life/hospice care
- **Subsequent long-acting requests** can be authorized up to 180 days
  - Documentation of the following must be provided:
    - Current treatment plan
    - Demonstrated adherence to treatment plan through progress notes, including pain and function scores, random urine screenings results reviewed, concerns addressed, and no serious adverse outcomes observed
- **Dose escalation requests** can be authorized up to 180 days
  - Documentation of the following must be provided:
    - Prescriber attestation that dose escalation is likely to result in improved function ~~and~~or pain control
    - Requests for a cumulative daily dose > ~~100~~80 MED must be prescribed by or in consultation with a pain specialist, specialist in the area of the body affected by pain, or anesthesiologist

	ADDITIONAL TRANSMUCOSAL FENTANYL CRITERIA: • Must be prescribed by an oncologist, pain specialist, or hospice/palliative prescriber • Must be concurrently taking a long-acting opioid at a therapeutic dose of any of the following for at least 7 days without adequate pain relief: ≥ 60 mg oral morphine/day ≥ 8 mg oral hydromorphone/day ≥ 25 mcg/hr transdermal fentanyl ≥ 25 mg oral oxymorphone/day ≥ 30 mg oral oxycodone/day Equianalgesic dose of another opioid **BUPRENORPHINE BUCCAL FILM (BELBUCA) CRITERIA:** • Must meet ADDITIONAL LONG-ACTING OPIOID Criteria **QL –** Transmucosal Fentanyl: 4 doses per day
Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants	**AR** – All drugs: a PA is required for patients older than 12 years old
Cardiovascular Agents: Pulmonary Arterial Hypertension*	~~**AR** - Sildenafil Susp and Tadliq: a PA is required for patients 6 years and older~~ **AR** - Sildenafil Susp: a PA is required for patients 18 years and older **AR** - Tadliq: a PA is required for patients younger than 18 years
Gastrointestinal Agents: Proton Pump Inhibitors	**AR** – Omeprazole & Pantoprazole Tab/Cap/ODT: a PA is required for patients ~~22~~ 21 years and older requesting more than once daily dosing

NEW THERAPEUTIC CATEGORIES
Gastrointestinal Agents: Bowel Preparations

NEW THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	
Gastrointestinal Agents: Bowel Preparations	**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** ○ For any solid oral dosage formulation: must provide documentation of medical necessity for why patient cannot be changed to a non-solid oral dosage formulation • Must have had an inadequate clinical response with at least one preferred drug ○ 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