Ohio | Department of Medicaid

30 Day Change Notice
Effective Date: July 1, 2023

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**PA REQUIRED NON-PREFERRED**
Blood Formation, Coagulation, and Thrombosis Agents: Colony Stimulating Factors	Rolvedon Stimufend
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	Xelstrym
Central Nervous System (CNS) Agents: Multiple Sclerosis*	Tascenso ODT
Endocrine Agents: Diabetes – Insulin	Basaglar Tempo Pen Humalog U-100 Tempo Pen Lyumjev Tempo Pen
Topical Agents: Immunomodulators	Hyftor

NEW CLINICAL PA REQUIRED PREFERRED DRUGS	
THERAPEUTIC CLASS	
Blood Formation, Coagulation, and Thrombosis Agents: Hemophilia Factor*	Kovaltry

THERAPEUTIC CATEGORIES WITH CHANGES IN CRITERIA
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents
Endocrine Agents: Diabetes – Insulin
Central Nervous System (CNS) Agents: Antidepressants*
Central Nervous System (CNS) Agents: Atypical Antipsychotics*
Central Nervous System (CNS) Agents: Anticonvulsants*
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Cluster Headache

REVISED THERAPEUTIC CATEGORY CRITERIA	
THERAPEUTIC CLASS	**SUMMARY OF CHANGE**
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents	Add **AR** to Xelstrym (a PA is required for patients younger than 6 years)
Endocrine Agents: Diabetes – Insulin	**ADDITIONAL TEMPO PEN CRITERIA** • Must have had an inadequate clinical response or documentation of medical necessity beyond convenience for why the patient cannot use the corresponding FlexPens or Kwikpens

Date of Notice: 6/1/2023

Central Nervous System (CNS) Agents: Antidepressants*	**ADDITIONAL DEXTROMETHORPHAN/BUPROPION (AUVELITY) CRITERIA** • ~~Must provide documentation for patient's inability to use the individual drugs~~ • Must have an inadequate clinical response of at least 30 days with **ALL** of the following: ○ ONE dopamine/norepinephrine reuptake inhibitor (DNRI) ○ ONE selective norepinephrine reuptake inhibitor (SNRI) ○ ~~ONE tricyclic antidepressant (TCA)~~ ○ TWO selective serotonin reuptake inhibitors (SSRIs) (ONE of which must be either vilazodone (Viibryd) OR vortioxetine (Trintellix)) **PSYCHIATRIST EXEMPTION:** Prescribers (as identified below) are exempt from prior authorization of any non-preferred antidepressant, or step therapy of any preferred ~~brand~~drug, in the standard tablet/capsule dosage forms. Other dosage forms may still require prior authorization. The exemption will be processed by the claims system when the pharmacy has submitted the prescriber on the claim using the individual national provider identifier (NPI) for the prescriber. **Prescribers are defined as:** ~~**FFS**: Physicians who are registered with Ohio Medicaid as having a specialty in psychiatry~~ ~~**MCOs:**~~ Physicians with a specialty in psychiatry, nurse practitioners certified in psychiatric mental health, or clinical nurse specialists certified in psychiatric mental health, who are credentialed ~~via~~ with the Ohio Department of Medicaid ~~managed care plan~~.
Central Nervous System (CNS) Agents: Atypical Antipsychotics*	**PSYCHIATRIST EXEMPTION:** Prescribers (as identified below) are exempt from prior authorization of any non-preferred second-generation antipsychotic, or step therapy of any preferred ~~brand~~drug, in the standard tablet/capsule and long-acting injectable dosage forms. Other dosage forms may still require prior authorization. The exemption will be processed by the claims system when the pharmacy has submitted the prescriber on the claim using the individual national provider identifier (NPI) for the prescriber **Prescribers are defined as:** ~~**FFS**: Physicians who are registered with Ohio Medicaid as having a specialty in psychiatry~~ ~~**MCOs:**~~ Physicians with a specialty in psychiatry, nurse practitioners certified in psychiatric mental health, or clinical nurse specialists certified in psychiatric mental health, who are credentialed ~~via~~ with the Ohio Department of Medicaid ~~managed care plan~~.
Central Nervous System (CNS)	**NEUROLOGIST EXEMPTION:** Prescriptions submitted from a prescriber who is ~~registered~~credentialed as a

Agents: Anticonvulsants*	neurology specialty with Ohio Medicaid AND for drugs that are used only for seizures, there must have been an inadequate clinical response of at least 30 days with one preferred drug. This provision applies only to the standard tablet/capsule dosage form ~~and does not apply to brand products with available generic alternatives~~.
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Cluster Headache	**QL –** Emgality: 3 doses per 30 days ~~(for initial loading dose only), then 1 dose per 30 days thereafter~~