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**The Bulletin of
Medicaid Drug
Utilization Review
in Iowa**

DUR Commission Members

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BCPP
- Larry Ambroson, R.Ph.
- Casey Clor, M.D.
- Mark Graber, M.D., FACEP
- Craig Logemann, R.Ph., Pharm.D.,
BCPS
- Susan Parker, Pharm.D.
- Laurie Pestel, Pharm.D.
- Richard M. Rinehart, M.D.
- Sara Schutte-Schenck, D.O., FAAP

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- Thomas Kline, D.O.
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- Chad Bissell, R.Ph., Pharm.D.

Dr. Casey Clor, M.D. and Larry Ambroson, R.Ph. have been named as the newest members of the Iowa Medicaid Drug Utilization Review Commission. The Commission and the Department of Human Services welcomes both Dr. Clor and Larry and look forward to working with them throughout their four-year term.



Dr. Clor has been a family practice physician at the Mercy East Family Practice clinic since completing his residency at the Mercy/Mayo Family Practice Residency Program in Des Moines. Dr. Clor also holds Masters of Pharmacy Sciences. In addition to family medicine, Dr. Clor has experience in emergency medicine, has served as the Assistant Director for the Mercy Center for Weight Reduction, as well as serving as part of the adjunct faculty for Des Moines University. He currently is serving on the Governor's Council on Physical Fitness and Nutrition. Dr. Clor was appointed to the DUR Commission in 2009; his first term will expire in 2013.



Larry Ambroson currently owns and operates The Medicine Shoppe Pharmacy in Newton, Iowa. Before returning to Iowa, Larry worked as a staff pharmacist for Columbia Regional Hospital in Columbia, Missouri. In addition to running his business, Larry also sits on a review board with Capstone Health in Newton. Larry was appointed to the DUR Commission in 2009; his first term will expire in 2013.

In the Spotlight: Anti-Acne Prior Authorization Criteria

Prior authorization is required for all prescription topical acne products for the treatment of mild to moderate acne vulgaris. Payment for non-preferred topical acne products will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent. An initial treatment failure of an over-the-counter benzoyl peroxide product, which is covered by the program, is required prior to the initiation of a prescription product, or evidence must be provided that use of these agents would be medically contraindicated. If the patient presents with a preponderance of comedonal acne, tretinoin products may be utilized as first line agents with prior authorization.

Iowa Medicaid does not cover duplicate topical anti-acne prescription products. The member must have an unsuccessful trial of at least 4 to 6 weeks with each product alone before duplicate topical therapy can be considered. You can find a list of payable OTC benzoyl peroxide products at iowamedicaidpdl.com on the OTC Payable List by NDC found under the Preferred Drug Lists link.

For the 2009-2010 RSV Season, Iowa Medicaid will **NOT** be adopting the 2009 *Red Book* modified recommendations for use of palivizumab for prevention of respiratory syncytial virus (RSV) and will follow the same clinical criteria as the 2008-2009 RSV season. This year, PA's will be approved with a **start date of November 16th** and will be valid through March 2010. A **maximum of 5 doses** will be allowed. PA's will be approved for a 30 day supply with a quantity limit of one-50 mg vial and two-100 mg vials per month. The Palivizumab (Synagis) PA form can be found online at iowamedicaidpdl.com under PA forms.

Criteria for the 2009-2010 RSV Season

Prior authorization is required for therapy with palivizumab. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD)

- Patient is less than 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (bronchodilator, corticosteroid, or diuretic therapy) or oxygen within six months before the anticipated start of RSV season.

Prematurity

- Patient is less than 12 months of age at start of therapy with a gestational age of less than or equal to 28 weeks.
- Patient is less than 6 months of age at start of therapy with a gestational age between 28 weeks and 31 weeks.
- Patient is less than 6 months of age at start of therapy with a gestational age of 32 weeks to 35 weeks and has at least two risk factors.

Congenital Heart Disease (CHD)

- Patient is less than 24 months of age at start of therapy and has hemodynamically significant congenital heart disease further defined by any of the following: Receiving medication to control congestive heart failure, moderate to severe pulmonary hypertension, or cyanotic congenital heart disease.

Severe Immunodeficiency

- Patient is less than 24 months of age at start of therapy and has severe immunodeficiencies (e.g., severe combined immunodeficiency or advanced acquired immunodeficiency syndrome).

- The Commission reported back on a focus study that encouraged high utilizers of triptans for migraines to consider switching to a prophylactic medication instead. This activity resulted in a cost savings of \$41,357.07 (pre-rebate; state and federal).
- The Commission reported back on a focus study on chronic Bactroban/Mupirocin use that resulted in a cost savings of \$11,156.41 (pre-rebate; state and federal dollars).
- The Commission reported back on a focus study that looked at duplicate SSRIs which resulted in a cost savings of \$8,723.49 (pre-rebate; state and federal dollars).
- The Commission reported back on a focus study that looked at combining long acting narcotics with methadone which resulted in a cost savings of \$2,081.70 (pre-rebate; state and federal dollars).
- The Commission developed new clinical PA criteria for febuxostat (*Uloric*).

Medicaid Statistics for Prescription Claims from April 1, 2009 to June 30, 2009

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
<i>ProAir HFA</i> \$44.28/Rx	<i>Lexapro 20mg</i> \$826,001	Antipsychotics – Atypicals \$10.9 million
Hydrocodone/APAP 5-500 \$5.58/Rx	<i>Abilify 5mg</i> \$817,278	Anticonvulsants \$5.5 million
<i>Lexapro 20mg</i> \$84.61/Rx	<i>Adderall XR 20mg</i> \$822,408	Antidepressants – Selected SSRI's \$4.2 million
Loratadine 10mg 8.55/RX	<i>Abilify 10mg</i> \$783,049	Stimulants – Amphetamines – Long Acting \$3.5 million
Ferrous Sulfate 325mg \$4.33/RX	<i>Concerta 36mg</i> \$805,381	Stimulants – Methylphenidate-Long Acting \$2.3 million

Average amount paid per claim: \$63.58

Number of claims paid: 978,425

Average amount paid per claim, brand: \$187.65

Percent controlled substances: 18.82%

Total dollars paid: \$62,497,731.53



Iowa Medicaid Drug Utilization Review

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Did you know...

- ❖ **Zyvox interaction** - Zyvox (linezolid) is a reversible nonselective inhibitor of monoamine oxidase and therefore has the potential to interact with serotonergic and adrenergic agents. Zyvox therapy should be avoided in patients who have carcinoid syndrome and/or are taking serotonergic agents such as serotonin reuptake inhibitors, tricyclic antidepressants, serotonin 5-HT₁ receptor agonists (triptans), meperidine, and buspirone. Unless patients are monitored for increases in blood pressure, Zyvox should not be given to patients with uncontrolled hypertension, pheochromocytoma, thyrotoxicosis and/or patients taking directly and indirectly acting sympathomimetic agents (pseudoephedrine), vasopressive agents (epinephrine, norepinephrine), or dopaminergic agents (dopamine, dobutamine). Zyvox is approved for the treatment of infections caused by designated strains of susceptible microorganisms. Specific indications include vancomycin-resistant *Enterococcus faecium* infections, nosocomial pneumonia, community-acquired pneumonia, and complicated and uncomplicated skin or skin structure infections. Zyvox is a preferred agent on the Preferred Drug List, but does require a prior authorization.
- ❖ **FDA Website for Healthcare Professionals** - The FDA has recently updated their website for healthcare professionals to support patient safety. Doctors, pharmacists, nurses, and other healthcare professionals can visit www.fda.gov/healthprofessionals for access to reporting adverse events or to find new safety alerts, warnings, and recalls. Users can also find content regarding new approvals information, or access to the current version of the label, or prescribing information in "DailyMed."
- ❖ **MDI's vs. Inhalation Solution** - According to the evidence-based guidelines published by the American College of Chest Physicians and the American College of Asthma, Allergy, and Immunology, efficacy should not be the basis for selecting one inhalation delivery device over another, as inhalation delivery devices have been found to be equally effective. There is a significant cost difference between inhalation solutions and metered dose inhalers. Where possible, MDIs should be used as they are the most cost effective. Spacers are covered as DME.