

March 2, 2010

Drug Utilization Review Commission

c/o Iowa Medicaid Enterprise

100 Army Post Road

Des Moines, IA 50315

Dear Commission Members,

It has come to our attention that your commission, charged with utilizing drug product selection for Iowans receiving Medicaid benefits, is considering a change for persons diagnosed with Fibromyalgia. An estimated 10 million people in the United States live with Fibromyalgia. We write with serious concern that this policy will dramatically damage the health and well-being of patients with Fibromyalgia. Across the state, Iowa Fibromyalgia support groups reach out to thousands of Iowans who either have Fibromyalgia or are affected by this condition; we are committed to ensuring that persons with Fibromyalgia have the support, acknowledgement and respect they need to live healthy lives. As such, we are committed to see that persons with Fibromyalgia have access to the best quality care possible and we fear this policy will limit access to quality care. Additionally, this proposal would limit well beyond what is seen commercially or with other state Medicaid programs and is certainly not a standard of care.

There are only a few prescription drugs that are indicated for the treatment of Fibromyalgia. This proposal before the DUR commission requires patients to fail multiple times on drugs that are not indicated for the very condition for which they were diagnosed. As a group representing persons with Fibromyalgia, we struggle to find the logic or sound ethical judgment in such a proposal. To make our point vividly clear to the commission, we point to the fact that Iowa recently received a significant amount of money from a settlement with a drug company for marketing their drug for a condition the drug was not indicated for; this practice has and continues to be found unacceptable in the courts across the United States. We urge the commission to give access to indicated Fibromyalgia prescription drugs so patients can manage their disorder early and effectively.

It is estimated that 75-90 percent of people affected by Fibromyalgia are women. We find this policy discriminatory to women as it is a disorder that affects primarily females. For years women and men alike have fought to understand Fibromyalgia. More troubling, we have struggled to defend the realness of the condition. We believe this policy singles out persons with Fibromyalgia, particular women, with the idea that Fibromyalgia is not a valid disorder that deserves the best treatment options available.

We respect what your commission is charged with—giving Iowa Medicaid patients the highest quality of care with the least amount of cost to Iowa taxpayers. However, we strongly urge you to oppose this proposal as it will deteriorate quality and will likely increase overall health care costs as this policy would require a person with Fibromyalgia to make several visits to the prescriber and try a variety of different prescriptions and therapies.

In closing, we respectfully ask that the Drug Utilization Review Commission oppose the proposal to increase barriers to persons with Fibromyalgia. Thank you for your time and consideration on this very important issue.

**Pamela Smith**

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**From:** [REDACTED]  
**Sent:** Sunday, April 18, 2010 8:52 AM  
**To:** iadur  
**Subject:** Clinical PA Criteria

Dear Pam,

I will not be at the next DUR meeting but would like my concerns to be read to the committee regarding the Clinical PA Criteria for Fibromyalgia.

I have been a physiatrist since 1985 and have treated patients with fibromyalgia through the years and have utilized various medicines to treat the pain. These patients need pain relief before they can emotionally talk about ways to deal with their pain or partake with an exercise program which I agree is very important for these patients.

I also understand the importance of cost containment but I am concerned that the number of criteria in the proposed PA would require frequent visits to the care provider to try and potentially fail the number of medicines required in the PA. It is also expensive to see providers like psychologists for counseling for pain management and therapists for the proposed exercise. A lot of patients are able to deal with the pain and exercise on their own if their pain is controlled.

Please reconsider if the non pharmacologic therapies is needed in the protocol especially if it requires additional providers to see these patients.

I am also concerned that savella is the first medicine that is to be tried and failed before cymbalta or lyrica can be tried. As you are aware, many of these patients are depressed and are on an SSRI and they need their antidepressant. By adding savella, there is the risk of too much serotonin and by using it alone, there is a risk of more depression since it is not an approved antidepressant in this country. Please reconsider this proposed criteria especially if someone needs an antidepressant.

Thank you for considering the above concerns and for your continued time and effort all of you offer to the DUR committee.

Sincerely,

[REDACTED]