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

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ANNUAL CALL FOR NEW COMMISSION MEMBERS

*Physicians and Pharmacists:
Are you looking for a new professional opportunity?*

According to CMS regulations, each state's medical assistance program shall assemble a group of actively practicing health care professionals to perform drug use review, as well as educational interventions, in an effort to improve medication use. In Iowa, this group is named the Iowa Medicaid Drug Utilization Review Commission. The Commission is composed of four physicians, three pharmacists, and a representative from one of the two Colleges of Pharmacy in Iowa who serve four-year staggered terms, as well as a representative from the Department of Human Services.

The Medicaid DUR Commission is an excellent opportunity to share your professional expertise and to learn from your colleagues. Most importantly, you will have an opportunity to improve the quality of care provided to this patient population. Past participants have expressed great admiration for work of the Commission and have described being a Commissioner as their most professionally rewarding experience. Please consider if this opportunity would fit your skills and expertise.

Any physician or pharmacist interested in serving in this capacity should send a resumé or curriculum vitae, as well as a letter indicating their interest, to Julie Kuhle as shown below. Candidates that would like more information about the Commission or who would like to speak to a present Commissioner are also encouraged to call.

The deadline for applications is May 6, 2005.

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REVIEW OF “THE CONCURRENT USE OF ANTICHOLINERGICS AND CHOLINESTERASE INHIBITORS: RARE EVENT OR COMMON PRACTICE?”

A study published in the Journal of Geriatrics Society measured the prescribing patterns of anticholinergics with cholinesterase inhibitors. The study’s two objectives were 1) to determine the prevalence of anticholinergic drugs being prescribed concurrently with a cholinesterase inhibitor and 2) to compare the rates of anticholinergic use before and after the start of the cholinesterase inhibitor.

The study demonstrated that the prevalence of patients using an anticholinergic medication while receiving a cholinesterase inhibitor was 35.4%. The study also showed an overall increase in anticholinergic use after the initiation of the cholinesterase inhibitor. The study concluded that concurrent use of these two classes is common. Increased clinician awareness will help decrease the negative effects that anticholinergics can have on cognition in patients with dementia.

(Carnahan RM, Lund BC, Perry PJ, Chrischilles EA. “The Concurrent Use of Anticholinergics and Cholinesterase Inhibitors: Rare Events or Common Practice?” Journal of the American Geriatric Society. 52:2028-2087, 2004.)

MEDICAID LOCK-IN PROGRAM

The Lock-in program works to prevent duplication of medications, unintended drug interactions, duplication of medical services and treatments, and medication abuse by Medicaid members.

The Lock-in Program has two focuses. General information is given to patients on how to appropriately access the health care system. When necessary, members who misuse or abuse benefits will be limited in the number and type of providers and services they receive. Payment will be denied if the member uses a non-lock-in provider without a referral from the member’s primary care physician.

Benefits of the program include a reduction in duplication of services, lower costs through fewer duplications, and coordination of health care services by restricting members to one primary care physician to oversee medical care.

The following are some general guidelines that can be used to make a referral to the program if you are concerned about members who:

- Visit hospital emergency departments for non-emergent health concerns
- Use two or more hospitals for emergency room services
- Use two or more physicians, resulting in duplicated medication and/or treatments
- Exhibit drug-seeking behavior including requesting a specific controlled substance, requesting early refills of controlled substances or report frequent losses of these medications or written prescriptions
- Fill duplicated controlled and non-controlled medications at more than one pharmacy

If you identify Iowa Medicaid members who may benefit from the Lock-in Program please contact the Lock-in review assistant at 1-800-383-1173 extension 8873. The IFMC reviews 100 percent of all referrals. The source of referral is kept confidential.

PREFERRED DRUG LIST BEGAN JANUARY 15, 2005

The Iowa Medicaid program implemented a preferred drug list (PDL) on January 15, 2005. The PDL encourages the use of medications that are less expensive within the Medicaid program prior to using more expensive medications. Information on the PDL program can be found at www.iowamedicaidpdl.com. A medication may be classified as either:

- Preferred – No prior authorization is needed.
- Preferred with conditions – Prior authorization is needed based on medical or clinical guidelines.
- Non-preferred – Prior authorization is needed based on documentation of a therapeutic failure with or con traindication to a preferred medication(s).
- Recommended – Recommended status informs providers that this medication is a cost-effective alternative compared to non-recommended medications in the same class. Prior authorization is not needed unless there is a medical or clinical prior authorization guideline.
- Non-recommended – Non-recommended status informs providers that this medication is less cost-effective than other medications in the same class.

It is important to note that medications indicated as preferred on the PDL are not necessarily more efficacious than non-preferred, recommended, or non-recommended medications. Preferred status is based on clinically equivalent efficacy and pricing specific to the Iowa Medicaid program and does not necessarily reflect a cost advantage outside of the Iowa Medicaid program.

The DUR Commission does not provide the Department of Human Services (DHS) with recommendations regarding the selection of medications to be included on the Preferred Drug List. These recommendations come from the Pharmaceutical and Therapeutics (P and T) Committee. The DUR Commission does provide DHS with recommendations for prior authorization criteria based on medical or clinical guidelines.

SUSTAINED-RELEASE OXYCODONE REMINDER

The recommended dosage interval for the controlled release form of oxycodone (OxyContin®) is every 12 hours. Dosing intervals shorter than 12 hours have not been investigated and are not approved. If the level of pain control needs to be adjusted for a patient, the dose amount in milligrams should be increased or decreased accordingly, not the frequency of the medication. If the patient is currently taking sustained release oxycodone dosed at every 8 hours, the patient should be converted to every 12 hour dosing by taking the sum of total milligrams the patient receives in one day and then divide that total in half. Some patients may benefit from different doses in the morning versus the evening depending on the nature of their chronic pain. As always, a form of immediate release or break through pain medication should be available for the patient on an as needed basis.



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MEDICAID STATISTICS for PRESCRIPTION CLAIMS

Reporting Period of 01/01/04 through 12/31/04

Top medications by number of prescriptions	Top medications by dollars spent	Top therapeutic classes by dollars spent (in millions)
Zoloft® 100mg	Zyprexa® 100mg	Antipsychotics (65.2)
Albuterol inhaler	Seroquel® 200mg	Antidepressants (35.2)
Lexapro® 10mg	Prevacid® 30mg	Misc. Anticonvulsants (30)
ranitidine 150mg	Zyprexa® 10mg	Misc. therapeutic (23)
Zithromax® 250mg	Risperdal® 1mg	Opiate agonists (17.9)