

**Iowa Medicaid Drug Utilization
Review Commission
Annual Report of Activities**

**Fiscal Year End 2010
(July 2009-June 2010)**

**Prepared for
Department of Human Services
By Goold Health Systems**

**Submitted by
Pamela Smith, R.Ph., Project Coordinator
Iowa Medicaid Drug Utilization Review Commission**

October 1, 2010



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES KROGMEIER, DIRECTOR

September 27, 2010

Michael Marshall
Secretary of Senate
State Capitol
LOCAL

Mark Brandsgard
Chief Clerk of the House
State Capitol
LOCAL

Dear Mr. Marshall and Mr. Brandsgard:

Enclosed please find copies of reports to the General Assembly relative to the Iowa Medicaid Annual DUR Report.

These reports were prepared pursuant to the directive contained in Iowa Code 249A.24, subpart 3.

The Commission realized an overall direct cost savings of \$2.90 for every dollar spent on the program administratively. State money for this program is matched by the federal government at a 3 to 1 ratio (federal to state), so savings can also be stated as \$11.60 per state dollar spent. Total annualized cost savings estimates (\$785,066.40) were increased by approximately 30% when compared to state fiscal year ending 2009.

Savings from patient-focused reviews (\$103,577.16) decreased slightly compared to state fiscal year ending 2009. This decrease was most likely due to the fact that a large portion of suggestions are on duplicate therapy with mental health drugs, which typically do not result in a change in drug therapy. In addition, an evolving PDL that controls costs through cost effective medications and Prior Authorization (PA) resulted in fewer suggestions being made to providers. Savings from problem-focused reviews (\$681,489.24) increased by 83% (\$563,956.21) compared to state fiscal year ending 2009 due to an increase in the number of interventions sent to providers.

Sincerely

Jennifer Davis Harbison
Legislative Liaison

Enclosure

cc: Chester J. Culver, Governor
Legislative Service Agency
Kris Bell, Senate Majority Caucus
Peter Matthes, Senate Minority Caucus
Zeke Furlong, House Majority Caucus
Brad Trow, House Minority Caucus

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The Iowa Medicaid Drug Utilization Review Commission

Goold Health Systems has developed the following report for the Iowa Department of Human Services. This report provides a summary description of the activities of the Iowa Medicaid Drug Utilization Review Commission, along with an evaluation of the Iowa Medicaid retrospective drug utilization review program. Information contained in this report covers projects completed and evaluated during the time period of July 2009 through June 2010.

Background Information

Established in 1984, the DUR Commission is charged with promoting the appropriate and cost-effective use of medications within the Iowa Medicaid member population. Acting as a professional advisory group, the Commission analyzes medication utilization by the members of Iowa Medicaid and performs educational initiatives to optimize member outcomes. The Commission performs retroDUR and educational outreach through patient-focused reviews and problem-focused reviews. The Commission supports the proDUR program through criteria review and acts as a resource to the DHS on other issues concerning appropriate medication use.

Patient-Focused Reviews

Patient-focused reviews are completed with the review of 300 member profiles at each meeting (eight times annually). The DUR subcontractor generates these profiles through a complex screening process. The first step of the screening process subjects member profiles to a therapeutic criteria screen. If a profile is found to have failed one or more therapeutic criteria, the member profiles are then assigned a level of risk based on their medication history and potential for adverse events regarding medication. The profiles with the highest level of risk are then selected for the Commission to review. Six months of prescription claims data and medical claims data, if available, are assessed to determine this risk factor.

The member profiles selected from this process are manually reviewed by the Commission to minimize false positives generated by the computer selection process. The Commission identifies situations where educational intervention might be appropriate. Through these interventions, suggestions regarding medication therapy are communicated to the care providers. Templates are developed for suggestions that are frequently communicated to providers. The reviewer may also author an individualized suggestion if a template suggestion is not applicable. These template suggestions are located in the tab labeled Therapeutic Recommendations.

Educational interventions are generally done by letters to prescribers and pharmacists, but may also be done by telephone or in person. The suggestions made by the Commission are educational and informative in nature. Suggestions may be classified as either therapeutic or cost saving in nature. In addition, these suggestions are classified by problem identified for reporting purposes. The classifications are as follows:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration
- Unnecessary Drug Use
- Therapeutic Duplication
- High Cost Drug

- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy
- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Suggestions are intended to promote appropriate and cost-effective use of medications. When suggestions result in cost savings, these savings are calculated based on decreased cost of medications. However, several of these classes of interventions are intended to increase the use of medications. Examples are member underuse and missing drug therapy. In these cases, the addition of medication therapy will increase medication expenditures, but will be beneficial to the member and should result in cost savings in medical services and/or improved quality of life. Cost savings in these situations cannot be calculated due to data limitations. Therefore, these suggestions are considered to have a positive impact on the program with no medication cost savings. Cost savings on medical services are assumed however not calculated.

Providers are invited to respond to the Commissions' suggestions and to request additional information from the Commission. Responses are voluntary and response rates are calculated for prescribers and pharmacists.

Once a member's profile is reviewed, it is excluded from the selection process for nine months to eliminate repeat selections. After this waiting period, the current profile for each member is generated and reviewed to determine if the Commission's suggestion was implemented. If so, fiscal considerations resulting from that change are also calculated. The policy regarding these calculations is included in Appendix B.

Problem-Focused Reviews

Problem-focused reviews narrow the emphasis of review to a specific issue that has been determined to be an area where a targeted educational effort to providers may be valuable. Topics for review are selected from findings of patient-focused reviews or from reviews of medical literature. Criteria are developed to identify the members who may benefit from intervention and educational materials are disseminated to their providers. Providers are encouraged to voluntarily respond. The member profile is generated again in an appropriate amount of time (typically 6 to 9 months) to determine the impact rate of the intervention, along with any fiscal considerations. The policy regarding these calculations is also included in Appendix B.

Administrative Review

The Commission will review utilization data and medical literature to make recommendations to the Department of Human Services (DHS) regarding policy issues. These recommendations are made to promote the appropriate use of medications and positive member outcomes. Recommendations are made at the request of the DHS or at the Commission's discretion. All authority to accept or reject DUR Commission recommendations lies with the DHS. The Commission may make recommendations but does not make policy. Primary areas for recommendations include proDUR, drug prior authorization (PA), coverage of medications, and administrative and billing procedures. The prospective drug utilization review (proDUR) system is currently administered by Goold Health Systems (GHS) and was implemented statewide in July 1997. The Commission reviews the criteria utilized by GHS and provides input regarding therapeutic validity. Special attention is given to eliminating false positive messaging.

The Commission recommends new or updated guidelines for use in the drug prior authorization program. This process is based on reviews of medical literature in addition to comparisons with other public and private sector programs. Input from providers outside the Commission, particularly specialists, is often sought when developing these guidelines. Once developed, the guidelines are sent to the medical and pharmacy associations in the state for comments. After considering these comments, a final recommendation is made to the Department. The Department may or may not accept the recommendation or may alter the recommendation. These guidelines are then subject to the administrative rules process prior to any policy implementation.

The Commission also makes recommendations regarding coverage of medication or devices. As most coverage requirements are defined by OBRA '90, these recommendations generally encourage coverage of optional services. An example would be the coverage of select over-the-counter medications. If the Department accepts the Commission's recommendation, the proposed coverage change is subject to the administrative rules process prior to implementation.

The Commission reviews pharmacy claims with respect to administrative procedures. Situations where funding for medication can be obtained from other sources are relayed to the Department for their action. For instance, Medicare will pay for immunosuppressive medications for transplant patients and nebulizer solution for dual eligible patients. The Commission also identifies situations where the Department may recover funds from inappropriate billing.

Overall Results

Activities of the Commission were evaluated during the fiscal year ending 2010 for interventions performed in the previous or the current fiscal year. The direct cost savings from all activities of the Commission are calculated to be \$785,066.40* which equates to \$2.90* for every \$1.00 of combined federal and state dollars spent administratively. This calculation is based on estimates regarding two types of reviews: patient-focused reviews and problem-focused reviews. These results are also found in Appendix C.

Cost Savings Estimate	\$785,066.40*
Cost of the Program (state and federal dollars)	\$270,000.00
Net cost Savings Estimate	\$515,066.40*
Savings per Total Dollar Spent (state and federal)	\$2.90*
Savings per State Dollar Spent	\$5.82*

Patient-focused reviews resulted in \$103,577.16* in direct cost savings, or \$119.05* per patient evaluated. This estimate is based on the 1,252 suggestions made by the Commission identified from the review of the medication therapy of 2,400 patients. Of these 1,252 suggestions, 119 suggestions were implemented by the providers, resulting in a 9.50% impact rate.

Patient-Focused Profile Review	
Suggestions Made	1,252
Therapy Changed	119
IMPACT RATE	9.50%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated	\$119.05*
Dollars Saved on Medication	\$103,577.16*

* Savings reported are pre-rebate, total dollars

Problem-focused reviews resulted in an estimated cost savings of \$681,489.24* or \$419.38 saved per patient evaluated. This estimate is based on the review of profiles with 1,625 patients selected for interventions. Therapy was changed for 567 patients, resulting in an impact rate of 34.89%.

Problem-Focused Profile Review	
Patients Evaluated	1,625
Therapy Changed	567
IMPACT RATE	34.89%
Cost Savings Estimates:	
Dollars Saved on Patient Reviews	\$681,489.21*
Dollars Saved per Patient Evaluated	\$419.38*
Total Dollars Saved on Medication	\$681,489.21*

Comparison to Previous Reports

Cost savings estimates for State FYE 2010 (\$785,066.40*) are higher than last year. However, in comparison to previous years, the cost savings estimates are lower. This decrease is due in part to the following:

- An evolving Preferred Drug List (PDL) that controls costs through Prior Authorization (PA) and the use of preferred medications that are cost effective for the State which resulted in fewer suggestions being made to providers.
- A majority of cost savings opportunities that had been included in past annual reports are no longer available such as quantity limits, dose consolidation, and age edits as these were implemented as ProDUR edits for the pharmacy program.

The savings from State FYE 2010 patient-focused reviews (\$103,577.16*) were lower than State FYE 2009 (\$114,357.25*). The number of suggestions made (1,252) vs. (407) increased while the number of suggestions that were accepted (119) vs. (193) decreased from State FYE 2009. These decreases in the number of suggestions that were accepted are largely due to the fact that a large number of suggestions made are related to duplicate therapy of mental health drugs, which usually do not result in a change in drug therapy.

The savings from problem-focused reviews for State FYE 2010 (\$681,489.24*) were higher than State FYE 2009 (\$117,533.03*). This was due to the fact that in State FYE 2010, there were eight total problem focused studies evaluated versus five problem focused studies in State FYE 2009.

* Savings reported are pre-rebate, total dollars

Results by Review Type

Patient-Focused Review

During this evaluation period, 2,515 educational intervention letters were mailed to prescribers and pharmacies regarding medication therapy. Of this total, 1,252 letters (49.78%) were mailed to prescribers, and 1,263 (50.22%) letters were mailed to pharmacies. Providers are invited to voluntarily respond to Commission letters. Providers returned 943 responses to these letters, resulting in an overall response rate by the providers of 75.32%. Of this total, 557 (59.07%) responses were from prescribers and 386 (49.03%) were from pharmacies. The response rate differed between physicians and pharmacies; 45% for physicians and 31% for pharmacies.

In these 2,515 educational letters, the Commission made 1,252 suggestions. Of these suggestions, 1,214 (96.96%) were therapeutic in nature while 38 (3.04%) were cost-saving in nature. The suggested change was implemented in 119 cases, resulting in an overall impact rate of 9.50%. Of these changes, 112 (94.12%) were therapeutic in nature while 7 (5.88%) were cost-saving in nature.

Of the 1,252 suggestions, four types of suggestions accounted for over 90.26% of the total. Those four suggestions were Drug-Drug Interaction (4.18%), Patient Overuse (3.04%), Therapeutic Duplication (80.19%), and Not Optimal Dose (4.15%). No other single category accounted for more than 3% of the total suggestions. Of the 119 changes, the most common reasons for the Commission's inquiry were Inappropriate Billing (5.04%), Therapeutic Duplication (76.47%), Not Optimal Dose (7.56%), and Drug-Drug Interaction (3.36%). No other single category accounted for more than 2.5% of the changes. Detailed information is found in Appendix D.

The suggestions that resulted in change the highest percentage of the time were Inappropriate Billing (15.49%), Therapeutic Alternative (23.83%), Missing Drug Therapy (17.39%), and Not Optimal Dose (17.39%).

Implementation of therapeutic suggestions resulted in direct drug cost savings of \$103,107.12*. Implementation of the cost-saving suggestions resulted in direct drug cost savings of \$470.04*. The total amount saved on medication utilization was calculated to be \$103,577.16* for the 870 patients evaluated, or \$119.05* per patient. The complete details of the results of patient-focused studies reported monthly are also outlined in Appendix D.

Included in Appendix D are Intervention Case Summary examples presented to the Commission during the year. These summaries detail the process of specific patient-focused reviews including problem identification, intervention, provider response and outcome. The examples provide an easily understood method to demonstrate the value of retrospective patient focused DUR.

* Savings reported are pre-rebate, total dollars

Problem-Focused Reviews

Eight problem-focused reviews were evaluated during the fiscal year. In conducting these studies, 1,625 patient profiles were reviewed and selected for intervention. Of these patients, 567 cases showed evidence of a positive outcome, resulting in an impact rate of 34.89%. These changes in therapy resulted in annualized cost savings of \$681,489.24 or \$419.38 per patient evaluated. Results of all focus studies are detailed in Appendix E. The purpose for each problem-focused review and a complete description of results are available in Appendix F.

Administrative Review

Prior Authorization

The Commission annually reviews the prior authorization program for clinical appropriateness. Changes are recommended to the Department of Human Services. During the State FYE 2010, the Commission reviewed all therapeutic categories requiring prior authorization as well as therapeutic criteria to support operations of the Preferred Drug List. Recommendations for modifications to existing criteria were made for the following categories: Ketorolac, Muscle Relaxants, Antihistamines, Smoking Cessation Therapy, Proton Pump Inhibitors, Biologicals for Ankylosing Spondylitis, and Biologicals for Arthritis. The following is a list for which new categories of clinical prior authorization criteria were developed: Thrombopoietin Receptor Agonists, Febuxostat (*Uloric*), Short Acting Narcotics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors, Lidocaine Patch, and Chronic Pain Syndromes. The recommendation was made to remove existing criteria for Ergotamine Derivatives due to low utilization of this category of drugs.

In addition, the Commission reviewed the new *Red Book Guidelines* on RSV prevention to determine if changes needed to be made to the Palivizumab (*Synagis*) Clinical PA criteria. They felt that the evidence supporting the new *Red Book Guidelines* contained no new clinical data. Therefore, the Commission recommended making no changes to the PA criteria for the 2009-2010 RSV Season. They went on to recommend a start date of November 15th with a maximum of 5 doses.

These recommendations can be found in Appendix G.

Prospective Drug Review

The Commission reviews and recommends prospective drug utilization review criteria to be utilized by the Department. The following prospective DUR edits were recommended to the Department by the Commission in State FYE 2009:

- Quantity Limit of 30 tablets per 30 days on *Uloric* 40mg tablets.
- Point of Sale age edit on *Nuvigil* to restrict use to members 17 years of age and older.
- Quantity Limit of 120 tablets per 180 days at a maximum dose of four tablets per day for carisoprodol when the criteria for coverage is met.

Information regarding the Commission recommendations for prospective DUR can be found in Appendix H.

Other Activities

The Commission reviews changes made to the state maximum allowable cost (SMAC) list and the federal upper limit (FUL) list for prescription drugs to determine if narrow therapeutic index concerns exist. Appendix I lists the changes to the SMAC and FUL programs that were reviewed by the Commission.

Three newsletters were written and distributed by the Commission to the Medicaid provider community during this fiscal year. A copy of these newsletters is provided in Appendix J. Topics include:

- Palivizumab (Synagis) PA Criteria 2009-2010 RSV Season
- Recommendation Regarding ECG Monitoring in Patients on Methadone by the CSAT
- Drugs for Dementia
- Anti-Acne Prior Authorization Criteria
- DUR Activities
- Diabetes News
- FDA Updates
- Health Reform Legislation

The Commission maintains a web site to improve communication with a variety of stakeholders. The web site is found at www.iadur.org. The site contains information regarding upcoming meeting dates, locations, agendas, minutes from the previous meeting, the Smoking Cessation Report to the State, as well as past issues of the provider newsletter, the *DUR DIGEST*. In addition the web site provides meeting agendas and minutes for the Drug Utilization Review Mental Health Advisory Group. A copy of this web site is found in Appendix K.

Dr. Casey Clor, M.D and Larry Ambrosion, R.Ph. were selected to serve a four-year term and attended their first meeting in August 2009.

Bruce Alexander, R.Ph. completed his second term in June. Brett Faine, Pharm.D. was selected to serve a four-year term beginning July 1, 2010.

Quarterly management reports were developed to allow the Commission to analyze changes in medication use across the entire Medicaid patient population. Copies are found in Appendix L. Complete meeting minutes for all Commission meetings are available in Appendix M.

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG) was established in State FYE 2008. Descriptions of the program, as well as meeting minutes are found in Appendix N.

The Commission is responsible for monitoring the smoking cessation benefit provided under the medical assistance program and for providing a report of utilization, client success, cost effectiveness, and recommendations for any changes in the benefit to the State. This report is located in Appendix O.

Periodically the Commission will make recommendations to the Iowa Medicaid Pharmacy & Therapeutics Committee regarding the status of a medication on the Preferred Drug List (PDL). A copy of State FYE 2010 recommendations can be found in Appendix P.

Appendix A
Commission Members

**Iowa Medicaid Drug Utilization Review
Commission Members
2009-2010**

Bruce Alexander, R.Ph., Pharm.D., BCPP

Bruce Alexander was a clinical pharmacist specialist in the Departments of Pharmacy and Psychiatry at the Iowa City Veterans Affairs Medical Center for 33 years. He is currently a Mental Health Pharmacoepidemiologist for VISN 23 of the Veterans Health Administration. He is also a Professor Emeritus (Clinical) in the College of Pharmacy and Department of Psychiatry, College of Medicine, The University of Iowa. He graduated from Drake University College of Pharmacy and received his Doctor of Pharmacy degree from the University of Minnesota. He is board certified in Psychiatric Pharmacy. He has been active in the Iowa Pharmacy Association serving in the House of Delegates and on the Board of Trustees. His second term will expire in 2010.

Larry Ambroson, R.Ph.

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.

Casey Clor, M.D.

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 a 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.

Mark Graber, M.D., FACEP

Dr. Graber is a Professor of Emergency Medicine and Family Medicine at the University of Iowa Carver College of Medicine. Dr. Graber graduated from Eastern Virginia Medical School and completed his Family Practice Residency at the University of Iowa. In addition to his clinical duties, Dr. Graber serves as an advisor to medical students and residents, and has published numerous text books, reviews, and papers in publications such as *The Annals of Pharmacotherapy*, *Emergency Medicine*, and *American Family Physician*. Dr. Graber also serves as an associate Clinical Editor of the Prescribers Letter. Through his travels, Dr. Graber has presented throughout the United States as well as Ukraine, Russia, and China. In 2007, Dr. Graber was honored by appearing on the "Best Doctors In America" list. Dr. Graber was appointed to the Commission in 2008; his term will expire in 2012.

Craig Logemann, R.Ph., Pharm.D., BCPS, CDE

Craig Logemann is a clinic pharmacist with Partners in Health Clinics in Des Moines. He graduated with his Bachelor Degree in Pharmacy from the University of Iowa in 1988. He completed a pharmacy residency at the University of Iowa Hospitals and Clinics. Later, he received his Doctor of Pharmacy degree from the University of Minnesota. He was an Assistant Professor at the University of Iowa College of Pharmacy for nine years prior to accepting his current position. His term will expire in 2012.

Susan Parker, Pharm.D.

Susan Parker is the Pharmacy Consultant in the Bureau of Long Term Care for the Department of Human Services and serves as liaison to the Commission. She graduated with a Doctor of Pharmacy degree from Mercer Southern School of Pharmacy in Atlanta, Georgia. She is also a graduate of Gannon University in Erie, Pennsylvania with a Bachelor of Science degree Physician Assistant. Dr. Parker brings to the Commission a variety of experience in health care as an Iowa Medicaid drug prior authorization pharmacist, community pharmacist, and physician assistant. She is a member of the American Medicaid Pharmacy Administrators Association and the Western Medicaid Pharmacy Administrators Association.

Laurie Pestel, Pharm,D

Laurie Pestel is the pharmacy manager at Hy-Vee in Red Oak, Iowa. She graduated with her Doctor of Pharmacy degree from Creighton University in 2000. She served on the Board of Professional Affairs as a member of the Iowa Pharmacy Association in 2006. Laurie has experience with both long-term care and retail pharmacy. Her term will expire in 2011.

Richard Rinehart, M.D.

Dr. Rinehart is a staff psychiatrist at the Iowa City VA Medical Center and a clinical assistant professor at the University of Iowa Hospital and Clinics. He graduated from Ohio State University and completed his residency at the University of Iowa. He was in private practice in Cedar Rapids for 12 years prior to accepting his current position. He is a member of the Iowa Psychiatric Society. Dr. Rinehart's second term will expire in 2011.

Sara Schutte-Schenck, D.O.

Dr. Schutte is a graduate of Drake University and the University of Osteopathic Medicine and Health Sciences. She completed her pediatric residency at Blank Children's Hospital and is currently in practice in Des Moines. Dr. Schutte is board certified by the American Academy of Pediatrics. She has previously served on P & T committees as well as credentialing committees for Securecare of Iowa. Currently, she serves as a member of the Utilization Management Committee for Coventry Healthcare of Iowa. Dr. Schutte's term will expire in 2012.

Appendix B

Evaluation Procedure

EVALUATION OF THE IMPACT OF PROSPECTIVE AND RETROSPECTIVE DRUG UTILIZATION REVIEW INTERVENTIONS

The goal of Drug Utilization Review (DUR) is to evaluate cost savings and provide quality assurance of medication use. The DUR Commission works in conjunction with the pharmacy medical program at the Iowa Medicaid Enterprise to contribute to the overall success of the program. The Drug Utilization program:

- Evaluates three areas of activity including Patient-focused Drug Utilization Reviews, Problem-focused Drug Utilization Reviews, and Administrative Activities.
- Examines only direct drug costs. DUR evaluation does not have the ability to quantify its impact on other health services such as hospitalizations, ER visits, and physician visits.
- Reports pre-rebate savings since access to supplemental rebates is not within the scope of the DUR program.
- Often provides recommendations that are qualitative, such as improved health outcomes, rather than quantitative in nature.

As a general principle, evaluations are based upon an observed change in the targeted prescribing or dispensing pattern, as well as changes seen in therapy of the individual patients. One evaluation approach is to observe and quantify changes in prescribing due to a given intervention compared to a control group of providers who do not receive the intervention. The intervention's impact on prescribing may be more readily detectable by this method and could be measured by comparing the two groups of patients or prescribers. However, it is very difficult to design a scientifically sound control group given the many variables surrounding patient care. Therefore, in most instances the DUR Commission has chosen to forego use of a control group to achieve the greatest impact. Although the evaluation of the intervention may be less scientific, intervention on behalf of all the patients is more desirable. In this instance, prescribing trends may not be available for comparison, but savings and benefit can still be quantified at the individual patient level.

Patient-focused DUR

Patient-focused DUR concentrates efforts on specific suggestions made about an individual patient. Each suggestion, or template, attempts to make a change in therapy. These changes are either therapeutic or cost-saving in nature; however, these situations are not necessarily mutually exclusive. A therapeutic change -- one that improves the patient's therapy in some way -- may also produce cost savings. Cost-saving changes are attempted when a patient is not receiving a medication in the most economical form. The intervention does not change the medication but points out that the same medication could be given in a more cost-effective manner. Each template and intervention is evaluated to determine if the proposed change was implemented and, if so, what economic implications can be calculated.

All savings for patient-focused review are based on annualized savings for one year only. Reporting on patient-focused interventions will provide the following information:

- Total number of templates mentioned
- Number of templates that were therapeutic in nature
- Number of templates that were cost-saving in nature
- Total number of changes implemented
- Number of changes that were therapeutic in nature
- Number of changes with positive impact without savings
- Number of changes that were cost-saving in nature
- Total dollars saved from therapeutic changes
- Total dollars saved from cost-saving changes
- Total dollars saved
- Impact of interventions expressed as a percentage

All templates are described by one of sixteen classifications. These classifications indicate the general type of intervention addressed by the template. Reports will also include a breakdown by classification (therapeutic or cost-saving) of the templates used in the patient-focused letters. This data will show which templates are cited most often, result in change most often, and result in higher cost savings.

Templates that are therapeutic in nature include:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration of Use
- Unnecessary Drug Use
- Therapeutic Duplication
- High Cost Drug
- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy

Templates that are cost saving in nature include:

- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

recommending step therapy for appropriate drug use.

Example: The DUR Commission developed the criteria for the Nicotine Replacement Therapy prior authorization.

Prior Authorization is required for over-the-counter nicotine replacement patches and nicotine gum. Requests for authorization must include:

- 1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.
- 2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.
- 3) Approvals will only be granted for patients eighteen years of age and older.
- 4) The maximum allowed duration of therapy is twelve weeks within a twelve-month period.
- 5) A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and/or 330 pieces of nicotine gum. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.

- Preferred Drug List (PDL)

Definition: A list comprised of drugs recommended to the Iowa Department of Human Services by the Iowa Medicaid Pharmaceutical and Therapeutics Committee that have been identified as being therapeutically equivalent within a drug class and that provide cost benefit to the Medicaid program.

Impact: The DUR Commission makes referrals to and considers requests from the Pharmacy and Therapeutics (P&T) Committee to improve drug therapy.

Example: The DUR Commission recommended that the Iowa Medicaid Pharmacy and Therapeutics Committee change the status of products containing carisoprodol on the PDL from preferred to nonpreferred.

- Disease management

Definition: A coordinated process by which Iowa Medicaid identifies and treats diseases within defined patient populations. This goal is achieved by identifying and delivering the most effective and efficient combination of available resources.

Impact: The Commission reviews disease state guidelines to determine appropriate drug use, shares drug utilization information, and makes recommendations to improve therapeutic outcomes.

Example: DUR exchanged patient specific information with case management regarding utilization patterns of Advair®.

Appendix C

Overall Programs Results

Appendix D

Results Patient-Focused

Patient - Foci

State FYE 2010

Reviews

Initial Review Date **October 2008 - September 2009**
Re-review Date **July 2009 - June 2010**

Patient Profiles Reviewed 2,400
Profiles Available for Evaluation 870

Intervention Letters Sent

Prescribers 1,252 49.78%
Pharmacists 1,263 50.22%
Total 2,515

Responses Received

Prescribers 557 59.07% **Overall Response Rate**
Pharmacists 386 49.03% Prescriber Response Rate
Total 943 100.00% Pharmacy Response Rate

75.32%
44.49%
30.56%

Total Number of Suggestions

Therapeutic 1,214 96.96%
Cost-Saving 38 3.04%
Total 1,252

Total Number of Changes

Therapeutic 112 94.12% **Impact Rate**
Cost-Saving 7 5.88%
Positive Impact Only 0 0.00%
Total 119

**Patient - Focused Review
Month by Month Breakdown**
State FYE 2010

Initial Review Date Evaluation Date	Nov-08		Dec-08		Feb-09		Mar-09		May-09		Jun-09		Aug-09		Sep-09		Total
	Aug-09	Sep-09	Sep-09	Nov-09	Nov-09	Dec-09	Dec-09	Feb-10	Feb-10	Mar-10	Mar-10	May-10	May-10	Jun-10	Jun-10		
Profiles Reviewed	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	2,400
Profiles Available for Evaluation	149	114	114	99	83	83	123	123	123	92	92	110	110	100	100	100	870
Total Number of Suggestions Made	237	169	169	144	119	119	173	173	126	126	126	158	158	126	126	126	1,252
Therapeutic	237	166	166	143	118	118	166	166	120	120	120	145	145	119	119	119	1,214
Cost Saving	0	3	3	1	1	1	7	7	6	6	6	13	13	7	7	7	38
Total Number of Changes Made	13	24	24	13	9	9	18	18	13	13	13	19	19	10	10	10	119
Therapeutic	13	23	23	13	9	9	18	18	12	12	12	15	15	9	9	9	112
Cost Saving	0	1	1	0	0	0	0	0	1	1	1	4	4	1	1	1	7
Positive Impact Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Dollars Saved - Therapeutic	\$12,238.68	\$31,160.04	\$31,160.04	\$5,043.48	\$7,130.88	\$7,130.88	\$19,262.40	\$19,262.40	\$10,617.00	\$10,617.00	\$10,617.00	\$8,427.24	\$8,427.24	\$9,227.40	\$9,227.40	\$9,227.40	\$103,107.12
Total Dollars Saved - Cost Saving	\$0.00	\$470.04	\$470.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$470.04
Total Dollars Saved on Medication*	\$12,238.68	\$31,630.08	\$31,630.08	\$5,043.48	\$7,130.88	\$7,130.88	\$19,262.40	\$19,262.40	\$10,617.00	\$10,617.00	\$10,617.00	\$8,427.24	\$8,427.24	\$9,227.40	\$9,227.40	\$9,227.40	\$103,577.16
Total Dollars Saved per Profile	\$82.14	\$277.46	\$277.46	\$50.94	\$85.91	\$85.91	\$156.60	\$156.60	\$115.40	\$115.40	\$115.40	\$76.61	\$76.61	\$92.27	\$92.27	\$92.27	\$119.05

**Medicaid DUR Impact Assessment
Report
Patient-Focused Reviews
State FYE 2010**

Initial Review Date Evaluation Date	Nov-08		Dec-08		Feb-09		Mar-09		May-09		Jun-09		Aug-09		Sep-09		Total
	Aug-09	Sep-09	Sep-09	Nov-09	Nov-09	Dec-09	Dec-09	Feb-10	Feb-10	Mar-10	Mar-10	May-10	May-10	Jun-10	Jun-10	Sep-10	
Profiles Reviewed	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	2,400
Profiles Evaluated	149	114	114	99	83	123	92	110	110	110	110	110	110	110	110	110	870
Letters Sent	475	339	339	288	240	347	254	319	253	253	253	253	253	253	253	253	2,515
Prescribers	237	169	169	144	119	173	126	158	126	126	126	126	126	126	126	126	1,252
Pharmacy	238	170	170	144	121	174	128	161	127	127	127	127	127	127	127	127	1,263
Responses Received	132	138	138	108	81	124	103	156	101	101	101	101	101	101	101	101	943
Prescribers	83	75	75	72	48	75	63	82	59	59	59	59	59	59	59	59	557
Pharmacy	49	63	63	36	33	49	40	74	42	42	42	42	42	42	42	42	386
Total Number of Templates Mentioned	237	169	169	144	119	173	126	158	126	126	126	126	126	126	126	126	1,252
Therapeutic	237	166	166	143	118	166	120	145	119	119	119	119	119	119	119	119	1,214
Cost-Saving	0	3	3	1	1	7	6	13	7	7	7	7	7	7	7	7	38
Total Number of Changes Made	13	24	24	13	9	18	13	19	10	10	10	10	10	10	10	10	119
Therapeutic	13	23	23	13	9	18	12	15	9	9	9	9	9	9	9	9	112
Cost-Saving	0	1	1	0	0	0	1	4	1	1	1	1	1	1	1	1	7
Positive Impact Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Dollars Saved - Therapeutic Changes	\$12,238.68	\$31,160.04	\$31,160.04	\$5,043.48	\$7,130.88	\$19,262.40	\$10,617.00	\$8,427.24	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$103,107.12
Total Dollars Saved - Cost Saving Changes	\$0.00	\$470.04	\$470.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$470.04
Total Dollars Saved on Medication*	\$12,238.68	\$31,630.08	\$31,630.08	\$5,043.48	\$7,130.88	\$19,262.40	\$10,617.00	\$8,427.24	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$9,227.40	\$103,577.16
Total Dollars Saved Per Profile Evaluated	\$82.14	\$277.46	\$277.46	\$50.94	\$85.91	\$156.60	\$115.40	\$76.61	\$92.27	\$92.27	\$92.27	\$92.27	\$92.27	\$92.27	\$92.27	\$92.27	\$119.05

*Savings reported are pre-rebate, total dollars

Comment Type
Patient Focused Reviews
State FYE 2010

Initial Review Date Evaluation Date	Nov-08 Aug-09	Dec-08 Sep-09	Feb-09 Nov-09	Mar-09 Dec-09	May-09 Feb-10	Jun-09 Mar-10	Aug-09 May-10	Sep-09 Jun-10	Total	
Template Classification	Suggestions	Changes	Suggestions	Changes	Suggestions	Changes	Suggestions	Changes	Total Suggestions	Total Changes
Drug-Disease Interaction	0	0	0	0	0	0	1	0	1	0
Drug-Drug Interaction	7	5	3	4	3	2	11	2	36	4
Drug-Gender Alert	0	0	0	0	0	2	1	0	3	0
Inappropriate Billing	0	2	1	0	2	4	10	3	22	6
Missing Drug Therapy	0	1	1	0	1	1	0	1	4	1
Not Optimal Dosage Form	0	1	1	1	4	2	3	1	15	1
Not Optimal Dose	15	12	2	7	6	4	4	2	52	9
Not Optimal Drug	13	5	2	4	2	3	2	0	34	1
Not Optimal Duration	7	4	4	0	5	5	3	0	34	3
Patient Overuse	11	7	7	3	2	0	8	0	38	1
Potential Generic Use	0	0	0	0	1	0	0	0	1	0
Therapeutic Alternative	1	0	0	0	1	1	0	1	3	2
Therapeutic Duplication	180	132	125	100	146	103	114	104	1,004	91
Unnecessary Drug Therapy	3	0	0	0	0	0	1	1	5	0
Total	237	169	144	119	173	126	156	126	1,252	119

**Patient Focused Reviews
State FYE 2010**

Template Classification	Total Suggestions	Total Changes	% of Total Suggestions	% of Total Changes	% of Suggestions Changed	% Dollars Saved
Drug-Disease Interaction	1	0	0.08%	0.00%	0.00%	0.00%
Drug-Drug Interaction	36	4	2.88%	3.36%	8.52%	0.05%
Drug-Gender Alert	3	0	0.24%	0.00%	0.00%	0.00%
Inappropriate Billing	22	6	1.76%	5.04%	15.49%	0.51%
Missing Drug Therapy	4	1	0.32%	0.84%	11.92%	0.00%
Not Optimal Dosage Form	15	1	1.20%	0.84%	3.97%	0.00%
Not Optimal Dose	52	9	4.15%	7.56%	17.39%	2.85%
Not Optimal Drug	34	1	2.72%	0.84%	2.38%	2.07%
Not Optimal Duration	34	3	2.72%	2.52%	6.07%	0.00%
Patient Overuse	38	1	3.04%	0.84%	1.70%	0.00%
Potential Generic Use	1	0	0.08%	0.00%	0.00%	0.00%
Therapeutic Alternative	3	2	0.24%	1.68%	23.83%	7.12%
Therapeutic Duplication	1,004	91	80.19%	76.47%	8.71%	87.40%
Unnecessary Drug Therapy	5	0	0.40%	0.00%	0.00%	0.00%
Total	1,252	119	100.00%	100.00%	9.50%	100.00%

Savings By Template Class
State FYE 2010

Initial Review Date Evaluation Dte	Nov-08 Aug-09	Dec-08 Sep-09	Feb-09 Nov-09	Mar-09 Dec-09	May-09 Feb-10	Jun-09 Mar-10	Aug-09 May-10	Sep-09 Jun-10	Total
Template Classification									
Drug-Disease Interaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug-Drug Interaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48.72	\$0.00	\$48.72
Drug-Gender Alert	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inappropriate Billing	\$0.00	\$470.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$470.04
Missing Drug Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Not Optimal Dosage Form	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Not Optimal Dose	\$0.00	\$2,313.84	\$0.00	\$0.00	\$0.00	\$285.60	\$0.00	\$0.00	\$2,599.44
Not Optimal Drug	\$0.00	\$1,888.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,888.80
Not Optimal Duration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Overuse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Potential Generic Use	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Therapeutic Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,504.48	\$6,504.48
Therapeutic Duplication	\$12,238.68	\$26,957.40	\$5,043.48	\$7,130.88	\$19,262.40	\$10,331.40	\$8,378.52	\$2,722.92	\$92,065.68
Unnecessary Drug Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$12,238.68	\$31,630.08	\$5,043.48	\$7,130.88	\$19,262.40	\$10,617.00	\$8,427.24	\$9,227.40	\$103,577.16

Intervention Case Summaries September 2009

The Commission reviewed the profile of a 55 year-old female taking *Invega* and clozapine concurrently. The Commission asked if the patient was refractory to clozapine alone and if there had been a measurable therapeutic benefit achieved with two antipsychotics. Upon re-review, *Invega* was discontinued. Annualized pre-rebate savings (state and federal) = \$ 4,471.54

The Commission reviewed the profile of a 60 year old female taking lithium in combination with HCTZ. The Commission asked if the prescriber was aware of the drug interaction between the two medications. Upon re-review, HCTZ was discontinued. Annualized pre-rebate savings (state and federal) = \$ 60.75

The Commission reviewed the profile of a 60 year-old female taking two atypical antipsychotics (Abilify and Seroquel) in combination with a typical antipsychotic (fluphenazine). The Commission asked if there has been a measurable therapeutic benefit achieved with the combination. Upon re-review, Abilify was discontinued. Annualized pre-rebate savings (state and federal) = \$ 12,258.67

The Commission reviewed the profile of a 30 year old female taking diazepam and lorazepam concurrently. The Commission asked if one of the medications could be discontinued with a dosage adjustment of the other, if needed, to control the members clinical situation. Upon re-review, the diazepam was discontinued. Annualized pre-rebate savings (state and federal) = \$80.69

Study 005
Initial – Nov 08
Re-review – Aug 09

Intervention Case Summaries

November 2009

The Commission reviewed the profile of a 55 year-old female taking oxybutynin er and oxybutynin ir concurrently. The Commission asked what the clinical situation was for the combined use of both the long acting and short acting form of oxybutynin and if one of the medications could be discontinued. Upon re-review, oxybutynin er was discontinued.

Annualized pre-rebate savings (state and federal) = \$1,049.87

The Commission reviewed the profile of a 48 year-old male taking methocarbamol and tizanidine concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, tizanidine was discontinued.

Annualized pre-rebate savings (state and federal) = \$188.60

The Commission reviewed the profile of a 49 year-old male taking alprazolam and temazepam concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, alprazolam was discontinued.

Annualized pre-rebate savings (state and federal) = \$143.26

The Commission reviewed the profile of a 53 year-old female taking *Zyprexa Zydis*. The Commission asked if swallowing oral medications is not a problem, if the member could use *Zyprexa* tablets. Upon re-review, the member was switched to *Zyprexa* tablets.

Annualized pre-rebate savings (state and federal) = \$776.16

Study 006

Initial – Dec 08

Re-review – Sep 09

Intervention Case Summaries December 2009

The Commission reviewed the profile of a 57 year-old male taking doxazosin and terazosin concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, doxazosin was discontinued.

Annualized pre-rebate savings (state and federal) = \$110.68

The Commission reviewed the profile of a 56 year-old female taking gabapentin and *Lyrice* concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, gabapentin was discontinued.

Annualized pre-rebate savings (state and federal) = \$411.38

The Commission reviewed the profile of a 64 year-old female taking *Diovan* and enalapril concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, both medications were discontinued and metoprolol was started.

Annualized pre-rebate savings (state and federal) = \$1,001.10 (combined)

Annualized pre-rebate cost of metoprolol = \$50.06

Annualized pre-rebate net savings (state and federal) = \$951.04

The Commission reviewed the profile of a 46 year-old female taking *Ultram ER* in combination with *Cymbalta* and fluoxetine putting the member at an increased risk of serotonin syndrome. The Commission asked if the *Ultram ER* could be discontinued or changed to a less expensive pain mediation. Upon re-review, *Ultram ER*, *Cymbalta*, and fluoxetine were discontinued. Therapy was switched to *Lyrice* and *Savella*.

Annualized pre-rebate savings for *Ultram ER*, *Cymbalta*, and fluoxetine (state and federal) = \$8,570.42

Annualized pre-rebate cost for *Lyrice* and *Savella* (state and federal) = \$3,971.91

Annualized pre-rebate net savings (state and federal) = \$4,598.51

Study 009

Initial – Feb 09

Re-review – Nov 09

Intervention Case Summaries

March 2010

The Commission reviewed the profile of a 22 year-old male using Proair HFA and albuterol solution concurrently. The Commission asked what the clinical situation was for the combined use of these medications and if one or more of the medication(s) could be discontinued. Upon re-review, albuterol solution was discontinued.
Annualized pre-rebate savings (state and federal) = \$246.48

The Commission reviewed the profile of a 57 year-old male using *Combivent*, *Maxair* and Proair HFA concurrently. The Commission asked what the clinical situation was for the duplication of beta-2 adrenergic agonists in the medications and if one or more of the medication(s) could be discontinued. Upon re-review, Proair HFA was discontinued.
Annualized pre-rebate savings (state and federal) = \$969.66

The Commission reviewed the profile of a 54 year-old male taking tizanidine and methocarbamol concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, tizanidine was discontinued.
Annualized pre-rebate savings (state and federal) = \$76.51

The Commission reviewed the profile of a 25 year-old female taking alprazolam and diazepam concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, diazepam was discontinued.
Annualized pre-rebate savings (state and federal) = \$61.04

Study 014
Initial – May 09
Re-review – Feb 10

Intervention Case Summaries May 2010

The Commission reviewed the profile of a 47 year-old female using alprazolam 8mg daily. The Commission asked if the dose was appropriate since the recommended adult dose for anxiety is 4mg per day. Upon re-review, the dose of alprazolam was decreased to 4mg daily.

Annualized pre-rebate savings (state and federal) = \$63.72

The Commission reviewed the profile of a 55 year-old female using misoprostol without an NSAID. The Commission asked if the misoprostol could be discontinued since it is indicated for the prevention of NSAID induced gastric ulcers. Upon re-review, misoprostol was discontinued.

Annualized pre-rebate savings (state and federal) = \$550.80

The Commission reviewed the profile of a 48 year-old female receiving oxybutynin and *Enablex* from different providers. The Commission asked if the prescriber was aware of the duplication and if one medication could be discontinued. Upon re-review, both oxybutynin and *Enablex* were discontinued.

Annualized pre-rebate savings (state and federal) = \$1,718.15

The Commission reviewed the profile of a 25 year-old female taking clonidine and guanfacine concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, guanfacine was discontinued.

Annualized pre-rebate savings (state and federal) = \$109.92

Study 015

Initial – June 09

Re-review – March 10

Intervention Case Summaries

June 2010

The Commission reviewed the profile of a 45 year-old male filling Keppra 500mg for a quantity of 300 tablets per 30 days. The Commission asked if the member could consolidate the dose by using Keppra 1000mg tablets thus decreasing the patients' daily pill burden and providing a cost savings to the State. Upon re-review, the dose was consolidated to 1000mg and the patient switched to generic levetiracetam.
Annualized pre-rebate savings (state and federal) = \$13,565.19

The Commission reviewed the profile of a 58 year-old female using *Tiazac* and amlodipine concurrently. The Commission asked if one of the medications could be discontinued. Upon re-review, *Tiazac* was discontinued.
Annualized pre-rebate savings (state and federal) = \$600.09

The Commission reviewed the profile of a 57 year-old female using *Advair* and *Serevent* concurrently. The Commission asked what the clinical situation was for the combined use of the two medications and if one medication could be discontinued. Upon re-review, *Advair* was discontinued.
Annualized pre-rebate savings (state and federal) = \$1,720.79

The Commission reviewed the profile of a 29 year-old male taking immediate release *Seroquel* 25mg daily and *Seroquel XR* 300mg daily. The Commission asked what the clinical situation was requiring the use of two different dosage forms for this patient and if one dosage form could be discontinued with a dose adjustment of the other. Upon re-review, immediate release *Seroquel* was discontinued and the dose of *Seroquel XR* was changed to 250mg daily.
Annualized pre-rebate savings (state and federal) = \$446.58

Study 016
Initial – Aug 09
Re-review – Apr 10