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The Bulletin of
Medicaid Drug
Utilization Review
in Iowa

DUR Commission Members

Melissa Klotz, PharmD, Chairperson ♦ Jason Kruse, DO, Vice-Chairperson
Rhea Hartley, MD ♦ Holly Randleman, PharmD
Charles Wadle, DO ♦ Jason Wilbur, MD ♦ Emily Rogers, PharmD ♦ Abby Cate, PharmD

DUR Professional Staff

Pamela Smith, RPh, DUR Project Coordinator

Outgoing Members of the DUR Commission

John Ellis, Pharm.D. completed over four years of service with the Iowa Drug Utilization Review Commission. Dr. Ellis served on the Commission from October 2019 through November 2023.

Susan Parker, Pharm.D., R.Ph. retired from the Department of Health and Human Services after almost 22 years as the Pharmacy Director.

The Commission and the Department of Health and Human Services would like to thank Dr. Ellis and Dr. Parker for their contributions and dedication to the Commission and the members of Iowa Medicaid.

New State Pharmacy Consultant

Abby Cate, Pharm.D. is the Pharmacy Consultant for Iowa Medicaid. Abby graduated with a Doctor of Pharmacy from the University of Iowa College of Pharmacy in 2015 as well as a Bachelor of Business Administration in Management and Organizations from Iowa's Tippie College of Business in 2011. She has a vast pharmacy experience with positions held in hospital, community, specialty and managed care pharmacy areas. Prior to her role in Iowa Medicaid, Abby served on the Iowa Medicaid Pharmaceuticals and Therapeutics Committee from 2021 to 2023. She is an active member of the Iowa Pharmacy Association and the City of Johnston, having served on committees for both.

DUR Public Comment

Iowa Medicaid Drug Utilization Review Commission meetings are open to the public. To assure public input into the DUR process, the agenda and meeting materials are posted on the DUR website, www.iadur.org, prior to the meeting and public comment can be submitted in writing to info@iadur.org or presented during the meeting. Anyone wishing to provide public comment must complete a Conflict-of-Interest disclosure. The complete public comment policy can be found on the DUR website.

DUR Activities

Parties interested in the activities of the Iowa Medicaid DUR Commission can request to receive notification emails regarding the posting of the agenda and meeting materials on the website. To receive notification emails, please send an email with your contact information to info@iadur.org with subscribe to DUR meeting notifications in the subject line.

New GOLD Strategy for Initial COPD Pharmacologic Management

The [Global Initiative for Chronic Obstructive Lung Disease \(GOLD\) 2023 report](#) identified key changes for patients with chronic obstructive pulmonary disease (COPD), specifically more aggressive initial bronchodilator therapy.

- Single-agent long-acting bronchodilator therapy for less severe symptoms and low exacerbation risk (Group A).
- Dual long-acting bronchodilator therapy for more severe symptoms and low exacerbation risk (Group B).
- Dual long-acting bronchodilator therapy for high exacerbation risk, regardless of symptoms (Group E).

A new classification for severity of exacerbations was also outlined. GOLD recommends the ABCD assessment tool be replaced with the ABE assessment tool, where the C and D groups are merged into a single group termed E to highlight the clinical relevance of exacerbations. Symptoms are assessed using the Modified British Medical Research Council (mMRC) or COPD assessment test (CAT) scale. The full GOLD ABE assessment tool can be found in the GOLD guidelines.

- Group A: low risk (zero to one exacerbation per year, not requiring hospitalization) and fewer symptoms (mMRC 0 to 1 or CAT < 10).
- Group B: low risk (zero to one exacerbation per year, not requiring hospitalization) and more symptoms (mMRC ≥ 2 or CAT ≥ 10).
- Group E: high risk (≥2 exacerbations per year, or ≥1 requiring hospitalization) and any level of symptoms.

Single-Agent Long-Acting Bronchodilators for COPD (Group A)

Drug	Brand Name	Dosing	Inhaler Device
Long-Acting Beta-Agonists (LABAs)			
Arformoterol	Brovana	Inhale contents of 1 vial twice daily	NEB
Formoterol	Perforomist	Inhale contents of 1 vial twice daily	NEB
Olodaterol	Striverdi Respimat	Use 2 inhalations once daily	SMI
Salmeterol	Serevent Diskus	Use 1 inhalation twice daily	DPI
Long-Acting Muscarinic Antagonists (LAMAs)			
Aclidinium	Tudorza Pressair	Use 1 inhalation twice daily	DPI
Glycopyrrolate	Lonhala Magnair*	Inhale contents of 1 vial twice daily	NEB
Tiotropium	Spiriva HandiHaler	Inhale contents of 1 capsule once daily	DPI
	Spiriva Respimat	Use 2 inhalations once daily	SMI
Umeclidinium	Incruse Ellipta	Use 1 inhalation once daily	DPI
Revefenacin	Yupelri	Inhale contents of 1 vial once daily	NEB

Dual Long-Acting Muscarinic Antagonist/Long-Acting Beta Agonist Inhalers for COPD (Group B & E)

Drug	Brand Name	Dosing	Delivery Type
Aclidinium/formoterol	Duaklir Pressair	Use 1 inhalation twice daily	DPI
Glycopyrrolate/formoterol	Bevespi Aerosphere	Use 2 inhalations twice daily	MDI
Tiotropium/olodaterol	Stiolto Respimat	Use 2 inhalations once daily	SMI
Umeclidinium/vilanterol	Anoro Ellipta	Use 1 inhalation once daily	DPI

DPI: dry powder inhaler; MDI metered dose inhaler; NEB: nebulizer; SMI: soft mist inhaler

* Requires specialized Magnair nebulizer device

**Medicaid Statistics for Prescription Claims
September through November 2023**

	FFS	Amerigroup	Iowa Total Care	Molina Healthcare
# Paid Claims	22,606	883,580	721,436	458,905
Total \$ Paid	\$2,790,128	\$100,286,555	\$76,951,900	\$45,267,182
Unique Users	3,766	114,640	100,873	71,770
Avg Cost/Rx	\$123.42	\$113.50	\$106.66	\$98.64
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	Antidepressants	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	Anticonvulsants	Anticonvulsants	Antiasthmatic and Bronchodilator Agents
	ADHD/Anti-Narcolepsy	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Anticonvulsants
	Antiasthmatic and Bronchodilator Agents	ADHD/Anti-Narcolepsy	Anthihypertensives	Anthihypertensives
	Anthihypertensives	Anthihypertensives	Antidiabetics	ADHD/Anti-Narcolepsy
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	Analgesics – Anti-Inflammatory	Antidiabetics	Antidiabetics	Antidiabetics
	Antidiabetics	Antipsychotics-Antimanic Agents	Antipsychotics-Antimanic Agents	Antipsychotics-Antimanic Agents
	Antivirals	Dermatologicals	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory
	Antipsychotic/Antimanic Agents	Analgesics – Anti-Inflammatory	Dermatologicals	Dermatologicals
	ADHD/Anti-Narcolepsy	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents
Top 5 Drugs by Prescription Count	Albuterol Sulfate	Omeprazole	Atorvastatin	Omeprazole
	Cetirizine	Sertraline	Omeprazole	Sertraline
	Sertraline	Atorvastatin	Sertraline	Atorvastatin
	Atorvastatin	Levothyroxine	Levothyroxine	Amoxicillin
	Trazodone	Trazodone	Lisinopril	Escitalopram
Top 5 Drugs by Paid Amount (pre-rebate)	Humira Pen	Humira (CF) Pen	Humira Pen	Humira Pen
	Biktarvy	Vraylar	Vraylar	Vraylar
	Vioice	Ozempic	Ozempic	Ozempic
	Mavyret	Trulicity	Trikafta	Trikafta
	Evrysdi	Trikafta	Trulicity	Trulicity