2024
Vol. 36
No. 2

DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Outgoing Member of the DUR Commission

Jason Wilbur, MD, completed 12 years of service with the Iowa Drug Utilization Review Commission. Dr. Wilbur served on the Commission from July 2012 through June 2024. The Commission and the Department of Health and Human Services would like to thank Dr. Wilbur for his contributions and dedication to the Commission and the members of Iowa Medicaid.

FDA Updates to Prescribing Information for Opioids

The U.S. Food and Drug Administration (FDA) required updates to the prescribing information of opioids to provide additional guidance on the use of these medications. In addition, the FDA determined a new warning was needed about opioid-induced hyperalgesia (OIH). OIH is a condition where opioids cause hyperalgesia or allodynia and can occur at any dosage but may occur more often with higher doses and longer-term use. Symptoms of OIH can include increased pain intensity despite increasing opioid dosage, decreased pain intensity in response to a decrease in opioid dosage, hypersensitivity to non-painful stimuli (in the absence of opioid tolerance or withdrawal). If OIH is suspected, carefully consider an appropriate decrease in dose of the current opioid or safely switch to a different opioid product, if tolerated. Patients should be advised about the risk of OIH and instructed to never increase the opioid dosage without consulting a health care professional, because this could worsen the pain and increase the risk of respiratory depression. For complete information regarding the safety announcement, refer to "FDA updates prescribing information for all opioid pain medicines to provide additional guidance for safe use," which can be found on the Drug Safety and Availability page of the FDA's website.

Updated Guidance by the CDC for Prescribing Opioids

In November 2022, the Centers for Disease Control and Prevention (CDC) issued the Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022, updating their previous recommendations published in 2016. The guideline applies to outpatients 18 years of age or older with acute pain (duration of < 1 month), subacute pain (duration of 1 to 3 months), and chronic (duration of > 3 months) pain. The recommendations do not apply to pain related sickle cell disease, cancer related pain, or to patients receiving palliative or end of life care.

The following key recommendations are included in the updated clinical practice guideline:

- Maximize the use of nonopioid therapies when possible and only consider opioids if the benefits of therapy are expected to outweigh the risks. Many nonopioid therapies (including nonpharmacological interventions) are at least as effective as opioids for common types of acute pain.
- Before starting opioids for pain, establish realistic treatment goals and discuss a plan for discontinuation if the expected benefit is not realized.
- If opioid therapy is indicated, an immediate-release product is preferred. Long-acting or extended-release opioids should be reserved for severe, continuous pain.
- When opioids are initiated in opioid-naïve individuals with acute, subacute, or chronic pain, prescribe at the lowest effective dosage for no longer than the expected duration of pain severe enough to require opioids. Evaluate the potential benefits and risks when considering a dose increase and avoid increasing dosage above levels likely to yield diminishing returns in benefits relative to risks to patients.
- Clinicians and patients should jointly weigh the benefits and risks of continuing opioid therapy. Relevant strategies to mitigate risk should be employed, including offering naloxone, particularly to patients at increased risk for overdose, including patients with a history of overdose, patients with a history of substance use disorder, patients with sleep-disordered breathing, patients taking higher dosage of opioids (e.g., ≥ 50 MME/day), patients taking benzodiazepines with opioids, and patients at risk for returning to a high dose to which they have lost tolerance (e.g., patients undergoing tapering or recently released from prison).
- If the benefits of continued opioid therapy do not outweigh the risks, clinicians should optimize other therapies and work closely with patients to gradually taper to a lower dose or, if warranted, appropriately taper and discontinue opioid therapy. When opioids are reduced or discontinued, a taper slow enough to minimize symptoms and signs of opioid withdrawal should be used.
- Unless there are warning signs of impending overdose (e.g., confusion, sedation, or slurred speech), clinicians should not rapidly reduce opioid dosages from higher dosages or discontinue therapy abruptly.
- Prescription drug monitoring program (PDMP) data should be reviewed to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose.

Medicaid Statistics for Prescription Claims
March through May 2024

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
Total $ Paid	$2,736,578	$98,955,499	$77,170,293	$50,708,012
# Paid Claims	23,700	861,255	714,463	512,644
Unique Users	3,800	108,084	99,798	80,257
Avg Cost/Rx	$115.47	$114.90	$108.01	6.39
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy may differ among each plan	Antidepressants – Selected SSRIs	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	Anticonvulsants	Anticonvulsants	Antiasthmatic & Bronchodilator Agents
	Antipsychotics – Atypicals	ADHD/Narcolepsy	Antiasthmatic & Bronchodilator Agents	Antihypertensives
	GI – PPIs	Antiasthmatic & Bronchodilator Agents	Antihypertensives	Anticonvulsants
	Antihypertensives - Central	Antihypertensives	ADHD/Narcolepsy	Antidiabetics
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy may differ among each plan	Antipsychotics – Atypicals	Antidiabetics	Antidiabetics	Antidiabetics
	Anti-Inflammatories, Non-NSAIDs	Dermatologicals	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents
	Diabetic – Non-Insulin Injectables	Antipsychotics/Antimanic Agents	Analgesics – Anti-Inflammatory	Dermatologicals
	Anticonvulsants	Analgesics – Anti-Inflammatory	Dermatologicals	Analgesics – Anti-Inflammatory
	Antidepressants – Selected SSRIs	ADHD/Narcolepsy	Antiasthmatic & Bronchodilator Agents	Antiasthmatic & Bronchodilator Agents
Top 5 Drugs by Prescription Count	Trazodone	Omeprazole	Atorvastatin	Atorvastatin
	Atorvastatin	Sertraline	Sertraline	Sertraline
	Gabapentin	Atorvastatin	Omeprazole	Amoxicillin
	Fluoxetine	Levothyroxine	Amoxicillin	Omeprazole
	Omeprazole	Escitalopram	Albuterol	Lisinopril
Top 5 Drugs by Paid Amount (pre-rebate)	Ozempic	Humira Pen	Humira Pen	Humira
	Biktarvy	Ozempic	Ozempic	Ozempic
	Vraylar	Vraylar	Vraylar	Trikafta
	Humira Pen	Stelara	Trikafta	Vraylar
	Taltz	Trikafta	Dupixent	Dupixent