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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
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Charles Wadle, DO ♦ Caitlin Reinking, PharmD ♦ Emily Rogers, PharmD ♦ Abby Cate, PharmD

DUR Professional Staff

Pamela Smith, RPh, DUR Project Coordinator

Incoming Members of the DUR Commission

Bryon J. Schaeffer, M.D., FAAFP

Dr. Schaeffer is currently a family practice and emergency room physician at Clarinda Regional Health Center, where he has been the Chief Medical Officer since 2019. He also works as an emergency room physician for Docs Who Care at the Knoxville Hospital and teaches at Drake University. Dr. Schaeffer was appointed to the DUR Commission in 2024; his first term will expire in June 2028.

Caitlin Reinking, Pharm.D., CDCES

Dr. Reinking is currently a Staff Pharmacist and Certified Diabetes Care and Education Specialist at BCHC Oelwein Pharmacy in both the Oelwein, Iowa, and Independence, Iowa locations. Her previous experience includes working at Oelwein Family Pharmacy and NuCara Pharmacy. She received her Doctor of Pharmacy degree from the University of Iowa College of Pharmacy in 2013. Dr. Reinking was appointed to the DUR Commission in 2024; her first term will expire in June 2028.

Jennifer Johnson, Pharm.D.

Dr. Johnson is currently a Pharmacist in Charge at Walgreens Pharmacy in Ankeny, Iowa, and previously worked at Hy-Vee, CVS, and Towncrest pharmacies, in addition to other Walgreens locations. She received her Doctor of Pharmacy degree from the University of Iowa College of Pharmacy in 2015. Dr. Johnson was appointed to the DUR Commission in 2024; her first term will expire in June 2028.

Opioid Prescribing for Acute Pain Management in Children and Adolescents in Outpatient Settings

The American Academy of Pediatrics (AAP) released a [clinical practice guideline](#) outlining evidence-based approaches to safely prescribe opioids for acute pain in outpatient settings. The goal is to aid clinicians in understanding when opioids may be indicated to treat acute pain in children and adolescents and how to minimize risks (including opioid use disorder, poisoning, and overdose).

Summary of Key Action Statements

- Pediatricians and other pediatric health care providers (PHCPs) should treat acute pain using a multimodal approach that includes the appropriate use of nonpharmacologic therapies, nonopioid medications, and when needed, opioid medications.
- Pediatricians and other PHCPs should not prescribe opioids as monotherapy for children and adolescents who have acute pain.
- When prescribing opioids for acute pain in children and adolescents, PHCPs should provide immediate-release opioid formulations, start with the lowest age- and weight-appropriate doses, and provide an initial supply of 5 days or fewer, unless the pain is related to trauma or surgery with an expected duration of pain of more than 5 days.
- When treating acute pain in children and adolescents younger than 12 years, pediatricians and other PHCPs should not prescribe codeine or tramadol.
- When treating acute pain in adolescents 12-18 years of age who have obesity, obstructive sleep apnea, or severe lung disease, pediatricians and other PHCPs should not prescribe codeine or tramadol.
- When treating postsurgical pain after tonsillectomy or adenoidectomy in children and adolescents younger than 18 years, pediatricians and other PHCPs should not prescribe codeine or tramadol.
- When treating acute pain in people of any age who are breastfeeding, pediatricians and other PHCPs should not prescribe codeine or tramadol.
- When treating acute pain in children or adolescents who are taking sedating medications, such as benzodiazepines, pediatricians and other PHCPs should use caution when prescribing opioids.
- When prescribing opioids, pediatricians and other PHCPs should provide naloxone and counsel patients and families on the signs of opioid overdose and how to respond to an overdose.
- When prescribing opioids, pediatricians and other PHCPs should educate caregivers about safe storage and directly observed administration of medications to children and adolescents.
- When prescribing opioids, pediatricians and other PHCPs should educate caregivers about safe disposal of unused medications, help caregivers develop a plan to safely dispose of unused medications, and, if possible, offer safe disposal in their practice setting.
- When treating acute, worsened pain in children and adolescents with preexisting chronic pain, pediatricians and other PHCPs should prescribe opioids when indicated and partner with any other opioid-prescribing clinicians involved in the patient's care and with specialists in chronic pain, palliative care, and/or other opioid stewardship programs to determine an appropriate treatment plan.

**Medicaid Statistics for Prescription Claims
September through November 2024**

| | FFS | Wellpoint | Iowa Total Care | Molina Healthcare |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Total \$ Paid | \$3,048,055 | \$96,311,159 | \$74,968,759 | \$52,445,320 |
| # Paid Claims | 23,346 | 823,629 | 670,341 | 493,379 |
| Unique Users | 3,881 | 102,831 | 93,981 | 78,347 |
| Avg Cost/Rx | \$130.56 | \$116.94 | \$111.84 | \$106.30 |
| Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy may differ among each plan | Antidepressants | Antidepressants | Antidepressants | Antidepressants |
| | Anticonvulsants | Anticonvulsants | Anticonvulsants | Antiasthmatic & Bronchodilator Agents |
| | ADHD/Anti-Narcolepsy | Antiasthmatic & Bronchodilator Agents | Antiasthmatic & Bronchodilator Agents | Anticonvulsants |
| | Antihypertensives | ADHD/Anti-Narcolepsy | ADHD/Anti-Narcolepsy | ADHD/Anti-Narcolepsy |
| | Antiasthmatic & Bronchodilator Agents | Antihypertensives | Antihypertensives | Antihypertensives |
| Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy may differ among each plan | Antidiabetics | Antidiabetics | Antidiabetics | Antidiabetics |
| | Dermatologicals | Dermatologicals | Antipsychotics/Antimanic Agents | Dermatologicals |
| | Antipsychotics/Antimanic Agents | Antipsychotics/Antimanic Agents | Dermatologicals | Antipsychotics/Antimanic Agents |
| | Antivirals | Analgesics – Anti-Inflammatory | Analgesics – Anti-Inflammatory | Analgesics – Anti-Inflammatory |
| | Analgesics – Anti-Inflammatory | ADHD/Anti-Narcolepsy | Antiasthmatic & Bronchodilator Agents | Antivirals |
| Top 5 Drugs by Prescription Count | Albuterol HFA | Omeprazole | Albuterol | Sertraline |
| | Sertraline | Atorvastatin | Sertraline | Atorvastatin |
| | Trazodone | Sertraline | Atorvastatin | Amoxicillin |
| | Cetirizine | Levothyroxine | Omeprazole | Omeprazole |
| | Omeprazole | Trazodone | Trazodone | Albuterol HFA |
| Top 5 Drugs by Paid Amount (pre-rebate) | Ozempic | Ozempic | Humira Pen | Ozempic |
| | Humira Pen | Humira (CF) Pen | Ozempic | Humira (2 Pen) |
| | Biktarvy | Vraylar | Trikafta | Dupixent |
| | Evrysdi | Trikafta | Dupixent | Trikafta |
| | Vraylar | Jardiance | Vraylar | Vraylar |