



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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March 5, 2009

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, March 4, 2009. The DUR Commission members discussed the Mental Health Advisory Group's review of the Pharmacy and Therapeutics Committee's recommendations to move select mental health drugs from the Recommended Drug List to the Preferred Drug List. These recommendations include the following:

- 1) Recommended to change Nardil from Recommended to Preferred
- 2) Recommended to change Emsam from Non-Recommended to Preferred
- 3) Recommended to change Parnate from Recommended to Preferred.
- 4) Recommended to change Lexapro from Recommended to Preferred and accept the DUR Commission recommendation to split Lexapro 20mg tablets to achieve a 10mg dose and to split Lexapro 10mg tablets to achieve a 5mg dose.
- 5) Recommended to change Luvox CR from Non-Recommended to Non-Preferred with Conditions and include under the Extended Release Formulations PA category.
- 6) Recommended to change Paxil Susp from Recommended to Preferred.
- 7) Recommended to change Pexeva from Non-Recommended to Non-Preferred.
- 8) Recommended to change Pristiq from Non-Recommended to Non- Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 9) Recommended to change Cymbalta from Non-Recommended to Preferred.
- 10) Recommended to change Maprotiline from Recommended to Preferred.
- 11) Recommended to change Wellbutrin XL from Recommended to Preferred.
- 12) Recommended to change Effexor XR from Non-Recommended to Preferred.
- 13) Recommended to change Amoxapine from Recommended to Preferred.
- 14) Recommended to change Tofranil-PM from Non-Recommended to Preferred.
- 15) Recommended to change Vivactil from Recommended to Preferred.
- 16) Recommended to change Surmontil from Recommended to Preferred.
- 17) Recommended to change Invega from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.

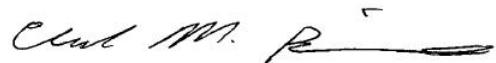
- 18) Recommended to change Risperdal from Recommended to Preferred.
- 19) Recommended to change Risperdal M-Tab from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 20) Recommended to change Risperdal Consta from Non-Recommended to Preferred.
- 21) Recommended to change Seroquel from Recommended to Preferred.
- 22) Recommended to change Seroquel XR from Non- Recommended to Non-Preferred with Conditions and keep the clinical prior authorization requirement. PA criteria already exists for this drug under the PA category Extended Release Formulations.
- 23) Recommended to change Zyprexa from Non-Recommended to Preferred.
- 24) Recommended to change Zyprexa Zydis from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 25) Recommended to change Abilify from Non-Recommended to Preferred.
- 26) Recommended to change Abilify Discmelt from Non-Recommended to Non-Preferred with Conditions and add clinical prior authorization to this drug. The DUR Commission would need to develop the PA criteria for this drug.
- 27) Recommended to change Geodon from Recommended to Preferred.
- 28) Recommended to change Moban from Non-Recommended to Preferred.
- 29) Recommended to change all strengths of Vyvanse from Recommended to Preferred.
- 30) Recommended to change Adderall XR from Recommended to Preferred
- 31) Recommended to change Focalin from Recommended to Preferred.
- 32) Recommended to change Focalin XR from Recommended to Preferred.
- 33) Recommended to change Daytrana from Recommended to Preferred.
- 34) Recommended to change Metadate CD from Non-Recommended to Non-Preferred.
- 35) Recommended to change Concerta from Recommended to Preferred.
- 36) Recommended to change Ritalin LA from Non-Recommended to Non-Preferred.
- 37) Recommended to change Strattera from Non-Recommended to Preferred.
- 38) Recommended to change Provigil from Non-Recommended to Preferred.

Additionally, the P&T Committee recommended that all drugs changing to a non-preferred status in these categories be grandfathered. Grandfathering allows members currently on a drug to remain on the drug. The pharmacy claims processing system identifies members on a particular drug by looking back in the claims system 180 days to see which members have had paid claims for the specific drug and allows the members to continue to get the same drug without restrictions. This grandfathering process remains in place for the duration of the member's eligibility. The change in drug status to non-preferred would only stop pharmacy claims from paying for "new users" or those members that have not had the drug previously paid by Medicaid. If the member does not have a history of the requested drug in the Medicaid paid claims system, a prior authorization would be required.

The Mental Health Advisory Group met on December 12, 2008, and February 13, 2009, to discuss these recommendations. At the conclusion of their meeting on February 13, 2009, the members of the Mental Health Advisory Group unanimously approved the original recommendations put forth by the P&T Committee. Following discussion at the March 4, 2009 DUR Commission meeting, the DUR Commission had no concerns with these recommendations to be sent back to the P&T Committee. As a result of this recommendation, the DUR Commission is in the processes of revising the existing clinical prior authorization criteria for Extended Release Products and is developing clinical prior authorization criteria for Modified Formulations.

Thank you in advance for the Department's consideration of accepting the DUR Commission's endorsement of the P&T Committee's recommendations on select mental health drugs.

Sincerely,

A handwritten signature in black ink, appearing to read "Chad M. Bissell". The signature is fluid and cursive, with a long horizontal stroke at the end.

Chad M. Bissell, Pharm.D.
Director, Drug Utilization Review
Iowa Medicaid Enterprise

Cc: Eileen Creager, IME
Andi Dykstra, IME
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