



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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November 6, 2008

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, November 5, 2008. On behalf of the DUR Commission, I respectfully submit the following recommendations:

- 1) The DUR Commission voted in favor of placing a quantity limit of 5/30 on the preferred drug Glucagen, to mirror the current edit in place for Glucagon Emergency Kit, which is now non-preferred.
- 2) The DUR Commission voted to apply clinical prior authorization (PA) criteria to Vusion™ Ointment as follows:
Prior Authorization is required for Vusion Ointment. Payment will only be considered for cases in which there is documentation of previous trials and therapy failures with 1) over-the-counter miconazole 2% cream (payable with a prescription) AND 2) nystatin cream or ointment, unless evidence is provided that use of these agents would be medically contraindicated.
- 3) The DUR Commission voted to revise the PA criteria for Growth Hormones as follows:
Prior authorization is required for therapy with growth hormones. Payment for non-preferred growth hormones will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent. All of the following criteria must be met for approval for prescribing of growth hormones:
 1. Standard deviation of 2.0 or more below mean height for chronological age.
 2. No intracranial lesion or tumor diagnosed by MRI.
 3. Growth rate below five centimeters per year.
 4. Failure of any two stimuli tests to raise the serum growth hormone level above ten nanograms per milliliter.
 5. *Annual bone age testing is required for a diagnosis of growth hormone deficiency.* Bone age must be 14 to 15 years or less in females and 15 to 16 years or less in males is required. .
 6. Epiphyses open.

Prior authorization will be granted for 12-month periods per *member* as needed.

The following FDA approved indication for growth hormone therapy is considered not medically necessary and requests will be denied:

1. Idiopathic short stature

If the request is for **Zorbtive®** [somatropin (rDNA origin) for injection] approval will be granted for the treatment of Short Bowel Syndrome in patients receiving specialized nutritional support. Zorbtive® therapy should be used in conjunction with optimal management of Short Bowel Syndrome.

4) The DUR Commission voted to revise the PA criteria for Linezolid (Zyvox) as follows: Prior authorization is required for Zyvox®. Payment for Zyvox® will be considered when there is documentation that:

1. Prescriber is an infectious disease (ID) physician or has consulted ID physician (Telephone consultation is acceptable).

2. Patient *has an active infection and meets one of the following diagnostic criteria:*

- Vancomycin-resistant Enterococcus (VRE) and no alternative regimens with documented efficacy are available and VRE is not in lower urinary tract**.

- Methicillin-resistant Staph aureus (MRSA) and patient is intolerant to vancomycin*

- Methicillin-resistant Staph epidermis (MRSE) and patient is intolerant to vancomycin*

*Severe intolerance to vancomycin is defined as:

- Severe rash, immune-complex mediated, determined to be directly related to vancomycin administration

- Red-man's syndrome (histamine-mediated), refractory to traditional counter measures (e.g., prolonged IV infusion, premedicated with diphenhydramine)

**VRE in lower urinary tract, considered to be pathogenic, may be treated with linezolid if severe renal insufficiency exists and/or patient is receiving hemodialysis or has known hypersensitivity to nitrofurantoin.

5) The DUR Commission voted to revise the PA criteria for Serotonin 5-HT1-Receptor Agonists as follows:

Prior authorization is required for preferred serotonin 5-HT1-receptor agonists for quantities exceeding 12 unit doses of tablets, syringes or sprays per 30 days. Payment for serotonin 5-HT1-receptor agonists beyond this limit will be considered on an individual basis after review of submitted documentation. For consideration, the following information must be supplied:

1. The diagnosis requiring therapy.

2. Documentation of current prophylactic therapy or documentation of previous trials and therapy failures with two different prophylactic medications.

Prior authorization will be required for all non-preferred serotonin 5-HT1-receptor agonists as indicated on the Iowa Medicaid Preferred Drug List beginning the first day of therapy. Payment for non-preferred serotonin 5-HT1-receptor agonists will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred agents.

6) The DUR Commission voted to revise the PA criteria for Extended Release Formulations as follows:

Payment for the extended release formulation will be considered only for cases in which there is documentation of previous trial and therapy failure with the immediate release product of the same chemical entity, unless evidence is provided that use of the immediate release product would be medically contraindicated.

Prior authorization is required for the following extended release formulation(s):

1. Seroquel® XR

2. *Luvox*® CR

- 7) The DUR Commission voted in favor of implementing a Quarterly Narcotic Utilization Report to be sent to prescribers. This report will be provided to prescribers on a quarterly basis and will highlight members using narcotics prescribed by multiple providers and/or filled at multiple pharmacies. The Commission recommends the algorithm look at members using 3 or more physicians and/or 3 or more pharmacies to generate the report.

Thank you in advance for the Department's consideration of these recommendations.

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
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