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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Quarterly Narcotic Utilization Report

Beginning the first quarter of 2009, the DUR Commission will be providing prescribers with the *Quarterly Narcotic Utilization Report*. This report will highlight Medicaid members who are using three or more prescribers and/or pharmacies for narcotic medications. Members with a diagnosis of cancer will be excluded from the report. The intent of the report is to make the prescriber aware of his or her patients' use of narcotic medications and to help the prescriber make informed decisions in the future. It is not intended to penalize or identify prescribers, but to help avoid over utilization or diversion of narcotic medications.

This report will be produced and mailed four times a year. Contained in the report will be the member's name(s), date the prescriptions were dispensed, drug names, quantities dispensed, days supply, prescriber names, pharmacy names, and pharmacy phone number. Pharmacies will not receive a copy of this report. Prescribers will be directed to contact the dispensing pharmacy first if there are concerns about the accuracy of the data since the most common explanation is usually an incorrect NPI number entered by the pharmacy. Further questions can be directed to the DUR Project Coordinator at (515) 725-1287.

This report may help prescribers make referrals to the lock-in program. The goal of the lock-in Program is to promote quality health care for Medicaid members by preventing harmful practices including: duplication of scheduled and non-scheduled medications, unintended medication interactions, duplication of medical services and treatments, and medication abuse. Referrals can be made by calling 1-800-383-1173 or (515) 725-1338.

Also available to active Iowa Medicaid providers is the Iowa Medicaid Electronic Record System (I-MERS); a web-based tool that gives providers up-to-date information about what services and prescriptions have been paid for by Iowa Medicaid. I-MERS allows treating providers to view Medicaid members' medical procedures, prescriptions, and other services that are currently in the Medicaid computer system. I-MERS only provides information on currently eligible Medicaid Members. This is not a substitute for eligibility verification through Iowa Medicaid Enterprise's (IME) eligibility verification systems (e.g. phone or website). Sensitive information such as AIDS/HIV, substance abuse, and mental health related information is not currently available through this system. Registration is required to access the system and is accomplished on an organizational basis (e.g. Clinic, Group Practice, Hospital, Pharmacy, etc). Information on how to register as an I-MERS user can be found on the Iowa Medicaid Enterprise website; http://www.ime.state.ia.us. Please click on providers, then I-MERS under quick links on the right side of the page, and then click to register for access.

Antihistamine Prior Authorization Criteria and Other Preferred Medications Used to Treat Seasonal Allergies

With the start of the allergy season shortly on the way, it will soon be time to restart those medications used for seasonal allergies. When considering therapeutic options for seasonal allergies for Medicaid patients, it is important to keep in mind the following:

Prior authorization is required for all non-preferred antihistamines and preferred second generation prescription antihistamines. Patients 21 years of age and older must have two unsuccessful trials with an antihistamine that does not require prior authorization, prior to the approval of a non-preferred first generation or preferred second generation prescription antihistamine. One of the trials must be OTC cetirizine or loratadine. Prior to the approval of a non-preferred second generation antihistamine, in addition to the above criteria, there must be an unsuccessful trial with a preferred second generation prescription antihistamine. Patients 20 years of age and younger must have an unsuccessful trial of OTC cetirizine or loratadine prior to the approval of a non-preferred first generation or preferred second generation prescription antihistamine. Prior to approval of a non-preferred second generation antihistamine, in addition to the above criteria, there must be an unsuccessful trial with a preferred second generation prescription antihistamine.

Preferred First Generation OTC Antihistamines	**Preferred Second Generation OTC Antihistamines**	**Preferred Second Generation Legend Antihistamines***
Chlorpheniramine maleate	Cetirizine tablets or syrup	Clarinex, Clarinex D, Clarinex syrup, ClarinexRetitabs
Cyproheptadine	Loratadine (Alavert, Tavist ND)	
Diphenhydramine		

*PA required; OTC antihistamines are payable with a prescription

In addition to antihistamines, intranasal corticosteroids may be used to treat allergic rhinitis and can be of benefit for ophthalmic symptoms. Current practice parameters developed by the Joint Task Force on Practice Parameters, representing the American Academy of Allergy, Asthma and Immunology; the American College of Allergy, Asthma and Immunology; and the Joint Council of Allergy, Asthma and Immunology, state that intranasal corticosteroids are the most effective medications for treating allergic rhinitis.

The oral decongestant, pseudoephedrine, can be used to reduce nasal congestion associated with allergic rhinitis.

Leukotriene receptor antagonists (LTRA's) are effective in the treatment of seasonal and perennial allergic rhinitis.

The intranasal anticholinergic, ipratropium bromide, can effectively reduce rhinorrhea caused by allergic rhinitis.

Ophthalmic products are the treatment of choice when ocular allergy symptoms are predominant. There are limited clinical studies comparing brand name products, therefore all brand products are comparable to each other and offer no significant clinical advantages over another.

Preferred Intranasal Corticosteroids	**Preferred Oral Decongestant**	**Preferred LTRA**	**Preferred Intranasal Anticholinergic**	**Preferred Ophthalmic Antihistamine/Mast-Cell Stabilizers**	**Preferred Ophthalmic NSAID's**
fluticasone propionate	OTC pseudoephedrine	Singulair	ipratropium bromide	Optivar	Acular or Acular LS
Nasonex				Patanol	Voltaren ophthalmic solution

DUR Activities

- The DUR Commission recently looked at data for members using dopamine agonists (*Mirapex, Requip, Requip* XL, and ropinirole) and carbidopa/levodopa for Restless Leg Syndrome (RLS). A total of 442 members were found to have a diagnosis for RLS in their medical claims history. Of those 442 members, only 72 were tested for iron deficiency. Recent studies indicate that iron deficiency is a possible cause of RLS. While the findings are not conclusive, they warrant the measurement of serum ferritin levels in patients with RLS and a trial of oral iron therapy when ferritin levels are low. Connor JR, Menzies SL, Dellinger B, Allen RP, Ondo WG, Early CJ. "Neuropathological Examination Suggests Impaired Brain Iron Acquisition in Restless Legs Syndrome." *Neurology*, August 12, 2003, Vol. 61, No. 3, pp. 304-309.

- The DUR Commission recently looked at claims data for members using duplicate selective-serotonin reuptake inhibitors (SSRI's) between the dates of August 1, 2008 and September 30, 2008. While individual SSRI's in comparison to each other have been found to be equally effective, there is no literature available to support the use of duplicative SSRI therapy. Duplicative therapy also increases the risk for serotonin syndrome. Providers will be receiving a letter from the DUR Commission addressing the issue.

- The DUR Commission recently looked at utilization data for *Bactroban* between the dates of January 1, 2008 and September 30, 2008. A total of 125 members were identified as having two or more fills of *Bactroban* during this time frame with several members receiving more than five fills. Of those 125 members, none were receiving an oral antibiotic concurrently. *Bactroban* cream is indicated for the treatment of secondary infected traumatic skin lesions due to susceptible strains of *S. aureus* and *S. pyrogens*. *Bactroban* ointment is indicated for the topical treatment of impetigo due to *S. aureus* and *S. pyrogens*. Providers will be receiving a letter from the DUR Commission addressing the issue.

- On January 15, 2009, the DUR Commission submitted the 2008 Smoking Cessation Report to the Legislature, which outlines the progress of the Medicaid Smoking Cessation Program between January 1, 2008 and September 30, 2008. The University of Northern Iowa (UNI) conducts follow-up interviews to assess quit rates among Iowa Medicaid participants of the Quitline program.

Number of faxed referrals for Iowa Medicaid members received by Quitline Iowa	5,184
Number of Iowa Medicaid members who successfully enrolled in the Quitline program	3,324 (64.1%)
Number of members who dropped out of the Quitline program	1,809 (54.4%)
Number of prescriptions for varenicline	4,316 (71.1%)
Number of prescriptions for nicotine patches	1,435 (23.7%)
Number of prescriptions for nicotine gum	155 (2.6%)
Number of prescriptions for bupropion	161 (2.7%)
Number of **follow-up interviews** conducted by UNI between July 1, 2008 and September 30, 2008	188
Number of members considered smoke free from the **follow-up interviews***	42/188 (22.3%)

*Smoke free is defined as not having had a cigarette in the 30 days prior to the follow-up interview.

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ANNUAL CALL FOR NEW COMMISSION MEMBERS

Attention Pharmacists: Are you looking for a new professional opportunity?

CMS requires state Medicaid programs to have a drug utilization review (DUR) program consisting of prospective DUR, retrospective DUR, and an educational program. The goal of the DUR program is to ensure appropriate medication therapy, while permitting appropriate professional judgment to individualize medication therapy. In Iowa, the DUR Board is referred to as the Iowa Medicaid DUR Commission. The Iowa DUR Commission is composed of four Iowa licensed physicians and four Iowa licensed pharmacists who serve four-year terms, as well as a representative from the Department of Human Services. The Commission meets on the first Wednesday eight months of the year from 9:30 a.m. to 1:30 p.m.

The DUR Commission is currently seeking a Pharmacist who serves Medicaid members to join the committee. Any Pharmacist interested in serving in this capacity should send a resume or curriculum vitae, as well as a letter indicating their interest to Chad Bissell at the address shown below. Candidates that would like more information about the Commission or who would like to speak to a present Commissioner are encouraged to call.

The deadline for applications is May 1, 2009.

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