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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Annual Call for New Commission Member

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

The Omnibus Budget Reconciliation Act (OBRA) of 1990 require(s) state Medicaid programs to have a drug utilization review (DUR) program consisting of prospective DUR, retrospective DUR, and an educational program. The membership of the DUR Board shall include health care professionals who have recognized knowledge and expertise in one or more of the following: 1) The clinically appropriate prescribing of covered outpatient drugs; 2) The clinically appropriate dispensing and monitoring of covered outpatient drugs; 3) Drug use review, evaluation, and intervention; 4) Medical quality assurance. 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 comprised of four Iowa Licensed physicians and four Iowa Licensed pharmacists who serve up to two, four-year terms, as well as a representative from the Department of Human Services. The Commission meets on the first Wednesday six months of the year (August, October, December, February, April, June) in Des Moines. Meetings are scheduled from 9:30 a.m. to 1:30 p.m. The Iowa DUR Commission is a recommending body to the Department of Human Services (DHS) on drug therapy including proDUR, drug prior authorization, coverage of medications and administrative and billing procedures.

The DUR Commission is currently seeking a Physician in Family Practice or Internal Medicine who serves Medicaid members to join the committee. Any Physician interested in serving in this capacity should send a resume or curriculum vitae, as well as a letter indicating their interest to Pamela Smith 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 March 30, 2013
Term begins July 1, 2013

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Appropriate Use of Second Generation Antipsychotics

There are ten (10) second generation antipsychotics (SGAs) that have been approved by the FDA: aripiprazole, asenapine, clozapine, iloperidone, lurasidone, olanzapine, paliperidone, quetiapine, risperidone and ziprasidone. Off-label use of these agents has been increasing since the introduction of the SGAs in the early 1990s. While these medications have significantly improved the quality of life of many members with schizophrenia and bipolar disorder, there is limited evidence supporting their use off-label. With the use of SGAs come serious side effects (including weight gain, diabetes mellitus, tardive dyskinesia, and extrapyramidal symptoms). Off-label use carries with it a significant risk and cost without demonstrated clinical benefit.

A recent article published in *The American Journal of Managed Care* evaluated the off-label use of antipsychotic medications in the Medicaid population. A retrospective analysis of 2003 data from 42 state Medicaid programs (including Iowa) was conducted to determine how often antipsychotics are prescribed off-label to adults without schizophrenia or bipolar disorder. This study found 57.6% of patients given an antipsychotic had no diagnoses of schizophrenia or bipolar disorder.[1] The rate of off-label use was higher in children/adolescents and the elderly, among those taking risperidone, and among those diagnosed with depression.[1] Since 2003, quetiapine and aripiprazole have received FDA approval for the treatment of major depression while aripiprazole and risperidone have been approved for the treatment of irritability associated with autistic disorder.

The DUR Commission frequently identifies off-label use of SGAs in the review of patient profiles. Given the increased cost to the Iowa Medicaid program, increased risk of serious side effects, and the lack of evidence in using SGAs off-label, the DUR Commission looked at this issue more closely.

Six months of non-reversed, paid pharmacy claims data from February 2012 through July 2012 were reviewed to identify members with a claim for a SGA during the time frame, appropriate diagnosis for use (episodic mood disorders which includes bipolar disorder and major depressive disorder [ICD-9 296], schizophrenic disorders [ICD-9 295], autism spectrum disorder [299, excluding 299.9], and depression [300.4 & 311]), average daily dose and if more than one SGA was being used concurrently (defined as concurrent use for greater than 60 days). The following observations were made:

Members Identified as Having a Claim for a SGA from February 2012 through July 2012
Broken out by Those with and without an Appropriate Diagnosis Including Member Demographics

Age	N of Mbr	Avg Age	Gender		N Mbr w/ Dx	Avg Age	Gender		N Mbr w/o Dx	Avg Age	Gender
<5	46	26	M 7,017		12	29	M 4,869		34	17	M 2,560
5 - 12	2,853				1,244				1,609		
13 - 17	2,919				1,893				1,026		
18 – 64	7,149		F 6,003		6,129		F 4,457		1,020		F 1,134
65+	53				48				5		
Total	**13,020**				**9,326** (72%)				**3,694** (28%)		

Avg = average; Dx = diagnosis; Mbr = members; N = number

Concurrent use of SGAs
Number of Second Generation Antipsychotics Utilized Over 6 Months

N SGAs	N Mbr with Diagnosis	N Mbr without Diagnosis
1	7,916	3,433
2	1,277	246
3	118	15
4	14	0
5	1	0

Other Mental Health Diagnoses

Diagnosis (ICD-9)	N Mbr with Diagnosis*	N Mbr without Diagnosis*
Adjustment Reaction (309, excluding 309.81)	1,471	568
Anxiety Disorder (300 excluding 300.4)	4,054	716
Autism Spectrum Disorder (299, excluding 299.9)	1,242	25
Conduct Disorder (309.3, 309.4, 312.0-312.9, 313.3-313.9)	2,880	1,656
Organic Brain Syndrome/Alzheimer Disease (290, 293-294, 331.00, 310)	613	133
Other Psychosis (297-299)	2,120	147
PTSD (309.81)	965	177
Other Mental Disorder (290-319, excluding 305.1 NOS)	2,214	910
No Mental Disorder	0	459

*Not unique members

[1] Am J Manag Care. 2012;18(3):e109-e117

Utilization by SGA and Maximum Dose

Drug	Utilization for Mbr w/ Diagnosis	Utilization for Mbr w/o Diagnosis	Maximum Recommended Daily Dose[2]	N of Mbr Exceeding Max Rec. Daily Dose
Aripiprazole (Abilify)	3,171	933	30mg	129
Asenapine (Saphris)	173	11	20mg	23
clozapine	113	6	800mg	9
Iloperidone (Fanapt)	71	13	24mg	2
Lurasidone (Latuda)	97	3	160mg	1
Olanzapine (Zyprexa)	699	140	20mg	138
Paliperidone (Invega)	236	37	12mg	29
Quetiapine (Seroquel)	2,509	612	800mg	111
Risperidone (Risperdal)	3,054	2,109	16mg	1
Ziprasidone (Geodon)	762	106	200mg	46
Total*	10,885	3,970		483

*Not unique members; Mbr = members; N = number

After reviewing the data above, the DUR Commission recommended sending letters to the providers regarding the 459 members that were using a SGA without any mental health diagnosis and to the providers of the members taking two or more SGAs. Results from this educational initiative will be brought back to the DUR Commission in the future.

Updated Drug PA Criteria

Biologicals for Arthritis

Changes are italicized:
Prior authorization is required for biologicals used for arthritis. *Patients initiating therapy with a biological agent must 1) be screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; 2) have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; 3) not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less; and 4) be screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment.* Payment will be considered *under the* following *conditions:*

A diagnosis of rheumatoid arthritis (RA) (*Humira, Enbrel, Actemra, Cimzia, Kineret, Orencia, Remicade, Simponi*)

- *A trial and* inadequate response to two preferred disease modifying antirheumatic drugs (DMARD) used *concurrently*. The combination must include methotrexate plus another preferred oral DMARD (hydroxycholoroquine, sulfasalazine, leflunomide, or minocycline).
- Upon an unsuccessful methotrexate trial *in patients with established RA*, the combination trial with a second DMARD may be overridden if there is evidence of severe disease documented by radiographic erosions.

A diagnosis of moderate to severe psoriatic arthritis (Enbrel, Humira, Remicade, Simponi)

- *A trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

A diagnosis of moderate to severe juvenile idiopathic arthritis (Enbrel, Humira, Actemra, Orencia)

- *A trial and inadequate response to intraarticular glucocorticoid injections and the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

[2] Facts & Comparisons [database online]. St. Louis, Mo: Wolters Kluwer Health, Inc: June 2009. Accessed August 6, 2012.

Medicaid Statistics for Prescription Claims

from July 1, 2012 to September 31, 2012*

Number of claims paid: 1,112,766

Total dollars paid: $66,627,379.78

Percent controlled substances: 18.65%

Average amount paid per claim: $59.88

Average amount paid per claim, brand: $238.58

Average Amount paid per claim, generic: $13.41

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
ProAir HFA $52.53/RX	*Abilify* 5mg $1,455,816 $466.46/RX	Antipsychotics – Atypicals $8.8 million
Lexapro 20mg $126.69/RX	*Abilify* 10mg $1,109,286 $487.81/RX	Stimulants – Amphetamines – Long Acting $4.5 million
APAP 325mg $6.50/RX	*Lexapro* 20mg $1,075,711 $126.99/RX	Stimulants – Methylphenidate-Long Acting $3.4 million
Loratadine 10mg $9.20/RX	*Advate Inj* 2000 unit $878,006 $97,556.26/RX	Antidepressants – Selected SSRIs $3.2 million
Hydrocodone/APAP 5-500 $6.40/RX	*Lantus*100/ml $865,904 $30.91/RX	Anticonvulsants $3.2 million

*All dollars reported are Pre-Rebate