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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Commission Welcomes New Member

The DUR Commission welcomes the addition of Brian Couse, M.D.

Dr. Couse graduated from the University of Nebraska College of Medicine in 1998. He then completed his Primary Care Rural Training Residency Program in 2001 and is board certified in family medicine. Dr. Couse currently sees patients at the Methodist Physicians Clinic in Red Oak, Iowa. He treats patients of all ages and has clinical areas of interest in obstetric care including deliveries and C-sections and upper and lower gastrointestinal endoscopy. Dr. Couse was appointed to the DUR Commission in 2013; his first term will expire in June 2017.

DUR Annual Federal Report, Federal Fiscal Year 2012

The Drug Utilization Review Commission (DUR) had a successful year with overall direct total cost savings of $3.77 for every dollar spent on the program administratively. Overall, the program produced a net cost savings of $747,654.95 versus a net cost savings of $615,600.07 in FFYE 2011.

Patient-focused review saw a savings of $328,419.35 versus a savings of $275,771.01 in FFYE 2011. Total dollars saved per patient evaluated was $238.16.

Total cost savings for the problem-focused studies for FFYE 2012 was $689,235.60 versus $609,829.00 in FFYE 2011. This increase is due to a larger number of members evaluated this past federal fiscal year resulting in an increased number of members with a positive impact versus the prior year. Thirteen focused studies were evaluated in FFYE 2012 compared to fourteen in FFYE 2011. Eleven of the focused studies were designed to promote appropriate therapy and optimize patient outcomes and two of the focused studies addressed inappropriate use of medication.

Uncontrolled Hypertension Among Adults in the United States, 2003 - 2010

Hypertension costs $131 billion annually in health-care expenditures, is the leading risk factor for cardiovascular disease, and a major cause of morbidity and mortality. With adequate treatment and control of hypertension, the incidence of first and recurrent heart attacks and stroke, heart failure, and chronic kidney disease can be reduced.

Recently, the Centers for Disease Control and Prevention analyzed data from the National Health and Nutrition Examination Survey (NHANES) examining the awareness and pharmacologic treatment of uncontrolled hypertension among U.S. adults with hypertension. Three groups were focused on: those who are unaware of their hypertension, those who are aware but not treated with medication, and those who are aware and pharmacologically treated with medication but still have uncontrolled hypertension.

Subjects included in the analysis (N = 20,811) were aged ≥ 18 years. Hypertension was defined as an average systolic blood pressure (SBP) ≥ 140 mmHg or an average diastolic blood pressure (DBP) ≥ 90 mmHg, based on the average of up to three blood pressure (BP) measurements, or currently using BP-lowering medication. Uncontrolled hypertension was defined as an average SBP ≥ 90 mmHg, among those with hypertension. Subjects were considered unaware of hypertension if they responded ”no” when asked whether a healthcare provider had ever told them that they had hypertension. Subjects were considered untreated if they answered “no” to either of these questions and considered treated if they answered yes to both questions:

- Because of your high blood pressure/hypertension, have you ever been told to take prescribed medicine?
- Are you currently taking BP-lowering medication?

Results:

Prevalence of hypertension among U.S> adults aged ≥ 18 years:

- Hypertension: 66.9 million (30.4%)
- Controlled hypertension: 31.1 million (46.5%)
- Uncontrolled hypertension: 35.8 million (53.3%)

Among those with uncontrolled hypertension:

- Aware; treated: 16.0 million (44.8%)
- Aware; untreated: 5.7 million (15.8%)
- Unaware: 14.1 million (39.4%)

Overall prevalence of uncontrolled hypertension among U.S. adults aged ≥ 18 years with hypertension was 53.3%. Subgroups of subjects with uncontrolled hypertension were identified with the most prevalent being:

- Aged 18-44 years (61.6%)
- Men (55.0%)
- Hispanic (63.1%)
- No medical care in previous 12 months (93.3%)
- Uninsured (71.8%)

Overall prevalence of awareness and pharmacologic treatment of uncontrolled hypertension among U.S. adults aged ≥ 18 years with hypertension, by group:

- Aware and treated: 44.8%; highest prevalence among adults aged ≥ 65 years (59.9%) and those who received health care ≥ 2 times in the previous 12 months (55.3%).
- Aware and untreated: 15.8%; highest prevalence among adults aged 18-44 years (25.4%); those with no usual source of care (25.6%); those with no health insurance (23.5%).
- Unaware: 39.4%; highest prevalence among adults aged 18-44 years (56.6%); those who did not receive health care in previous 12 months (71.5%); those with no usual source of care (64.3%) those with no health insurance (51.9%).

Reference

1. MMWR Morb Mortal Wkly Rep. 2012; 61(35);703-709.

New Drug PA Criteria

Repository Corticotropin Injection (H.P. Acthar Gel)

Prior authorization is required for repository corticotropin injection. Payment will be considered under the following conditions:

1. Patient is under two years of age and
2. Patient has a diagnosis of infantile spasms.

Treatment of compendia indicated steroid-response conditions will only be considered upon documented contraindications or intolerance to corticosteroids not expected to occur with the use of repository corticotropin injection.

If criteria for coverage are met, authorization will be provided for up to 30 days of treatment for all indications.

Dabigatran (Pradaxa®)

Prior authorization is required for dabigatran (Pradaxa®). Payment will be considered for patients under the following conditions:

1. Patient has a diagnosis of non-valvular atrial fibrillation; and
2. Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and
3. Presence of at least one additional risk factor for stroke, with a $CHADS_2$ score ≥ 1; and
4. Patient does not have a mechanical prosthetic heart valve; and
5. Patient does not have active pathological bleeding; and
6. Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.

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

DUR Activities

Medicaid Statistics for Prescription Claims

from January 1, 2013 to March 31, 2013*

Number of claims paid: 1,100,062

Total dollars paid: $68,851,089

Percent controlled substances: 14.98%

Average amount paid per claim: $58.04

Average amount paid per claim, brand: $254.99

Average Amount paid per claim, generic: $18.69

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
Amoxicillin 400mg/5ml $10.22/RX	Synagis 100mg/ml $1,910,246 $2,768.47/RX	Antipsychotics – Atypicals $6.7 million
Ventolin HFA $49.20/RX	Abilify 20mg $1,386,235 $537.51/RX	Stimulants – Amphetamines – Long Acting $7.5 million
Albuterol Neb 0.083% $12.01/RX	Methylphenidate ER *36*mg $1,285,532 $191.30/RX	Stimulants- Methylphenidate-Long Acting $3.3 million
Loratadine 10mg $8.73/RX	Methylphenidate ER 54mg $885,418 $170.77/RX	Anticonvulsants $3.0 million
Azithromycin 200mg/5ml $20.68/RX	*Abilify 30*mg $859,054 $512.56/RX	Antidepressants – Selected SSRIs 2.3 million

*All dollars reported are pre-rebate