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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Iowa Health and Wellness Plan Waiver

Waiver Highlights

Non-Emergency Medical Transportation Services (NEMT): NEMT will not be a covered service for Iowa Wellness Plan or Iowa Marketplace Choice Plan members.

Cost-Sharing Amount for Non-Emergent Use of Emergency Room: The copayment of $8 was approved for non-emergent use of the emergency room.

Early Periodic Screening, Diagnoses, and Testing (EPSDT): EPSDT will be covered for Iowa Wellness Plan and Iowa Marketplace Choice Plan members age 19 and 20.

Retroactive Eligibility: Iowa Wellness Plan and Iowa Marketplace Choice Plan will follow to existing Medicaid eligibility guidelines.
• Coverage Effective Date: First day of the month of application.
• Retroactive Eligibility: Up to three months of retroactive eligibility may be available. Eligibility cannot be made retroactive prior to the program beginning in January 2014.

Member Premiums

Member premiums apply starting in the second year of eligibility. **No premiums are required during the first year of eligibility.**

Premium Amounts
• Individuals with Income 0-50 Percent of the FPL: $0 (no premiums)
• Individuals with Income 50-100 Percent of the FPL: $5 per month
• Individuals with Income 100-133 Percent of the FPL: $10 per month

Waiving Premiums
Premiums for all members will be waived in the first year of eligibility. All premiums will be waived in the following years if the member completes specified healthy behaviors in the year prior.
• For example - If healthy behaviors are completed in 2014, no premiums would be required in 2015.
• Members may also claim hardship, if a hardship exists in the month.

Nonpayment of Premiums
• **Individuals with Income 50-100 Percent of the FPL**: Nonpayment of premiums will result in debt subject to collection by Iowa. No loss of coverage will occur, until the time of annual renewal.
• **Individuals with Income 100-133 Percent of the FPL**: Nonpayment of premiums will result in disenrollment from the Iowa Health and Wellness Plan.

Prescription drugs are covered under the Iowa Health and Wellness Plan.

More information on the Iowa Health and Wellness Plan can be found at http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html

Recommendation: Use Azithromycin Judiciously for the Treatment of Common Infections

Treatment guidelines from the Canadian Paediatric Society last year recommended azithromycin should be avoided in cases of acute pharyngitis, acute otitis, media, and pneumococcal community-acquired pneumonia in the pediatric population. They recommend azithromycin should only be used as a second-line therapy in cases of life-threatening beta-lactam allergy to treat acute pharyngitis caused by macrolide-sensitive group A beta-hemolytic streptococcus or to treat pneumonia caused by atypical bacteria.

The Infectious Disease Society of America (IDSA) issued guidelines in 2012 for antibiotic use for children and adults with acute bacterial rhinosinusitis. Antibiotic treatment should be considered in patients with persistent signs and symptoms and no improvement for 10 days or more, severe symptoms or high fever and purulent nasal discharge or facial pain for 3 to 4 days, or worsening of the condition for 3 to 4 days. The IDSA recommends amoxicillin-clavulanate instead of amoxicillin alone as empiric antimicrobial therapy for acute bacterial rhinosinusitis in children and adults. High-dose amoxicillin-clavulanate is recommended for these patient populations from geographic areas with high endemic rates of invasive penicillin-nonsusceptible *Streptococcus pneumoniae*, those with severe infection, attendance at daycare, age less than 2 or greater than 65 years, those who had a recent hospitalization, those treated with antibiotics within the past month, or those who are immunocompromised. For adults with a history of penicillin allergy, the IDSA recommends either doxycycline or levofloxacin or moxifloxacin as an alternative agent. For children with a history of type I hypersensitivity to penicillin, levofloxacin is recommended. For children with a history of non-type I hypersensitivity to penicillin, a combination of clindamycin with a third-generation oral cephalosporin (cefixime or cefpodoxime) is recommended. Macrolides, such as clarithromycin and azithromycin, are not recommended for empiric therapy due to high rates of resistance among *S. pneumoniae.*

In 2013 the American Academy of Pediatrics updated their clinical practice guideline for the management of acute bacterial sinusitis in children ages 1 to 21 years. They recommend initiation of antibiotic therapy for severe onset that has lasted three days or worsening sinusitis after initial improvement. For children with persistent illness lasting more than 10 days, antibiotic therapy may be started or watchful waiting for improvement for another three, days. The AAP recommends amoxicillin with or without clavulanate as first-line treatment when the decision to treat acute bacterial sinusitis has been made. Risk factors for potential resistance to amoxicillin include a child in day care, a child having been treated with antimicrobial therapy within the previous month, and a child younger than 2 years. The clinician should consider high-dose amoxicillin-clavulanate in children with any of the aforementioned risk factors. For children older than 2 years with a history of allergy to penicillin, a second- or third-generation cephalosporin can be used. For those younger than 2 years with a history of allergy to penicillin, a combination of clindamycin or linezolid and cefixime will provide coverage against both resistant *S. pneumoniae* and *Haemophilus influenzea*. While trimethoprim-sulfamethoxazole and erythromycin-sulfisoxazole have been traditionally useful in the past as first- and second-line therapy for patients with acute bacterial sinusitis, recent pneumococcal surveillance studies indicate that resistance to these two combination agents is substantial. In cases of serious allergic reactions, the AAP states clarithromycin or azithromycin can be used in an effort to select an antimicrobial of an entirely different class. It should be noted, azithromycin is not FDA indicated for the treatment of sinusitis.

FDA Updates

The FDA is investigating the risk of stroke, heart attack, and death in men taking FDA-approved testosterone products. FDA has been monitoring this risk and decided to reassess this safety issue based on the recent publication of two separate studies that each suggested an increased risk of cardiovascular events among groups of men prescribed testosterone therapy. FDA is providing this alert while continuing to evaluate the information from these studies and other available data, and will communicate their final conclusions and recommendations when the evaluation is complete. At this time, FDA has not concluded that FDA-approved testosterone treatment increases the risk of stroke, heart attack, or death. Patients should not stop taking prescribed testosterone products without first discussing any questions or concerns with their health care professionals. Health care professionals should consider whether the benefits of FDA-approved testosterone treatment are likely to exceed the potential risks of treatment. The prescribing information in the drug labels of FDA-approved testosterone products should be followed. Testosterone is a hormone essential to the development of male growth and masculine characteristics. Testosterone products are FDA-approved only for use in men who lack or have low testosterone levels in conjunction with an associated medical condition. Examples of these conditions include failure of the testicles to produce testosterone because of reasons such as genetic problems or chemotherapy. Other examples include problems with the hypothalamus and pituitary, which control the production of testosterone by the testicles. None of the FDA-approved testosterone products are approved for use in men with low testosterone levels who lack an associated medical condition. See the FDA Drug Safety Communication at: http://www.fda.gov/Drugs/DrugSafety/ucm383904.htm

New and Updated Drug Prior Authorization Criteria

Proton Pump Inhibitors

Prior authorization is not required for preferred proton pump inhibitors (PPI) for doses within the established quantity limits of one unit per day. Requests for PPIs exceeding one unit per day for a diagnosis of gastroesophageal reflux disease will be considered after documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bedtime dose of a histamine H2-receptor antagonist. Upon failure of the combination therapy, subsequent requests for PPIs exceeding one unit per day will be considered on a short term basis (up to 3 months). After the three month period, a retrial of the recommended once daily dosing will be required. A trial of the recommended once daily dosing will be required on an annual basis for those patients continuing to need doses beyond one unit per day. Requests for twice daily dosing for a diagnosis of Helicobacter pylori will be considered for up to 14 days of treatment with documentation of an active infection.

Payment for a non-preferred proton pump inhibitor will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred products.

Apixaban (Eliquis®)

Prior authorization is required for apixaban (Eliquis®). 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 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 October 1, 2013 to December 31, 2013*

Number of claims paid: 1,091,679

Total dollars paid: $64,975,761

Percent generic prescriptions: 83.2%

Average amount paid per claim: $59.52

Average amount paid per claim, brand: $252.23

Average Amount paid per claim, generic: $20.59

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
Ventolin HFA $51.64/RX	Synagis 100mg/ml $1,629,086 $2,298	Antipsychotics – Atypicals $6.4 million
Loratadine 10mg $9.02/RX	*Abilify* 20mg $1,234,379 $518.21/RX	Stimulants – Amphetamines – Long Acting $4.8 million
Hydrocodone/APAP 5-325mg $22.24/RX	Methylphenidate ER 36mg $1,160,153 $175.91/RX	Anticonvulsants $3.8 million
Amoxicillin 400mg/5ml $10.96/RX	*Lantus* Injection 100/ml $1,012,169 $284.88/RX	Stimulants- Methylphenidate-Long Acting $3.2 million
Albuterol 0.083% Neb $12.87/RX	*Abilify 30*mg $899,088 $531.38/RX	Antidepressants – Selected SSRIs 2.5 million

*All dollars reported are pre-rebate