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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Complex Pharmaceutical Oversight Program (CPOP)

The Iowa Medicaid Enterprise (IME) is pleased to announce the availability of a new IME patient care initiative; the Complex Pharmaceutical Oversight Program (CPOP). This program provides oversight of clinically complex and high-cost drugs, and is designed to reduce waste, enhance medication adherence and improve clinical outcomes.

The CPOP is a patient-focused and pharmacist-driven program, which uses techniques that are not feasible for a traditional prior authorization (PA) program. Iowa Medicaid members receiving complex and high-cost drugs will be proactively identified through claims data by the IME. Once enrolled in the program, patients will speak directly with an IME pharmacist about their current medication regimen. The IME pharmacist will assess medication adherence and administration techniques, adverse events, indications, dosing, duration of therapy, and monitoring parameters. Providers (prescribers and pharmacists) may be contacted by a member of the CPOP team to discuss medication-related issues, or to request additional patient records. Evidence-based guidelines and clinical trials will be used to support program interventions.

Currently, the CPOP program is following members being treated for Hepatitis C.

The CPOP supports the provider/patient relationship, augments existing care management efforts, and is available free of charge to Iowa Medicaid members.

If you have questions, please contact the CPOP at 515-256-4874 (toll-free 877-776-1567), or by email at cpopinfo@dhs.state.ia.us.

Medicaid Modernization

Medicaid modernization is the movement to a comprehensive risk-based approach for the majority of current populations and services in the Medicaid population. The goals of Iowa's Medicaid Modernization are to: 1) improve quality and access, 2) promote accountability for outcomes, and 3) create a more predictable and sustainable Medicaid budget. DHS will contract for delivery of high quality healthcare services for the Iowa Medicaid, Iowa Health and Wellness Plan, and Healthy and Well Kids in Iowa (hawk-i) programs. Two to four managed care organizations (MCOs) will be selected to coordinate care on a statewide basis. Members will have the ability to select their own managed care entity. Services are set to begin January 1, 2016.

For more information visit:
https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization

New Drug Prior Authorization Criteria

Tasimelteon (Hetlioz®)

Prior authorization is required for tasimelteon (Hetlioz®). Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered under the following conditions:

1. Patient has a diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24), as confirmed by a sleep specialist; and
2. Patient is 18 years of age or older; and
3. Documentation the patient is totally blind with no perception of light is provided; and
4. Patient has a documented trial and therapy failure with at least one preferred sedative/hypnotic-non-benzodiazepine agent; and
5. Patient has a documented trial and therapy failure with ramelteon (Rozerem®).

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation therapy will be considered when the patient has received 3 months of continuous therapy and patient has achieved adequate results with tasimelteon (Hetlioz®), such as entrainment, significant increases in nighttime sleep, and/or significant decreases in daytime sleep.

Methotrexate Injection

Prior authorization is required for non-preferred methotrexate injection. Payment will be considered under the following conditions:

1. Diagnosis of severe, active rheumatoid arthritis (RA) or polyarticular juvenile idiopathic arthritis (PJIA) and ALL of the following:
    a. Prescribed by a rheumatologist; and
    b. Patient has a documented trial and intolerance with oral methotrexate; and
    c. Patient has a documented trial and therapy failure or intolerance with at least one other non-biologic DMARD (hydroxychloroquine, leflunomide, minocycline or sulfasalazine); and
    d. Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and
    e. Patient does not reside in a long-term care facility.
2. Diagnosis of severe, recalcitrant disabling psoriasis and ALL of the following:
    a. Patient is 18 years of age or older; and
    b. Prescribed by a dermatologist; and
    c. Patient has documentation of an inadequate response to all other standard therapies (oral methotrexate, topical corticosteroids, vitamin D analogues, cyclosporine, systemic retinoids, tazarotene, and phototherapy).

Apremilast (Otezla®):

Prior authorization is required for apremilast (Otezla®). Payment will be considered under the following conditions:

1. Patient is 18 years of age or older; and
2. Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints); and
3. Prescribed by a rheumatologist or a dermatologist; and
4. Patient does not have severe renal impairment (CrCl < 30 mL/min); and
5. Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
6. Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.

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

FDA Updates

Possible risks of pain medicine use during pregnancy - The FDA is aware of and understands the concerns arising from recent reports questioning the safety of prescription and over-the-counter (OTC) pain medicines when used during pregnancy. As a result, the FDA reviewed studies on the potential risks associated with the following medications during pregnancy: prescription non-steroidal anti-inflammatory drugs (NSAIDs) and the risk of miscarriage in the first half of pregnancy; opioids and the risk of birth defects of the brain, spine, or spinal cord in babies born to women who took these products during the first trimester of pregnancy; and acetaminophen and the risk of attention deficit hyperactivity disorder (ADHD) in children born to women who took this medicine at any time during pregnancy. FDA found all of the reviewed studies to have potential limitations in their designs; sometimes the accumulated studies on a topic contained conflicting results that prevented reliable conclusions from being drawn. As a result, FDA's recommendations on how pain medicines are used during pregnancy will remain the same at this time. It is important to carefully weigh the benefits and risks of using prescription and OTC pain medicines during pregnancy. Pregnant women should always consult with their health care professional before taking any prescription or OTC medicine. Women taking pain medicines who are considering becoming pregnant should also consult with their health care professionals to discuss the risks and benefits of pain medicine use. Health care professionals should continue to follow the recommendations in the drug labels when prescribing pain medicines to pregnant patients. See the FDA notice with additional information at: http://www.fda.gov/Drugs/DrugSafety/ucm429117.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

Outgoing Member of the DUR Commission

Gregory Barclay, M.D. recently completed a four year term of service with the Iowa Drug Utilization Review Commission. The Commission and the Department of Human Services would like to thank Dr. Barclay for his four years of service to the Commission and the members of Iowa Medicaid.

Medicaid Statistics for Prescription Claims

from October 1, 2014 to December 31, 2014*

Number of claims paid: 1,620,655

Total dollars paid: $101,638,082

Percent generic prescriptions: 84%

Average amount paid per claim: $62.71

Average amount paid per claim, brand: $290.41

Average Amount paid per claim, generic: $19.90

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
Hydrocodone/APAP 5-325mg $14.80/RX	*Lantus* Injection 100/ml $2,346,452 $363.68/RX	Antipsychotics – Atypicals $8.7 million
Ventolin HFA $54.45/RX	*Abilify* 20mg $1,585,764 $612.74/RX	Anticonvulsants $5.6 million
Tramadol 50mg $11.52/RX	*Cymbalta* 60mg $1,571,985 $258.25/RX	Stimulants – Amphetamines – Long Acting $5.1 million
Loratadine 10mg $8.80/RX	*Ventolin HFA* $1,389,041 $54.45/RX	Antidepressants – Selected SSRIs $4.6 million
Azithromycin 250mg $14.43/RX	Methylphenidate ER 36mg $1,311,587 $199.82/RX	Diabetic – Insulin $4.6 million

*All dollars reported are pre-rebate