



***The Bulletin of
Medicaid Drug
Utilization Review
in Iowa***

DUR Commission Members

Larry Ambroson, R.Ph.
Daniel Gillette, M.D.
Brian Couse, M.D.
Brett Faine, Pharm.D.
Mark Graber, M.D., FACEP
Kellen Ludvigson, Pharm.D.
Susan Parker, Pharm.D.
Laurie Pestel, Pharm.D.
Jason Wilbur, M.D.

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DUR Professional Staff

Pamela Smith, R.Ph.
DUR Project Coordinator

Methadone Status Change on the Preferred Drug List

Effective June 1, 2017, methadone will become non-preferred for pain diagnoses on the Preferred Drug List (PDL) and will require prior authorization (PA) for all members whether they are established on the medication or a new start. Methadone will be subject to the criteria for Long-Acting Opioids.

Nationally, methadone accounts for only two percent of opioid pain reliever prescriptions but 30 percent of opioid related overdoses. Because of its properties, the risk of overdose from methadone may be disproportionately higher than other pain relievers.

In January 2016, the Centers for Medicare & Medicaid (CMS) issued an informational bulletin regarding the best practices for addressing prescription opioid overdoses, misuse and addiction. The purpose of this bulletin was to highlight emerging Medicaid strategies for preventing opioid-related harms. States were encouraged to remove methadone for pain from a preferred status on their PDLs and limit its use to only those patients for whom treatment with other pain medications is ineffective. Given this recommendation from CMS, the Drug Utilization Review (DUR) Commission conducted a clinical review of methadone and made the recommendation to the Pharmaceutical & Therapeutics (P&T) Committee to change its status on the PDL to non-preferred.

Methadone prescribed as part of a comprehensive treatment plan for the use in medication assisted treatment (MAT) must be billed through the members medical benefit. Methadone can only be dispensed through an opioid treatment program (OTP) certified by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Advanced notice is being given to encourage prescribers to begin switching patients to a different preferred long-acting opioid or be prepared to submit a PA for consideration on or after June 1, 2017. All PA forms can be found at www.iowamedicaidpdl.com.

Upcoming ProDUR Edits

Antipsychotics - Effective March 1, 2017, ProDUR edits for age and duplicate therapy will be implemented for members under 18 years of age.

1. Age edit – risperidone will reject for members less than 5 years of age and on all other antipsychotics for members less than 6 years of age.
2. Duplicate therapy – claims will reject for members under 18 years of age when claims for 2 or more antipsychotics are found. A 30 day grace period will be allowed to allow for transition from one agent to another without prior authorization (PA).

When the ProDUR edits are applied to an antipsychotic claim, the claim will deny if the age of the member falls below the set age and will also deny if the member is on more than one antipsychotic medication. In order for the claim to process, a PA must be submitted. Prior authorization forms can be found at www.iowamedicaidpdl.com.

Opioids – At a date yet to be determined, Iowa Medicaid will implement a maximum of 89 morphine milligram equivalents (MME) per day for members receiving short-acting and long-acting opioids given separately or together, whether from the same prescriber or different prescribers. The pharmacy Point of Sale (POS) system will convert the dose of all opioid drug claims to MME per day based on the quantity dispensed and the days supply entered by the retail pharmacy on the drug claim. Opioid claims will reject at the POS if the member's total daily opioid dose is ≥ 90 MME, or if the incoming claim with overlapping days supply will cause the total daily dose to exceed 89 MME. Prior authorization will be required for doses ≥ 90 MME per day. A PA form specific to MME ≥ 90 MME per day is being developed at this time.

Per the Centers for Disease control and Prevention (CDC), <https://www.google.com/#safe=active&q=CDC+alternative+opioid+therapies>, opioids are not first-line therapy for chronic pain, outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that non-opioid treatments, including non-opioid medications and non-pharmacological therapies can provide relief to those suffering from chronic pain, and are safer.

This advance notice of implementation is given to encourage prescribers to begin opioid downward titration now for chronic pain patients to less than a total of 90 MME per day to avoid opioid claims rejecting at the point of sale on or after the implementation date. The CDC has developed materials to assist prescribers in reducing opioid dose and can be found on the CDC website at <https://www.google.com/#safe=active&q=cdc+opioid+dose+reduction>

Opioid Dose Calculator – Morphine Milligram Equivalent Dose
<http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm>

FDA Drug Safety Communication

The U.S. Food and Drug Administration (FDA) released a drug safety communication warning about the risk of hepatitis B virus (HBV) reactivating in some patients treated with direct-acting antivirals (DAA) medications for hepatitis C. A Boxed Warning has been added to the drug labels of the DAAs directing health care professionals to screen and monitor for HBV in all patients receiving DAA treatment. Twenty-four cases of HBV reactivation were identified by the FDA during a 31 month time period. HBV reactivation was not reported as an adverse event in the clinical trials submitted for the DAA approvals because patients with HBV co-infection were excluded from the trials. This risk has been observed with DAAs used without interferon to treat hepatitis C.

The full FDA Safety Communication can be found on the FDA website at:
<http://www.fda.gov/Drugs/DrugSafety/ucm522932.htm>

Medicaid Statistics for Prescription Claims – Fee-for-Service Program†

from July 1, 2016 to September 30, 2016*

Number of claims paid: 55,724

Average amount paid per claim: \$52.41

Total dollars paid: \$2,920,242.13

Average amount paid per claim, brand: \$281.02

Percent generic prescriptions: 87%

Average Amount paid per claim, generic: \$18.24

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
Hydrocodone/APAP 5-325mg 1,365 prescriptions	<i>Humalog</i> Injection 100/ml \$58,028	Anticonvulsants \$272,584
Tramadol 50mg 799 prescriptions	<i>Lantus</i> Injection 100/ml \$46,970	Antipsychotics – Atypicals \$206,174
Fluoxetine 20mg 557 prescriptions	<i>EpiPen</i> 2 Pak \$34,224	Stimulants – Amphetamines – Long Acting \$133,979
PEG 3350 549 prescriptions	<i>Humira Pen</i> 40mg/0.8ml \$32,530	Diabetic – Insulin \$124,118
Omeprazole 20mg 546 prescriptions	<i>Levemir</i> Injection \$31,093	Anti-Inflammatories, Non-NSAID \$107,735

† Excludes MCO claims

*All dollars reported are pre-rebate