



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

DUR Commission Members

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**CDC Opioid Guideline Clinical Tools Including the CDC
Opioid Guideline Mobile App**

The Centers for Disease Control and Prevention (CDC) has a multitude of guideline resources available for providers at the following link: <https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html>. Resources include:

- Clinical Tools <https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html> - tools to assist the primary care provider carry out the complex task of balancing pain management with the potential risks of prescription opioids.
- Patient & Partner Tools <https://www.cdc.gov/drugoverdose/prescribing/patient-tools.html> - provides patient and partner-specific tools to make sure everyone has the information they need.
- Graphics <https://www.cdc.gov/drugoverdose/prescribing/graphics.html> - graphics that can be shared on social media, in presentations, and on promotional materials and web pages.
- Posters <https://www.cdc.gov/drugoverdose/prescribing/posters.html> - posters that can be displayed in prescriber offices that can help patients and providers work together to manage pain effectively and safely.
- Webinars <https://www.cdc.gov/drugoverdose/prescribing/trainings.html> - A seven-part series intended to use data-driven approach to help providers choose the most effective pain treatment options and improve the safety of opioid prescribing for chronic pain. Free continuing education credits can be earned by reviewing the slides and transcript or listening to the webinar then clicking the Free Continuing Education link under each webinar. The seven webinars include:
 - Overview of the CDC Guideline for Prescribing Opioids for Chronic Pain
 - Nonopioid Treatments for Chronic Pain
 - Assessing Benefits and Harms of Opioid Therapy
 - Dosing and Titration of Opioids
 - Assessment for Opioid Use Disorder and Referral to Evidence-Based Treatment
 - Risk Mitigation Strategies: PDMPs, UDT, and Naloxone
 - Effective Communication with Patients About Opioid Therapy
- Videos <https://www.cdc.gov/drugoverdose/prescribing/videos.html> - The CDC has produced a suite of videos to help improve communication between prescribers and patients about opioid prescriptions.
- Mobile app - available for free download on Google Play and in the Apple Store. The Opioid Guideline App has been developed to help providers apply the recommendations of the CDC's Guideline for Prescribing Opioids for Chronic Pain in clinical practice, all at the palm of their hand. The app includes:
 - Morphine Milligram Equivalent (MME) Calculator which allows the user to quickly calculate the total daily opioid dose (MME) to identify patients who may need closer monitoring, tapering or other measures to reduce risk.
 - Prescribing guidance with access to summaries of key recommendations and a link to the full Guideline, allowing the prescriber to make informed clinical decisions.
 - A motivational interviewing feature to help providers practice effective communication skills and prescribe with confidence.

Incoming Members of the DUR Commission

Melissa Klotz, Pharm.D.

Dr. Klotz is the pharmacy manager at Medicap Pharmacy in Des Moines, Iowa. Melissa graduated with her Doctor of Pharmacy degree from the University of Iowa College of Pharmacy in 2007, and has experience with hospital, long term care and retail pharmacy. She has volunteered at Grace Methodist Free Medical Clinic, and also volunteered at Webster City Free Medical Clinic 2009-2010. Dr. Klotz was appointed to the DUR Commission in 2017; her first term will expire in June 2021.

Jason Kruse, D.O.

Dr. Kruse graduated from Des Moines University College of Osteopathic Medicine in 2011. He then completed his internal medicine residency at the University of Iowa Des Moines Campus in 2014, and is board certified in internal medicine. Dr. Kruse currently practices inpatient and outpatient medicine at Broadlawns Medical Center in Des Moines, Iowa. Dr. Kruse was appointed to the DUR Commission in 2017; his first term will expire in June 2021.

FDA Drug Safety Communication

The U.S. Food and Drug Administration (FDA) has concluded that canagliflozin (Invokana, Invokamet, Invokamet XR) causes an increased risk of leg and foot amputations. The FDA is requiring new warnings, including a Boxed Warning, to be added to the canagliflozin drug labels to describe this risk. Results from two clinical trials showed that leg and foot amputations occurred about twice as often in patients treated with canagliflozin compared to patients treated with placebo. Amputations of the toe and middle of the foot were the most common, however, amputations involving the leg, below and above the knee also occurred.

The full FDA Safety Communication can be found on the FDA website at:

<https://www.fda.gov/Drugs/DrugSafety/ucm557507.htm>

The FDA is restricting the use of codeine and tramadol in children. The FDA is requiring several changes to the labels of all codeine and tramadol containing medications. The FDA is adding:

- A Contraindication to the drug labels of codeine and tramadol alerting that codeine should not be used to treat pain or cough and tramadol should not be used to treat pain in children younger than 12 years.
- A Contraindication to the tramadol label warning against its use in children younger than 18 years to treat pain after surgery to remove tonsils and/or adenoids.
- A Warning to the labels of codeine and tramadol to recommend against their use in adolescents between 12 and 18 years who are obese or have conditions such as obstructive sleep apnea or severe lung disease, which may increase the risk of serious breathing problems.
- A strengthened Warning to mothers that breastfeeding is not recommended when taking codeine or tramadol due to the risk of serious adverse reactions in breastfed infants, which includes excess sleepiness, difficulty breastfeeding, or serious breathing problems that could result in death.

The full FDA Safety Communication can be found on the FDA website at:

<https://www.fda.gov/Drugs/DrugSafety/ucm549679.htm>

Medicaid Statistics for Prescription Claims

For March/April 2017

	FFS	Amerigroup	AmeriHealth	United Healthcare
# Paid Claims	29,207	423,994	495,639	357,727
Total Dollars Paid	\$1,618,680	\$35,408,088	\$35,111,886	\$26,337,630
# Unique Users	7,486	79,852	92,364	71,075
Average Cost/Rx	\$55.41	\$83.51	\$70.84	\$73.62
Top 5 Drugs by Prescription Count	Hydrocodone/APAP 5-325mg	Hydrocodone/APAP 5-325mg	Omeprazole	Hydrocodone/APAP
	Tramadol 50mg	Escitalopram 20mg	Hydrocodone/APAP	Amoxicillin
	Fluoxetine 20mg	Omeprazole 20mg	Amoxicillin	Omeprazole
	Clonidine 0.1mg	Ventolin HFA	Lisinopril	Lisinopril
	Ventolin HFA	Omeprazole 40mg	Levothyroxine	Levothyroxine
Top 5 Drugs by Paid Amount (pre-rebate)	Vyvanse	Vyvanse	Vyvanse	NovoSeven RT
	Latuda	Methylphenidate ER	Methylphenidate ER	Vyvanse
	Methylphenidate ER	Latuda	Latuda	Methylphenidate ER
	Strattera	Humira Pen	Humalog	Harvoni
	Humalog	Humalog	Lantus	Humira Pen
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	Atypical Antipsychotics	ADHD/Anti-Narcolepsy	Insulins	Insulin
	Anticonvulsants	Antidiabetics	Antipsychotics – Atypical, Dopamine, Serotonin Antagonist	Antihemophilic Factors
	Anti-Inflammatories, Non-NSAID	Antiasthmatic & Bronchodilator Agents	Adrenergics, Aromatic, Non-Catecholamine	Adrenergics, Aromatic, Non-Catecholamine
	Long-Acting Amphetamines	Antipsychotic/AntiManic Agents	Anticonvulsants	Antipsychotics – Atypical, Dopamine, Serotonin Antagonist
	Diabetic - Insulin	Antivirals	ADHD/Narcolepsy	ADHD/Narcolepsy
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	Antidepressants – Selected SSRIs	Antidepressants	Anticonvulsants	SSRIs
	Anticonvulsants	Antiasthmatic & Bronchodilator Agents	SSRIs	Anticonvulsants
	Narcotics – Misc.	Anticonvulsants	PPIs	Narcotics
	Antipsychotics - Atypical	Antihypertensives	Antipsychotic, Atypical, Dopamine, Serotonin Antagonist	Penicillins
	Beta-Lactams/Clavulanate Combos	Analgesics – Opioid	Penicillins	NSAID, Cox Inhibitor