



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

DUR Commission Members

Laurie Anderson, PharmD
Brett Faine, PharmD
Mark Graber, MD, FACEP
Melissa Klotz, PharmD
Jason Kruse, DO
Kellen Ludvigson, PharmD
Susan Parker, PharmD
Sandy Pranger, RPh
Jason Wilbur, MD

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DUR Professional Staff

Pamela Smith, RPh
DUR Project Coordinator

**Guideline Update for Pharmacologic Treatment of
Seasonal Allergic Rhinitis**

The Joint Task Force on Practice Parameters, comprised of representatives of the American Academy of Allergy, Asthma and Immunology (AAAAI) and the American College of Allergy, Asthma and Immunology (ACAAI), released new recommendations for the pharmacological treatment of seasonal allergic rhinitis. The intent was to provide guidance to health care providers on the initial pharmacologic treatment of seasonal allergic rhinitis in patients aged 12 years or older.

The current guideline update evaluated the efficacy of antihistamines, corticosteroids, and leukotriene receptor antagonists for management of seasonal allergic rhinitis. Note, the pharmacological management of perennial allergic rhinitis was not addressed in the guideline.

Three key questions were addressed as follows:

1. *For initial treatment of seasonal allergic rhinitis in patients aged 12 years or older, is there any clinical benefit to using a combination of an oral antihistamine and an intranasal corticosteroid compared with monotherapy with an intranasal corticosteroid?* Based on the evidence, the Joint Task Force found no statistically significant superiority of the combination regimen over monotherapy in any of the studies analyzed. Therefore, initial therapy with an intranasal corticosteroid alone is recommended for patients aged 12 years and older. While there may be a subgroup of patients who fail treatment with an intranasal corticosteroid alone and could benefit from the addition of an oral antihistamine, the data did not allow determination of whether adding an oral antihistamine would be of benefit for patients with residual symptoms.
2. *In patients with seasonal allergic rhinitis who are aged 15 years or older, how does montelukast compare with an intranasal corticosteroid in clinical benefit?* The evidence showed a statistically significant clinical benefit with use of an intranasal corticosteroid compared with montelukast based on a reduction in nasal symptoms in the study populations. Therefore, intranasal corticosteroids are recommended to be used over a leukotriene receptor antagonist for patients aged 15 years and older. The guideline points out that patients with a concurrent diagnosis of mild persistent asthma, a leukotriene receptor antagonist may be prescribed and may also provide benefit for seasonal allergic rhinitis. However, this would not be the preferred agent for either condition alone.
3. *For initial treatment of nasal symptoms of seasonal allergic rhinitis in patients aged 12 years or older, is there any clinical benefit of using the combination of an intranasal antihistamine and intranasal corticosteroid compared with monotherapy with either of these two agents?* The evidence showed that for patients with moderate to severe symptoms, there does appear to be a clinical benefit to using combination therapy over monotherapy based on the reduction of total nasal symptoms. Therefore, the Joint Task Force recommended use of this combination for initial treatment of patients with moderate to severe disease.

Reference

1. Ann Intern Med. 2017;167:876-81

Preferred Medications for the Treatment of Seasonal Allergic Rhinitis

The Preferred Drug List (PDL), dated April 1, 2018, lists the following preferred agents used for the treatment of seasonal allergic rhinitis:

- Preferred intranasal corticosteroid (no prior authorization (PA) required)
 - Fluticasone propionate
- Preferred intranasal antihistamines (no PA required)
 - Azelastine 0.1% nasal spray
 - Patanase nasal spray

While the guideline does not recommend the use of oral antihistamines for initial therapy, Iowa Medicaid covers multiple oral over-the-counter (OTC) antihistamines with a written prescription from a prescriber. Preferred second generation OTC antihistamines include cetirizine and loratadine and preferred first generation OTC antihistamines include chlorpheniramine maleate and diphenhydramine, with other preferred first generation agents as listed on the PDL at www.iowamedicaidpdl.com. Requests for non-preferred oral antihistamines must be submitted on the ANTIHISTAMINES - ORAL PA form (found at the above website under the PA Forms link) and meet specific PA criteria: *Patients 21 years of age and older must have three unsuccessful trials with oral antihistamines that do not require prior authorization, prior to the approval of a non-preferred oral antihistamine. Two of the trials must be with cetirizine and loratadine. Patients 20 years of age and younger must have an unsuccessful trial with cetirizine and loratadine prior to the approval of a non-preferred oral antihistamine. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

Iowa Medicaid Pharmacy Program Changes Effective April 1, 2018

Age Edit Override – Codeine or Tramadol (PA Form can be found at www.iowamedicaidpdl.com):

An age edit override for codeine or tramadol is required for patients under 18 years of age. Payment will be considered under the following conditions:

1. Member is 12 years of age or older; and
2. Medication is not being prescribed to treat pain after surgery following tonsil and/or adenoid procedure for members 12 to 18 years of age; and
3. If member is between 12 and 18 years of age, member is not obese (BMI greater than 30kg/m²), does not have obstructive sleep apnea, or severe lung disease.

Angiotensin Receptor Blocker before ACE Inhibitor

Existing PA criteria will be removed. Preferred angiotensin receptor blockers (ARBs) will not require a PA when prescribed within established quantity limits. Please refer to the PDL at www.iowamedicaidpdl.com for a complete list of preferred agents.

**Medicaid Statistics for Prescription Claims
January/February 2018**

	FFS	Amerigroup	United Healthcare
# Paid Claims	54,246	413,655	185,357
Total Dollars Paid	\$5,359,301	\$33,905,308	\$58,768,814
# Unique Users	13,903	77,371	161,462
Average Cost/Rx	\$83.42	\$81.97	\$72.08
Top 5 Drugs by Prescription Count	Hydrocodone/APAP 5-325mg	Hydrocodone/APAP 5-325mg	Amoxicillin
	Cetirizine 10mg	Amoxicillin 400mg/5ml	Omeprazole
	Fluoxetine 20mg	Fluoxetine 20mg	Lisinopril
	Amoxicillin 400mg/5ml	Omeprazole 40mg	Levothyroxine
	Omeprazole 20mg	Ventolin HFA	Hydrocodone/APAP
Top 5 Drugs by Paid Amount (pre-rebate)	Feiba	Vyvanse	Tamiflu
	Vyvanse	Tamiflu	Vyvanse
	Tamiflu	Humira Pen	Latuda
	Methylphenidate ER	Methylphenidate ER	Methylphenidate ER
	Synagis	Latuda	Humira Pen
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	Antihemophilic Agents	ADHD/Anti-Narcolepsy	Insulins
	Anticonvulsants	Antidiabetics	Antipsychotics – Atypical, Dopamine, Serotonin Antagonist
	Antipsychotics - Atypicals	Antiasthmatic & Bronchodilator Agents	Tx for ADHD/Narcolepsy
	Stimulants – Amphetamines Long-Acting	Antivirals	Adrenergics, Aromatic, Non-Catecholamine
	Influenza Agents	Antipsychotic/AntiManic Agents	Anti-Inflammatory TNF Inhibitors
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	Antidepressants – Selected SSRIs	Antidepressants	SSRIs
	Anticonvulsants	Antiasthmatic & Bronchodilator Agents	Anticonvulsants
	Antipsychotics - Atypical.	Anticonvulsants	Penicillins
	Beta-Lacatms/Clavulanate Combos	Antihypertensives	PPIs
	Antiasthmatic – Beta Adrenergics	Ulcer Drugs	Analgesics, Narcotics