New Hampshire Medicaid

First Health Services Corporation®
A Coventry Health Care Company

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DUR Board

The New Hampshire Drug Utilization Review (DUR) Board is composed of New Hampshire physicians, pharmacists, nurse practioners and other healthcare professionals who review and discuss trends in the prescribing practice and provide educational information to Medicaid providers. Two major components of the DUR Program are prospective DUR and retrospective DUR.

Prospective DUR

Several Pro-DUR modules are implemented in New Hampshire:
Drug-Drug Interaction – Detects if a patient's medication will cause a harmful interaction with a drug currently being taken. There are 3 different severity levels associated with this module.
Duplicate Therapy – Detects if therapeutic effects of a current medication may already exist for a patient with a previous active medication.
Duplicate Ingredient- Detects when a current medication contains the same active ingredient (s) as a previous active medication.
Early Refill- Will alert when a medication with the same strength and dosage form are refilled before 80% of the previous fill is exhausted.

Retrospective DUR

When a prescription claim is processed, prescribing practice can be identified. Educational intervention regarding possible drug interactions, medication abuse/fraud, over utilization and therapeutic duplication can be provided to the prescriber.

Antibiotic Utilization

Antibiotic medications are highly prescribed for common bacterial infections such as upper respiratory tract infection but are not effective against viral infections like the common cold and the flu. Widespread use of antibiotics promotes the spread of antibiotic resistance. Appropriate use of antibiotics is the key to controlling the spread of resistance.

The top 20 antibiotics (listed by total claim count) prescribed for New Hampshire Medicaid recipients are shown below. Amoxicillin was the most commonly antibiotic prescribed from September 2007 to February 2008. Where applicable, Preferred Medications are noted with (P), Non-Preferred Medications are noted as (NP).

Brand Name	Relative Medicaid Cost
AMOXICILLIN	$
AZITHROMYCIN (P)	$$
AMOX TR-POTASSIUM CLAVULANATE	$$$
PENICILLIN V POTASSIUM	$
CIPROFLOXACIN HCL (P)	$
METRONIDAZOLE	$
AVELOX (P)	$$$$$
AMOXIL	$
ERYTHROMYCIN (P)	$
AUGMENTIN	$$$$$
CLARITHROMYCIN (P)	$$$
DICLOXACILLIN SODIUM	$$
LEVAQUIN (NP)	$$$$$
AUGMENTIN XR	$$$$$
AMPICILLIN TRIHYDRATE	#
ERYTHROMYCIN (P)	$
CIPRO (NP)	$$$$$
ERYTHROMYCIN-SULFISOXAZOLE (P)	$$
ZITHROMAX (NP)	$$$
OFLOXACIN (P)	$$$$$

New Beta Blocker Approved by the FDA

Forest Laboratories, Inc. and Mylan Bertek Pharmaceuticals received FDA approval for their new beta blocker, nebivolol (Bystolic™), on December 17, 2007. Bystolic™ is indicated for the treatment of hypertension. Its safety and efficacy in lowering blood pressure was assessed in three randomized, double-blind, multi-center, placebo-controlled clinical trials that ran for up to three months.

Sources:

www.fda.gov

Utilization data provided by First Health Services

Information regarding FDA approved medications provided in summary from First Health Clinical Alert Newsletter.

For More Information Contact:

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Respiratory Inhaler/Nebulizer Utilization

Respiratory inhalers and nebulizers have various indications including maintenance treatment of asthma, prevention of bronchospasms in patients with reversible obstructive airway disease and for the prevention of exercise-induced bronchospasm. Utilization of these medications can increase during the fall through winter seasons.
The top 20 commonly prescribed respiratory inhalers and nebulizer medications for New Hampshire Medicaid recipients from September 2007 to February 2008 are listed below.

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Brand Name	Relative Medicaid Cost
ALBUTEROL (P)	$
VENTOLIN HFA	$$
ADVAIR DISKUS (P)	$$$$$
FLOVENT HFA (P)	$$$$
PULMICORT (NP)	$$$$$
SEREVENT DISKUS (P)	$$$$$
PULMICORT FLEXHALER (NP)	$$$$$
PROAIR HFA	$$
AZMACORT (P)	$$$$$
XOPENEX HFA (NP)	$$$$$
ASMANEX (P)	$$$$
ADVAIR HFA (P)	$$$$$
PROVENTIL HFA (NP)	$$
TERBUTALINE SULFATE	$$
QVAR (P)	$$$
FORADIL (NP)	$$$$
MAXAIR AUTOHALER (P)	$$$$
SYMBICORT (NP)	$$$$$
AEROBID-M (NP)	$$$
ACCUNEB (NP)	$$$$$

FDA Approved New Molecular Entities (NMEs), Biologic Products/Orphan Drugs and New Indications/New Formulations for Existing Products

Generic Name	Trade Name	Description	Applicant	FDA Status
Duloxetine	Cymbalta®	Selective serotonin and norepinephrine reuptake inhibitor (SNRI) now approved for maintenance treatment of major depressive disorder.	Lilly	FDA approved new indication 11-28-2007
Valsartan	Diovan®	Angiotensin receptor blocker (ARB) now approved for treatment of hypertension in children and adolescents ages six to 16 years.	Novartis	FDA approved new patient population 11-29-2007
Sapropterin dihydrochloride	Kuvan®	Synthetic form of 6R-BH4 (tetrahydrobiopterin), a naturally occurring enzyme cofactor that acts in conjunction with phenylalanine hydroxylase (PAH) to metabolize phenylalanine for treatment of phenylketonuria. Kuvan® is to be used in conjunction with a phenylalanine-restricted diet.	BioMarin	FDA approved NME 12-13-2007

FDA Approved New Molecular Entities (NMEs), Biologic Products/Orphan Drugs and New Indications/New Formulations for Existing Products

Generic Name	Trade Name	Description	Applicant	FDA Status
Tadalafil	Cialis®	Phosphodiesterase type 5 inhibitor for treatment of erectile dysfunction that is now approved in a dosage regimen of 2.5 mg or 5 mg once daily.	Eli Lilly and Company	FDA approved new dosage regimen 01-09-2008
Natalizumab	Tysabri®	Monoclonal antibody now approved for treatment of moderate-to-severe Crohn's disease in patients with evidence of inflammation who have had an inadequate response to, or are unable to tolerate, conventional Crohn's disease therapies.	Biogen Idec and Elan	FDA approved new indication 01-14-2008
Colesevelam HCl	WelChol®	Bile acid sequestrant antihyperlipidemic now approved for use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.	Daiichi Sankyo, Inc	FDA approved new indication 01-18-2008
Adalimumab	Humira®	Tumor Necrosis Factor (TNF)-inhibitor now approved for treatment of moderate to severe chronic plaque psoriasis, an autoimmune disease characterized by skin lesions that can be painful and itchy.	Abbott	FDA approved new indication 01-18-2008
Etravirine	Intelence™	Non-nucleoside reverse transcriptase inhibitor (NNRTI), approved to be used in combination with other anti-HIV medications, for the treatment of HIV infection in adults who have failed treatment with other antiretrovirals.	Tibotec Therapeutics	FDA approved NME 01-18-2008
Aliskiren/ hydrochlorothiazide	Tekturna HCT®	Combination of the direct renin inhibitor, aliskiren, with a diuretic, hydrochlorothiazide, for treatment of hypertension not controlled by either medication alone. This combination product is not considered to be a first line agent.	Novartis	FDA approved new combination product 01-21-2008
Fosaprepitant dimeglumine	Emend®	Neurokinin-1 receptor antagonist indicated for prophylaxis of chemotherapy-induced nausea and vomiting due to moderately or highly emetogenic chemotherapy, including high dose cisplatin, now approved in a salt formulation for administration by injection.	Merck & Co, Inc	FDA approved new salt and dosage formulation 01-25-2008
Recombinant somatropin intravenous injection	Accretropin®	Recombinant human growth hormone (GH) approved for treatment of pediatric patients who have growth failure from an inadequate secretion of normal endogenous GH and short stature associated with Turner's syndrome in pediatric patients whose epiphyses are not closed.	Cangene Corporation	FDA approved new manufacturer 01-23-2008
Mometasone furoate inhalation powder	Asmanex Twisthaler®	Inhaled corticosteroid now approved for maintenance treatment of asthma as prophylactic therapy in pediatric patients four to eleven years of age. This indication had previously been limited to patients twelve years of age and older.	Schering-Plough Corporation	FDA approved expanded indication 02-2008
Alendronate	Fosamax®	A bisphosphonate and calcium regulator now approved in generic versions. Teva Pharmaceuticals received approval to manufacture three once daily dosing strengths (5, 10, and 40 mg) and two once weekly dosing strengths (35 and 70 mg). Barr Laboratories, Inc. received approval to manufacture a once weekly 70 mg dosage strength.	• Teva • Barr	FDA approved generic products 02-06-2008
Niacin extended-release/simvastatin	Simcor®	Combination product containing a B-complex vitamin with antihyperlipidemic effects (extended-release niacin) and a HMG-CoA reductase inhibitor (simvastatin), also known as a statin, indicated as an adjunct to diet to reduce total-C, LDL-C, Apo B, non-HDL-C, or triglycerides, or to increase HDL-C in patients with primary hypercholesterolemia and mixed dyslipidemia when monotherapy with either agent is inadequate.	Abbott	FDA approved new drug combination 02-15-2008
Levocetirizine	Xyzal®	Low-sedating antihistamine indicated for the relief of symptoms of seasonal and perennial allergic rhinitis as well as the treatment of chronic idiopathic urticaria that is now approved in an oral solution formulation (0.5 mg/ml) as well as a tablet formulation. Both formulations are approved for use in adults and children six years of age and older.	UCB and Sanofi-Aventis	FDA approved new dosage form 02-20-2008
Micafungin sodium intravenous injection	Mycamine®	Antifungal now approved for the treatment of patients with candidemia, acute disseminated candidiasis, *Candida* peritonitis and abscesses.	Astellas Pharma, Inc	FDA approved new indication 02-22-2008