

New Hampshire Medicaid



First Health
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DUR Board

The New Hampshire Drug Utilization Review (DUR) Board is composed of New Hampshire physicians, pharmacists, nurse practitioners 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.

Migraine Headaches - Triptans Utilization

Migraine Headaches account for 10 million yearly doctor office visits in the United States with an annual cost of nearly \$17 billion.¹ It is more common in women (18%) than in men (6%) but according to the American Academy of Neurology guidelines, it may be under diagnosed and/or under treated.²

Imitrex® was the most commonly migraine medication prescribed from June 2008 to August 2008 for New Hampshire Medicaid Recipients. Where applicable, Preferred Medications are noted with (P), Non-Preferred Medications are noted as (NP).

| Brand Name | Relative Medicaid Cost |
|-----------------|------------------------|
| IMITREX® (P) | \$\$\$ |
| MAXALT® (P) | \$\$ |
| ZOMIG® (NP) | \$ |
| MAXALT® MLT (P) | \$\$ |
| RELPAK® (P) | \$ |
| ZOMIG® ZMT (NP) | \$ |
| FROVA® (NP) | \$\$ |
| AXERT® (NP) | \$ |
| AMERGE® (NP) | \$\$ |

Topical Psoriasis Agents Utilization

August was National Psoriasis Awareness month. The focus was to educate the public that psoriasis is not contagious. It is a disorder that affects the skin and joints which commonly causes scaly patches to appear on the skin.³ Commonly prescribed topical psoriasis agents for New Hampshire Medicaid recipients from June 2008 to August 2008 are listed below.

| Brand Name | Relative Medicaid Cost |
|----------------|------------------------|
| DOVONEX® (P) | \$\$\$\$ |
| ELIDEL® (P) | \$\$ |
| PROTOPIC® (P) | \$\$ |
| TAZORAC® | \$\$ |
| CALCIPOTRIENE | \$\$ |
| TACLONEX® (NP) | \$\$\$ |

¹Smith R. Management of chronic headache. *Can Fam Phys.* 1989;35:1835-1839.

²Matchar DB, Young WB et al. Evidence Based Guidelines for Migraine Headache in the Primary Care Setting: Pharmacological Management for Prevention of Migraine. (<http://www.aan.com>)

³National Psoriasis Foundation, <http://www.psoriasis.org>.

Immunization Information

The Centers for Disease Control and Prevention (CDC) has posted recommended child, child catch-up, adolescent and adult immunization schedules on their website, <http://www.cdc.gov/vaccines/recs/schedules/default.htm> for October 2007 to September 2008. The Recommended Adult Immunization Schedule has been approved by the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Physicians. The Recommended Immunization Schedules for Persons Aged 0--18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/nip/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>). Below are the charts summarized for review:

Adult Immunization Schedule

FIGURE 1. Recommended adult immunization schedule, by vaccine and age group — United States, October 2007–September 2008

| Vaccine | Age group (yrs) | | |
|--|--|-----------|-----------------|
| | 19–49 | 50–64 | ≥65 |
| Tetanus, diphtheria, pertussis (Td/Tdap) ^{1*} | 1-dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td | | |
| Human papillomavirus (HPV) ^{2*} | 3 doses (females) (0, 2, 6 mos) | | |
| Measles, mumps, rubella (MMR) ^{3*} | 1 or 2 doses | | 1 dose |
| Varicella ^{4*} | 2 doses (0, 4–8 wks) | | |
| Influenza ^{5*} | 1 dose annually | | 1 dose annually |
| Pneumococcal (polysaccharide) ^{6,7} | | 1–2 doses | 1 dose |
| Hepatitis A ^{8*} | 2 doses (0, 6–12 mos, or 0, 6–18 mos) | | |
| Hepatitis B ^{9*} | 3 doses (0, 1–2, 4–6 mos) | | |
| Meningococcal ^{10*} | 1 or more doses | | |
| Zoster ¹¹ | | | 1 dose |

* Covered by the Vaccine Injury Compensation Program. For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection) Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Adult with Medical and Other Indications Immunization Schedule

FIGURE 2. Vaccines that might be indicated for adults based on medical and other indications — United States, October 2007–September 2008

| Vaccine | Indication | | | | | | | | |
|--|--|---|---------------------------------------|---------------|--|--|-----------------------|--|-----------------------|
| | Pregnancy | Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]), medications, radiation ¹³ | HIV infection ^{3,12,13} | | Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism | Asplenia ¹² (including elective splenectomy and terminal complement deficiencies) | Chronic liver disease | Kidney failure, end-stage renal disease, receipt of hemodialysis | Health-care personnel |
| | | | CD4+ T lymphocyte count <200 cells/μL | >200 cells/μL | | | | | |
| Tetanus, diphtheria, pertussis (Td/Tdap) ^{1*} | 1 dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td | | | | | | | | |
| Human papillomavirus (HPV) ^{2*} | 3 doses for females through age 26 yrs (0, 2, 6 mos) | | | | | | | | |
| Measles, mumps, rubella (MMR) ^{3*} | Contraindicated | | 1 or 2 doses | | | | | | |
| Varicella ^{4*} | Contraindicated | | 2 doses (0, 4–8 wks) | | | | | | |
| Influenza ^{5*} | 1 dose TIV annually | | | | | | | 1 dose TIV or LAIV annually | |
| Pneumococcal (polysaccharide) ^{6,7} | 1–2 doses | | | | | | | | |
| Hepatitis A ^{8*} | 2 doses (0, 6–12 mos, or 0, 6–18 mos) | | | | | | | | |
| Hepatitis B ^{9*} | | | 3 doses | | (0, 1–2, 4–6 mos) | | | | |
| Meningococcal ^{10*} | 1 or more doses | | | | | | | | |
| Zoster ¹¹ | Contraindicated | | 1 dose | | | | | | |

* Covered by the Vaccine Injury Compensation Program. For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection) Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Immunization Information

Age 0 – 6 Years Old Immunization Schedule

FIGURE 1. Recommended immunization schedule for persons aged 0–6 years — United States, 2008
(for those who fall behind or start late, see the catch-up schedule [Table])

| Vaccine ▼ | Age ► | Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 19–23 months | 2–3 years | 4–6 years |
|---|-------|-------|---------|----------|--------------------|----------------|-----------|-----------|-----------|--------------|-------------|-----------|
| Hepatitis B ¹ | HepB | | HepB | | See footnote 1 | HepB | | | | | | |
| Rotavirus ² | | | | Rota | Rota | Rota | | | | | | |
| Diphtheria, Tetanus, Pertussis ³ | | | DTaP | DTaP | DTaP | See footnote 3 | DTaP | | | | | DTaP |
| <i>Haemophilus influenzae</i> type b ⁴ | | | Hib | Hib | Hib ⁴ | Hib | | | | | | |
| Pneumococcal ⁵ | | | PCV | PCV | PCV | PCV | | | | | PPV | |
| Inactivated Poliovirus | | | IPV | IPV | IPV | | | | | | | IPV |
| Influenza ⁶ | | | | | Influenza (Yearly) | | | | | | | |
| Measles, Mumps, Rubella ⁷ | | | | | | MMR | | | | | | MMR |
| Varicella ⁸ | | | | | | Varicella | | | | | | Varicella |
| Hepatitis A ⁹ | | | | | | HepA (2 doses) | | | | | HepA Series | |
| Meningococcal ¹⁰ | | | | | | | | | | | MCV4 | |

Range of recommended ages

Certain high-risk groups

Age 7 – 18 Years Old Immunization Schedule

FIGURE 2. Recommended immunization schedule for persons aged 7–18 years — United States, 2008
(for those who fall behind or start late, see the schedule below and the catch-up schedule [Table])

| Vaccine ▼ | Age ► | 7–10 years | 11–12 years | 13–18 years |
|---|-------|--------------------|---------------|-------------|
| Diphtheria, Tetanus, Pertussis ¹ | | See footnote 1 | Tdap | Tdap |
| Human Papillomavirus ² | | See footnote 2 | HPV (3 doses) | HPV Series |
| Meningococcal ³ | | MCV4 | MCV4 | MCV4 |
| Pneumococcal ⁴ | | PPV | | |
| Influenza ⁵ | | Influenza (Yearly) | | |
| Hepatitis A ⁶ | | HepA Series | | |
| Hepatitis B ⁷ | | HepB Series | | |
| Inactivated Poliovirus ⁸ | | IPV Series | | |
| Measles, Mumps, Rubella ⁹ | | MMR Series | | |
| Varicella ¹⁰ | | Varicella Series | | |

Range of recommended ages

Catch-up immunization

Certain high-risk groups

Immunization Information

Catch-up 4 Months – 18 Years Old Immunization Schedule

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

| CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS | | | | | |
|---|------------------------|---|---|---|-----------------------|
| Vaccine | Minimum age for Dose 1 | Minimum interval between doses | | | |
| | | Dose 1 to Dose 2 | Dose 2 to Dose 3 | Dose 3 to Dose 4 | Dose 4 to Dose 5 |
| Hepatitis B ¹ | Birth | 4 weeks | 8 weeks (and 16 weeks after first dose) | | |
| Rotavirus ² | 6 weeks | 4 weeks | 4 weeks | | |
| Diphtheria, Tetanus, Pertussis ³ | 6 weeks | 4 weeks | 4 weeks | 6 months | 6 months ³ |
| <i>Haemophilus influenzae</i> type b ⁴ | 6 weeks | 4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age ≥15 months | 4 weeks ⁴ if current age <12 months 8 weeks (as final dose) ⁴ if current age ≥12 months and second dose administered at age <15 months No further doses needed if previous dose administered at age ≥15 months | 8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months | |
| Pneumococcal ⁵ | 6 weeks | 4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age ≥12 months or current age 24–59 months No further doses needed for healthy children if first dose administered at age ≥24 months | 4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose administered at age ≥24 months | 8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months | |
| Inactivated Poliovirus ⁶ | 6 weeks | 4 weeks | 4 weeks | 4 weeks ⁶ | |
| Measles, Mumps, Rubella ⁷ | 12 months | 4 weeks | | | |
| Varicella ⁸ | 12 months | 3 months | | | |
| Hepatitis A ⁹ | 12 months | 6 months | | | |
| CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS | | | | | |
| Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰ | 7 years ¹⁰ | 4 weeks | 4 weeks if first dose administered at age <12 months 6 months if first dose administered at age ≥12 months | 6 months if first dose administered at age <12 months | |
| Human Papillomavirus ¹¹ | 9 years | 4 weeks | 12 weeks | | |
| Hepatitis A ⁹ | 12 months | 6 months | | | |
| Hepatitis B ¹ | Birth | 4 weeks | 8 weeks (and 16 weeks after first dose) | | |
| Inactivated Poliovirus ⁶ | 6 weeks | 4 weeks | 4 weeks | 4 weeks ⁶ | |
| Measles, Mumps, Rubella ⁷ | 12 months | 4 weeks | | | |
| Varicella ⁸ | 12 months | 4 weeks if first dose administered at age ≥13 years 3 months if first dose administered at age <13 years | | | |

For information regarding this newsletter, please contact Raquel Holmes, RPh., (603) 892-2060.

For additional information about New Hampshire Medicaid pharmacy program, including DUR, P&T, PDL, clinical criteria, provider notices and PA fax forms please visit our website at: <http://newhampshire.fhsc.com>