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.

Antihyperkinesis Utilization

Attention Deficit Hyperactivity Disorder (ADHD) is a common condition that affects 4% to 12% of school-aged children. Boys are diagnosed with ADHD about three times more than girls.[1] A recent Center for Disease report using data from 2004 to 2006 demonstrated that children with Medicaid were more likely to have ADHD than uninsured or privately insured children.[2] ADHD also affects approximately 4.4% of adults.[3]

The top 20 commonly prescribed antihyperkinesis medications for New Hampshire Medicaid recipients from September 2008 to November 2008 are listed below. Preferred medications are noted with (P), Non-Preferred Medications (required a prior authorization) are noted as (NP).

Brand Name	Relative Medicaid Cost
ADDERALL XR® (P)	$$$$$
CONCERTA® (P)	$$$$$
AMPHETAMINE SALT COMBO (P)	$
METHYLIN® (P)	$
FOCALIN XR® (P)	$$$$$
METADATE CD® (NP)	$$$$$
VYVANSE® (NP)	$$$$$
METHYLPHENIDATE HCL (P)	$
RITALIN LA® (NP)	$$$$$
DEXMETHYLPHENIDATE HCL (P)	$$
DAYTRANA® (NP)	$$$$$
DEXTROAMPHETAMINE SULFATE (P)	$$
METHYLIN ER® (P)	$$
METHYLPHENIDATE SR (P)	$$
FOCALIN® (NP)	$$$
RITALIN® (P)	$$$
METHYLPHENIDATE ER (P)	$
ADDERALL® (NP)	$$$
METADATE ER® (P)	$$
DEXEDRINE® (NP)	$$$$$

[1] American Academy of Pediatrics, Committee on Quality Improvement and Subcommittee on Attention-Deficit/Hyperactivity Disorder. Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. *Pediatrics*. 2000;105:1158–1170.

[2] Sondik EJ, Bilheimer LT, et al., Diagnosed Attention Deficit Hyperactivity Disorder and Learning Disability: United States, 2004-2006. Vital and Health Statistics, series 10, number 237, July 2008.

[3] Kessler RC, Berglund P, et al., Lifetime Prevalence and Age-of-Onset Distributions of *DSM-IV* Disorders in the National Comorbidity Survey Replication, Arch Gen Psychiatry 2005; 62: 593-602.

New Topical Agent for Acne Vulgaris

Aczone® (dapsone) is a new topical agent FDA approved for the treatment of acne vulgaris. The oral formulation of dapsone has been available since 1955 indicated to treat leprosy. Aczone® is pregnancy category C and safety and efficacy has not been studied in patients less than 12 years of age. Serious side effects during clinical trials for topical dapsone include suicide attempts, tonic clonic movements, abdominal pain, severe vomiting, pancreatitis and severe pharngitis. Other common side effects include oiliness, peeling, dryness and erythema. Use approximately a pea-sized amount of dapsone gel to acne-affected areas twice a day. The product is for topical use only. Topical therapy is standard of care in acne treatment. Long term safety and efficacy data is available for other acne treatment agents such as topical retinoids, topical antibiotics, benzoyl peroxide, and combination of these products. Aczone® should be reserved for second line therapy.

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.

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Analgesic Utilization

September is national pain awareness month. There are several pain management guidelines available depending upon the type of pain a patient is experiencing. Guidelines developed by the American Pain Society, American Geriatric Society, American College of Neurology and other groups include treatment options for cancer pain, neuropathic pain, headache and geriatric pain.[4] The top 10 commonly prescribed analgesic medications for New Hampshire Medicaid recipients from September 2008 to November 2008 are listed below.

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Brand Name	Relative Medicaid Cost
HYDROCODONE-ACETAMINOPHEN	$
OXYCODONE-ACETAMINOPHEN	$
OXYCODONE HCL	$$
TRAMADOL HCL	$
METHADONE HCL	$
MORPHINE SULFATE	$$
PROPOXYPHENE NAPSYLATE-APAP	$
OXYCONTIN® (NP)	$$$$$
OXYCODONE HCL-ACETAMINOPHEN	$$
HYDROCODONE-ACETAMINOPHEN	$$$$

Diabetic Medication Utilization

According to the American Diabetes Association, it is estimated that over 23 million people are living with diabetes. [5] The two most common types of diabetes are type 1 and type 2. Another type of diabetes is called gestational diabetes which some woman develop during the late stages of pregnancy. Having type 1 diabetes increases your risk for many serious complications which include cardiovascular disease, retinopathy, neuropathy and kidney damage. The top 15 commonly prescribed diabetic medications for New Hampshire Medicaid recipients from September 2008 to November 2008 are listed below.

Brand Name	Relative Medicaid Cost
METFORMIN HCL	$
LANTUS®	$$$
NOVOLOG®	$$$$
ACTOS®	$$$$
GLYBURIDE	$
GLIPIZIDE	$
METFORMIN HCL ER	$
GLIPIZIDE XL®	$
LEVEMIR®	$$$
GLYBURIDE-METFORMIN HCL	$$
NOVOLIN N®	$$
LANTUS SOLOSTAR®	$$$$
NOVOLOG MIX 70-30®	$$$$$
JANUVIA®	$$$$

[4] http://pain-topics.org/guidelines_reports/current_guidelines.php
[5] http://www.diabetes.org/diabetes-statistics.jsp

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

Generic Name	Trade Name	Description	Applicant	FDA Status
Clindamycin phosphate 1.2%/ Benzoyl peroxide 2.5%	Acanya™ Gel	Fixed combination antibiotic and benzoyl peroxide medication indicated for the once daily treatment of acne vulgaris, both inflammatory and non-inflammatory lesions, in patients twelve years of age and older.	Dow Pharmaceutical Sciences, Inc	FDA approved new drug product 10-21-2008
Insulin glulisine	Apidra®	Rapid-acting human insulin analog now approved for use in patients four to seventeen years of age with diabetes mellitus.	Sanofi-Aventis	FDA approved new age indication 10-24-2008
Fesoterodine fumarate	Toviaz®	Competitive muscarinic receptor antagonist indicated for treatment of overactive bladder (OAB) in adults. Expected to be available in March 2009, the drug is formulated as a once daily extended-release tablet in strengths of 4 mg and 8 mg.	Pfizer	FDA approved new drug 10-31-2008
Mesalamine	Apriso®	Non-aspirin salicylate now approved in a formulation consisting of a polymer matrix with an enteric coating for extended-release dosing in the maintenance of remission of ulcerative colitis.	Salix Pharmaceuticals	FDA approved new formulation 10-31-2008
Rufinamide	Banzel®	Triazole antiepileptic drug indicated for the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in children four years of age and older and adults. Launch is planned for January, 2009.	Eisai Medical Research, Inc	FDA approved new drug 11-14-2008
Galantamine hydrobromide	Razadyne®	Cholinesterase inhibitor indicated for treatment of mild to moderate dementia associated with Alzheimer's disease is now available generically as 4 mg, 8 mg and 12 mg tablets.	Barr Mylan	FDA approved generic product 08-28-2008
Lisdexamfetamine dimesylate	Vyvanse®	A prodrug of dextroamphetamine which acts as a CNS stimulant for treatment of attention deficit hyperactivity disorder (ADHD) in pediatric patients six to twelve years of age and adult patients. The capsules are now available in strengths of 20 mg, 40 mg and 60 mg as well as 30 mg, 50 mg and 70 mg.	Shire	FDA approved new dosage strengths 9-2008
Triamcinolone acetonide	Nasacort AQ® Nasal Spray	Corticosteroid nasal spray indicated for treatment of nasal symptoms associated with seasonal and perennial allergic rhinitis now approved for use in children two to five years of age. Previously it had been approved for use in pediatric patients six years of age and older.	Sanofi Aventis	FDA approved new age indication 09-19-2008
Venlafaxine ER Tablet	Venlafaxine ER® Tablet	Serotonin/norepinephrine reuptake inhibitor antidepressant now approved in an extended-release tablet in an Osmo-Micro-Sealed formulation (OSM) for treatment of major depressive disorder (MDD) and social anxiety disorder. This extended-release tablet is available in strengths of 37.5, 75, 150 and 225 mg. A brand name has not been announced yet. (Effexor XR® is an extended-release *capsule* formulation of this drug available in strengths of 37.5, 75 and 150 mg.)	Osmotica Pharmaceuticals (Manufactured by Upstate Pharmaceuticals)	FDA approved new dosage formulation 5-20-2008
Quetiapine fumarate	Seroquel XR®	Dibenzothiazepine atypical antipsychotic now approved in the once daily formulation for the acute treatment of the depressive episodes associated with bipolar disorder, the manic and mixed episodes associated with bipolar 1 disorder and the maintenance treatment of bipolar 1 disorder as adjunctive therapy to lithium or divalproex.	AstraZeneca	FDA approved new indications 10-10-2008
Silodosin	Rapaflo®	Alpha-1 adrenergic blocker for treatment of symptoms due to benign prostatic hyperplasia (BPH).	Watson	FDA approved 10-8-2008
Azelastine HCl Nasal Spray	Astepro®	Relatively selective H1-receptor antagonist now approved in a new formulation for treatment of seasonal allergic rhinitis that is marketed as well-tolerated by patients with fewer reports of bitter taste and nasal discomfort than the currently available formulation, Astelin®.	Medpointe Pharmaceuticals HLC	FDA approved new formulation 10-15-2008