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# Indiana Medicaid Drug Utilization Review Board Newsletter

## Indiana Rational Drug Program

On October 12, 2001, the Indiana Medicaid DUR Board approved the implementation of the Indiana Rational Drug Program. The program places certain drugs and drug classes on prior authorization and is intended to promote quality drug therapy while controlling costs. Prior to the Board's approval, the Indiana Rational Drug Program was approved by the Indiana Health Coverage Program (IHCP). The program is modeled after the successful West Virginia Rational Drug Therapy Program. The Indiana Rational Drug Program is designed to manage the drug therapies of fee-for-service, Primary Care Case Management (PCCM), and Package C members in the Indiana Health Coverage Programs. The prior authorization department of Health Care Excel (HCE) will initiate the program on January 7, 2002.

The remainder of this article will highlight the aspects of the Indiana Rational Drug Program. Specifically, the program is designed to require prior authorization under certain circumstances when prescribing *Stadol-NS*<sup>®</sup>, *Ultram*<sup>®</sup>, non-steroidal anti-inflammatory drugs, COX-2 Inhibitors, peptic acid disease drugs, and growth hormones.

### *Stadol-NS*<sup>®</sup>

*Stadol-NS*<sup>®</sup> is authorized for the short-term treatment and control of acute pain. When prescribed to treat migraine pain, a maximum of 2 vials per month is allowed. When treating non-migraine pain, only one vial per month maximum is allowed. Prescribers initially writing for *Stadol-NS*<sup>®</sup> are not required to contact the Prior Authorization unit when only one vial is ordered.

However, when the prescription quantity calls for more than one vial, or the patient receives another prescription for an additional supply within thirty days of the first prescription supply, prior authorization to continue the therapy is required.

### *Ultram*<sup>®</sup>

*Ultram*<sup>®</sup> is authorized for the following patients:

1. Patients with chronic pain of moderate or moderately severe intensity, who have not experienced relief from their pain using non-steroidal anti-inflammatory (NSAID) agents.
2. Patients with chronic pain that are greater than 70 years of age. Authorization for this indication will be limited to 6 tablets per day (300mg).
3. Patients with previous therapeutic failure of full-dose NSAIDs.
4. Patients who have a high risk of adverse effects from taking NSAIDs. High risk patients would include: 1) patients who have a historic risk for GI bleeding when placed on an NSAID; 2) patients who are taking warfarin, cyclosporine, or lithium; 3) patients who are diagnosed with congestive heart failure (CHF) taking and an ACE inhibitor or beta-blocking agent; or 4) a patient with a medical condition that NSAID therapy might aggravate (e.g., renal disease).

*Ultram*<sup>®</sup> is not authorized for the following occurrences:

1. Patients with short-term acute pain or emergency use.
2. Patients with previous or suspected substance abuse. Under certain circumstances, *Ultram*<sup>®</sup> is allowed only when the benefit outweighs the risk of substance abuse. When evidence of previous or suspected substance abuse is apparent in a

- patient prescribed *Ultram*<sup>®</sup>, the prescriber shall justify that the benefit exceeds the risk in order to receive approval.
3. Patients diagnosed with seizure disorders. Under certain circumstances, *Ultram*<sup>®</sup> is allowed only when the benefit outweighs the risk. In these cases the prescriber shall justify the benefit to risk in order to receive approval.
  4. Patients with concomitant opioid use.
  5. Patients with a recent therapeutic failure to a stronger opioid agent.

For any condition or diagnosis, authorization for *Ultram*<sup>®</sup> will be limited to a maximum quantity of 8 tablets (400mg) per day.

## Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Prior authorization is required for all brand name non-steroidal anti-inflammatory drugs, and all COX-2 Inhibitors. Step therapy between classes of NSAIDs should be apparent in patients' medication histories before authorization is requested for brand name NSAIDs. The criteria for authorizing brand name NSAIDs states that patients should fail two trials of multi-sourced, generic NSAID treatments of 2 weeks in duration.

All prescriptions for COX-2 Inhibitors or brand name NSAIDs with misoprostol require approval from the HCE prior authorization department. Authorization of these products will be granted to patients greater than 75 years of age, or patients with a history of serious GI complications, such as a GI bleed requiring hospitalization in patients prescribed full dose NSAIDs. Patients that do not fall into the population described above will be authorized a COX-2 Inhibitor or misoprostol based on the outcome of the NSAID risk scale assessment. (See table 1).

**Table 1 – NSAID Risk Scale for COX –2 or Misoprostol/NSAID Combination**

Patient's Age/Issue Points	Points
< 25 years	0
26-30	1
31-35	2
36-40	3
41-45	4
46-50	5
51-55	6
56-60	7
61-65	8
66-70	9
71-75	10
Concurrent Oral Steroids	Yes = 4; No = 0
History of NSAID GI Side Effects	None = 0; Occasional = 4; Frequent = 5
Current NSAID	OTC/PRN RX = 0; RX = -1
General Health Status (Select only 1 limitation category)	No Function Limitation = 1 Limitation in Recreational Activities = 1 Limitation in Vocational Activities = 2 Limitation in Self-Care Activities = 3
Summation of Points	

Any patient using a full dose prescription NSAID must have a total point score of thirteen (13) points or more to be authorized for a COX-2 Inhibitor or misoprostol.

## Peptic Acid Disease Drugs

The goal of this program is to manage patients treated with peptic acid disease medications on the lowest sustainable acid suppression dose. Prior authorization is required for any treatment consisting of full therapeutic doses of an acid suppression agent beyond an acute treatment period of 90 days. Table 2 lists all the drug products that are considered peptic acid disease medications for the purpose of this program. Full therapeutic dosing is considered when a proton pump inhibitor is used at any dose, or when H2-Antagonists are prescribed above specified dosage amounts per day (See table 3).

Prior authorization is required when different drug regimens are employed at full therapeutic dosing, beyond the original 90-day period, and when a full therapeutic regimen of any of the drugs is repeated beyond the original 90 day period. Maintenance doses of H2-Antagonists that are below the daily dosage limits, listed in Table 3, do not require prior authorization.

Therapeutic exemption from future prior authorization is granted for the following conditions:

- Hypersecretory conditions (Zollinger-Ellison, systemic mastocytosis, multiple endocrine adenomas).
- Symptomatic Gastroesophageal Reflux that has failed or not responded to adequate therapeutic

<b>Table 2 Peptic Acid Disease Medications</b>
<b><u>H2-Antagonists:</u></b> Cimetidine Famotidine Nizatidine Ranitidine Ranitidine/Bismuth Citrate
<b><u>Proton Pump Inhibitors (PPIs):</u></b> Esomeprazole Lansoprazole Omeprazole Pantaprazole Rabeprazole
<b><u>Other Agents :</u></b> Sulcrafate Misoprostol

treatment of H2-Antagonists.

- Barrett’s Esophagus,
- Esophageal Strictureing,
- Erosive Esophagitis,
- Other Conditions that are considered on an individual basis.

Authorization is approved for patients initiated on therapy involving H2-Antagonists or proton pump inhibitors to treat those medical conditions and diagnoses that are approved by the DUR Board. When therapy continues beyond 90 days, guidelines require that the dosing of the agent be stepped down in increments of 90 days to try to achieve the lowest sustainable maintenance dose. Patients who are diagnosed with duodenal or peptic ulcers that have symptomatic relapses while on maintenance therapy, are required to be tested for H.pylori before authorization is granted to a return to full therapeutic dosing. The authorization is based on the results of the H. pylori testing and the patient.

Prescribing of Sucralfate is indicated for the healing of open wounds within the GI tract. Sucralfate therapy will not be authorized when it is prescribe for the treatment of GERD. Sucralfate that is prescribed in combination with another peptic acid disease drug for more than 30 days is considered duplicative in treatment and will not be authorized to continue. When prescribed at 1gm twice daily, Sucralfate maintenance does not require prior authorization.

<b>Table 3</b>	
<b>Full Therapeutic Dosing of Peptic Acid Disease Medications</b>	
1.	Any dose of a Proton Pump Inhibitor.
2.	H2-Antagonis Doses as follows: Ranitidine, Nizatidine > 150mg per day Famotidine > 20mg per day Cimetidine > 400mg per day.

Prior authorization is required when misoprostol, and products containing misoprostol in combination, are prescribed for the prevention of GI side effects associated with the use of non-

steroidal anti-inflammatory (NSAID) agents. Authorization is determined by the patient risk scale, when it is prescribed as adjunctive therapy with a NSAID. Misoprostol, when used concurrently with other peptic acid drugs, is considered duplicative therapy and requires the prescriber to select which drug product to continue.

### Growth Hormone

Prior authorization for growth hormone therapy will not be issued when used for growth hormone deficiency or supplementation in adults.

Authorization is approved for the following medical conditions:

- Growth Hormone Deficiency in Children
- Growth Retardation of Chronic Renal Insufficiency
- Turner’s Syndrome
- Neurosecretory Growth Retardation

The following criteria is used to justify authorization for growth hormone therapy:

- Standard deviation of 2.0 or more below mean height for chronological age.
- No expanding intracranial lesion or tumor diagnosed.
- Growth rate below five centimeters per year.
- Epiphyses open.
- Bone age 14-15 years or less in females and 15-16 years or less in males.
- For Growth Hormone Deficiency in Children: Failure of any two stimuli test to raise the serum growth hormone level above 10 nanograms/mi lliliter.
- For Growth Retardation of Chronic Renal Insufficiency: Irreversible renal insufficiency with a creatinine clearance <75 ml/min per 1.73m<sup>2</sup> but pre-renal transplant.
- For Turner’s Syndrome: Bone age 14-15 years and chromosomal abnormality showing Turner’s Syndrome.
- For Neurosecretory Growth Retardation: Mixed or normal

response to any two stimuli test in raising serum growth hormone above 10 nanograms/milliliter, and IGF-1 levels less than 50<sup>th</sup> percentile for chronological age.

Providers who wish to know more about the Indiana Rational Drug Program are encouraged to refer to the Indiana Health Coverage Programs Bulletin, BT200148, November 28, 2001.

Questions about the bulletin or the program are to be directed to the Health Care Excel Medical Policy Department at (317) 347-4500. Providers who wish to submit prior authorization requests, or inquire about prior authorization may contact the Health Care Excel Prior Authorization Department.

Providers in need of prior authorization forms can access copies of the forms at the Indiana Medicaid website ([www.indianamedicaid.com](http://www.indianamedicaid.com)). The forms are downloaded onto a personal computer and used for faxing requests to Health Care Excel.

**How to Contact Health Care Excel**  
 Health Care Excel  
 Prior Authorization Department  
 Attention: Indiana Rational Drug Program  
 2629 Waterfront Parkway East Drive,  
 Suite 200  
 Indianapolis, Indiana 46214  
 Telephone: (317) 347-4511  
 Fax: (317) 347-3593  
 Toll Free: (800) 457-4518

### New MAC Rates Assigned to OTC Drug Formulary Products

On October 12, 2001, the Indiana Medicaid DUR Boar approved the assignments of new MAC rates to OTC Smoking Cessation Drug Products. The following products and their new MAC rates will be effective January 1, 2002:

<b>Product</b>	<b>MAC</b>
Nicotine 2mg Gun	\$0.34794/ea
Nicotine 4mg Gum	\$0.44210/ea
Nicotine 7mg/24h Patch	\$3.03093/ea

Nicotine 14mg/24h Patch \$3.03093/ea  
 Nicotine 21mg/24h Patch \$3.03093/ea  
 Nicotine 11mg/24h Patch \$2.41264/ea  
 Nicotine 22mg/24h Patch \$2.41264/ea  
 Nicotine 15mg/16h Patch \$3.17700/ea

## Indiana Medicaid DUR Board for 2002

Patricia Treadwell, M.D. was elected as the chairperson for the DUR Board for 2002. Dr. Treadwell was elected during the December 14, 2001 DUR Board meeting. Dr. Treadwell replaces G. Thomas Wilson, who has served as the chairperson of the Board for the past three consecutive years (1999-2001).

Dr. Treadwell is a staff physician at Indiana University Hospital and at Wishard Memorial Hospital where she is an associate professor for the departments of dermatology and pediatrics. Prior to her election as the chairperson of the Board, Dr. Treadwell served three consecutive years (1999-2001) as the vice-chairperson for the DUR Board.

Dr. Terry Lindstrom, Ph.D. was elected as the vice-chairperson for the DUR Board for 2002. Dr. Lindstrom is a research advisor for the Drug Metabolism and Disposition Department for Lilly Research Laboratories and an adjunct assistant professor of the Department of Pharmacology and Toxicology for the Indiana University School of Medicine.

Members of the Indiana Medicaid DUR Board for 2002 are as follows:

**Patricia Treadwell, M.D.**  
*Chairperson*

**Terry Lindstrom, Ph.D.**  
*Vice Chairperson*

**Marc Shirley, R.Ph.**  
*OMPP Representative*

**G. Thomas Wilson, B.S. Pharm., J.D.**

**Neil Irick, M.D.**

**John J. Wernert, M.D.**

**Thomas A. Smith, P.D., M.S.**

**Paula J. Ceh, Pharm.D.**

**Brian Musial, R.Ph.**

**Table 4: TOP 25 Prescription Drugs (All Stengths)  
 Ranked by Claims Paid  
 For Third Quarter 2001**

Rank	Drug Name	Paid Claims	Paid Units	Amount Paid
1	Hydrocodone/APAP	82,126	4,276,437	\$1,068,105
2	Furosemide	60,164	2,634,831	\$411,702
3	Albuterol	46,365	3,340,146	\$1,155,818
4	Risperdal	36,357	1,699,298	\$5,414,779
5	Prevacid	35,777	1,218,650	\$4,545,938
6	Propoxyphene-N/APAP	35,220	1,633,386	\$540,092
7	Alprazolam	33,695	2,146,523	\$366,536
8	Zoloft	30,485	1,093,877	\$2,415,329
9	Claritin	29,908	1,230,011	\$2,030,203
10	Zyprexa	29,809	1,139,895	\$8,046,125
11	Depakote	29,058	2,623,216	\$2,797,827
12	Celebrex	27,710	1,141,547	\$2,419,897
13	Lipitor	23,738	776,509	\$1,825,775
14	Amoxicillin	23,494	1,934,699	\$180,654
15	Lorazepam	23,326	1,119,152	\$676,359
16	Prilosec	22,827	862,830	\$3,290,288
17	Paxil	22,631	784,532	\$1,840,674
18	Zithromax	21,387	263,903	\$802,965
19	Neurontin	21,236	2,014,665	\$2,218,002
20	Cephalexin	21,154	1,265,303	\$300,870
21	Norvasc	21,104	706,967	\$1,101,107
22	Ranitidine	19,519	926,554	\$768,015
23	Vioxx	19,038	615,341	\$1,532,923
24	Premarin	18,176	618,398	\$475,500
25	Acetaminophen/Codeine	18,029	1,094,067	\$192,856

DUR Board meetings are usually scheduled at 9:30am on the third Friday of each month. Dates, locations, and agendas for upcoming meetings are published on the DUR Board Web site. The Web site also allows readers to submit comments to the Board via e-mail. To access the DUR Board Web site, go to the Medicaid Web site at [www.IndianaMedicaid.com](http://www.IndianaMedicaid.com) Click on Departments, found on the top bar of the Indiana Health Coverage Program's Homepage, to pull down the menu containing the DUR Board link. Once on the DUR Board Homepage, readers can browse through the folder sections located on the left hand side of the page.

**DUR Board Meeting Dates:**

- **January 18, 2002**
- **February 15, 2002**
- **March 15, 2002**
- **April 19, 2002**
- **May 17, 2002**
- **June 21, 2002**

## Top 25 Drugs for 3Q2001

Hydrocodone with acetaminophen was the most frequently prescribed prescription drug service dispensed to non-risk based Medicaid recipients from July-September 2001. Table 4 lists the drug products in order of the highest paid claim volumes.

Zyprexa<sup>®</sup> prescription products accounted for the highest dollar amount paid by Indiana Medicaid in services for the same period. Zyprexa<sup>®</sup> claims totaled \$8,046,125 for July -September 2001. Other prescription drug products that contributed to the highest Medicaid expenditures include:

1. Zyprexa<sup>®</sup> \$8,046,125
2. Risperdal<sup>®</sup> \$5,414,779
3. Prevacid<sup>®</sup> \$4,545,938
4. Prilosec<sup>®</sup> \$3,290,288
5. Depakote<sup>®</sup> \$2,797,827
6. Celebrex<sup>®</sup> \$2,319,897
7. Zoloft<sup>®</sup> \$2,415,329
8. Neurontin<sup>®</sup> \$2,218,002
9. Claritin<sup>®</sup> \$2,030,203
10. Oxycontin<sup>®</sup> \$2,019,888