Mountain-Pacific Quality Health

DUR PROGRAM NEWS

SUMMER 2017

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The Drug Utilization Review (DUR) Program, administered by Mountain-Pacific through a contract with the Allied Health Services Bureau of the Montana Department of Public Health and Human Services, is the quality assurance body seeking to assure the quality of pharmaceutical care and to help provide rational, cost-effective medication therapy for Montana's Medicaid recipients.

Ending Dependence on Proton Pump Inhibitors

PPIs are indicated for the short-term treatment of dyspepsia, non-erosive GERD and the eradication of Helicobacter Pylori in triple-drug ulcer therapy. Indications for longer-term use include erosive esophagitis and NSAID-induced ulcer prophylaxis. Zollinger-Ellison syndrome may require extended treatment with PPIs.

Why reconsider high-dose or long-term therapy?

- **The evidence suggests PPIs can cause the symptoms they treat.**
  Rebound acid hypersecretion has been documented by various studies. A recent study showed that 40% of healthy volunteers who never experienced symptoms prior to using the PPI developed symptoms in the weeks after stopping. *Rebound acid hypersecretion may account for the increasing rise in the long-term use of proton-pump inhibitors and patient difficulty in discontinuation.*

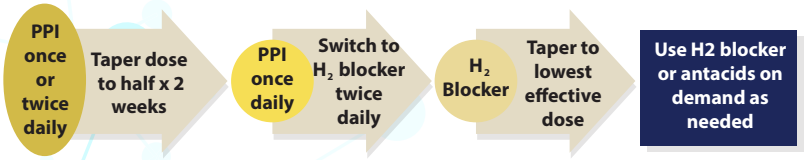
- **PPIs are not without risks. These include hip, wrist, and spine fractures; Hypomagnesemia; Clostridium difficile diarrhea; Cutaneous and systemic lupus erythematosus and others.** Data suggests the increased risk may be dependent on dose, duration of use, or both. *PPI packaging has been revised to include these risks. Consider whether a lower dose or shorter duration of therapy would appropriately treat the patient's condition.*

Implications for Treatment

- **Consider tapering down or off for patients after healing.**
  - ✓ For dyspepsia, reassess patient for taper in 2 weeks.
  - ✓ A trial of tapering for patients with GERD is recommended once patients have had symptom remission for 6-8 weeks.
  - ✓ Previous studies have demonstrated that many patients are able to decrease their dose or eliminate their medications and remain symptom free with little or no change in quality of life.

- **If at first you don't succeed, try, try, again.**
  One study showed 84% of patients who initially failed step-down to single-dose PPI were successful on a second attempt.

- **Taper slowly (over 4-6 weeks) to avoid rebound symptoms.**



Note: American Gastroenterological Association (AGA) recommendations suggest that long-term therapy with a PPI should be titrated down to the lowest effective dose based on symptom control.

Studies indicate up to **39%** of patients initially started on a PPI will continue to fill their medication without any indication for long-term use

Clinical Edit Preview-Coming in September 2017

Montana Medicaid will be Implementing Dosage Restrictions for all Opioids based on Maximum Morphine Milligram Equivalents (MME)

- The Montana Department of Public Health and Human Services, in conjunction with a review of the clinical evidence from the Montana Medicaid Drug Utilization Review Board, has recommended implementation of a daily maximum morphine milligram equivalent (MME) dose for all opioids for the treatment of *non-malignant* pain.
- Providers with patients exceeding an average of 181 MME per day will be contacted in advance by Mountain-Pacific pharmacy case management staff with patient-specific information.
- The initial implementation phase will allow a maximum limit of 181 MME per day for non-malignant pain.
- Following the initial implementation phase, Montana Medicaid and the Drug Use Review Board will be considering lowering the limit to 90 MME per day. Providers will be given opportunity for comment and advance notice of this limit will be communicated via provider notification.

Specific details to follow in the September DUR newsletter.

MONTANA MEDICAID PRIOR AUTHORIZATION CRITERIA & PREFERRED DRUG LIST

ADHD/CNS Stimulants and Related Agents

- **Methylphenidate ER** (generic for Concerta®) has now moved to *non-preferred* status. The current preferred stimulants are: Adderall XR®, amphetamine salt IR combo (generic Adderall®), dextroamphetamine (generic Zenzedi®), Focalin® and Focalin XR®, Metadate CD®, Metadate ER®, methylphenidate (generic Ritalin®), methylphenidate SR tab 20 mg, and Vyvanse®.
- The clinical prior authorization criteria for **Guanfacine ER** (generic Intuniv®), previously requiring a trail of immediate-release guanfacine, has been removed.

Anticoagulants, Oral

- **Eliquis®** has now moved to *preferred* status per a recommendation from the Montana Medicaid Drug Utilization Review Board/formulary committee. Additionally, Pradaxa®, Xarelto®, and warfarin have retained preferred status.
- The clinical prior authorization criteria for **all oral novel anticoagulants (Eliquis®, Pradaxa®, Savaysa® and Xarelto®)** has been removed. Maximum daily quantity limits per FDA-approved labeling still apply.

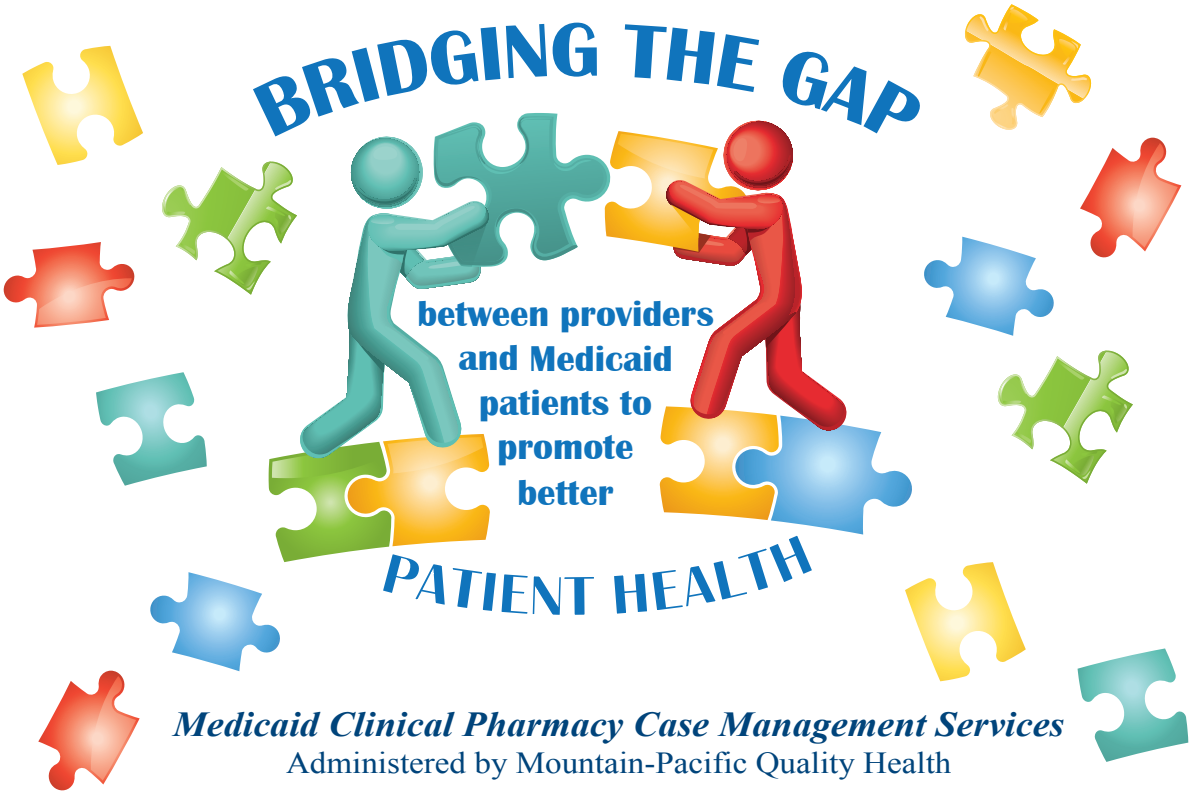
Atypical Antipsychotics

- **Aripiprazole** *generic* has now moved to *preferred* status on the Montana Medicaid preferred drug list. Previously, brand Abilify® was preferred.

Long-Acting Narcotic Analgesics

- **Embeda®,** an extended-release formulation of morphine sulfate, containing naltrexone as an abuse-deterrant, has been moved to preferred status. Embeda® is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. *The sequestered naltrexone (an opioid antagonist) in the formulation has no clinical effect when taken as directed, however if capsules are crushed or chewed, up to 100% of the sequestered naltrexone dose can be released and may precipitate opioid withdrawl.*

Access the latest Montana Medicaid Preferred Drug List at:
http://medicaidprovider.mt.gov/Portals/68/docs/pharmacy/2017/pdl05312017.pdf



Medicaid Clinical Pharmacy Case Management Services
Administered by Mountain-Pacific Quality Health

The Medicaid Pharmacy Case Management clinicians are available to exchange information with providers about drug therapy and patient-specific drug usage. This may help to improve clinical outcomes and reduce patient risk by

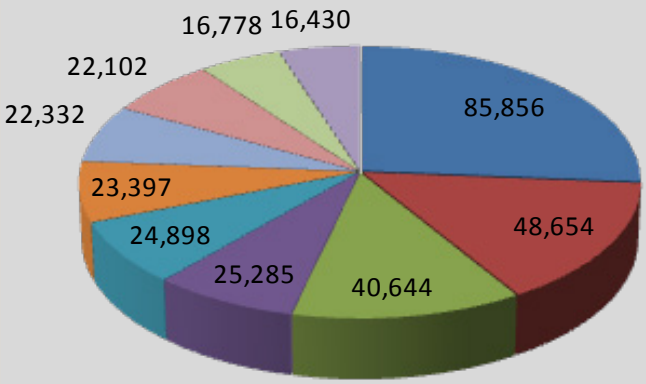
- Providing medication and drug diagnosis history to facilitate continuity of care (i.e., Medicaid foster care recipients)
- Identifying medication noncompliance
- Preventing medication duplication
- Identifying drug-drug or drug-disease state issues
- Identifying multiple pharmacies or providers
- Providing unbiased, evidence-based disease management interventions

How we do it: This is accomplished by our access to all of the medical and pharmacy services your patients receive through Medicaid.

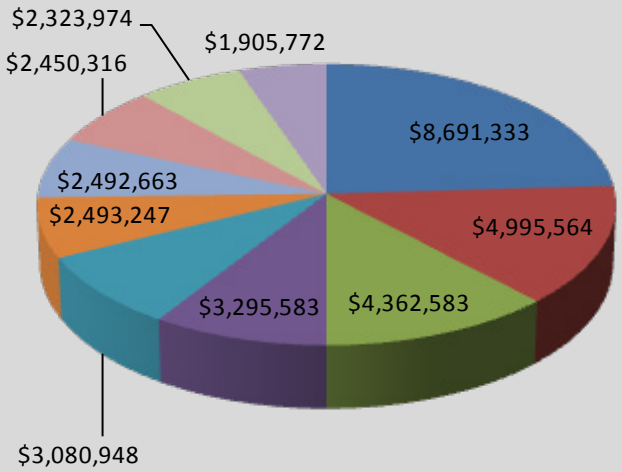
See what we can do for you by calling 1.800.395.7961
Please ask to speak to a case management pharmacist.

Montana Medicaid
Top 10 Therapeutic Drug Classes YTD 2017

By number of claims



By claims cost



• Antidepressants • Opiate agonists • Anticonvulsants • Antipsychotic Agents • Penicillins • Non-sterodial anti-inflamatory agents • Beta-adrenergic agonists • Proton-pump inhibitors • Anxiolytics, sedatives and hypnotics • Angiotensin-converting enzyme inhibitors

• Antipsychotic agents • Disease-modifying antirheumatic agents • Insulins • Anticonvulsants • Corticosteroids (respiratory tract) • HCV antivirals • Amphetamines • Immunomodulatory agents • Respiratory and CNS stimulants • Hemostatics

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