

Utah State Medicaid DUR Board The Amber Sheet



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Prior Authorization Updates:

Effective April, 1 2011, two new drugs were be placed on Prior Authorization under the following criteria:

Butrans:

- Minimum age requirement: 18 years old.
- Diagnosis of moderate to severe chronic pain requiring continuous, around-the-clock opioid analgesic for an extended period of time.
 - Documented trial and failure of ≥1 oral nonopioid agent(s)
 - Documented trial and failure of ≥ 1 oral opioid agent.
- Initial authorization period is for three months. Reauthorization periods of up to one year require documentation that the patient is using the drug appropriately, and documentation of satisfactory pain control.
- Prior authorization will be granted for up to four patches per 28 days. Additional quantities may be granted with satisfactory prescriber explanation during the first and last months of therapy to allow for dose titration.

Pradaxa:

- Documentation of one of the following diagnoses:
 - o Atrial Fibrillation OR
 - o Another condition requiring anticoagulation.
- Documented failure to maintain a therapeutic INR or warfarin or intolerance to warfarin.
- Authorization period is one year, or less if the anticipated duration of treatment if shorter. Renewal is given by telephone request from the prescriber's office or pharmacy.

Propoxyphene Recall

Propoxyphene has been shown to significantly alter cardiac conduction. New data has given FDA grounds to recommend a withdrawal of the drug from the market. These data include demonstrations of significantly greater rates of prolonged PR and QT intervals seen with propoxyphene treatment than with placebo.

Xanodyne, the maker of the product, is voluntarily acting upon FDA's recommendation, and has issued a category 1 recall. There are three FDA Recall Categories; category 1 is issued when there is a possibility of serious injury or death as a result of drug use. Xanodyne announced the withdrawal on November 19th, 2010. All branded and generic products containing propoxyphene (including Darvon[®] and Darvocet[®]) will be phased out.

FDA approved propoxyphene for treatment of mildto-moderate pain in 1957. In 1976 propoxyphene was named a schedule IV controlled substance whether as a single-entity drug (Darvon[®]), or in combination with acetaminophen (Darvocet®). Since then, prescribers and patients have petitioned FDA for increased regulation of propoxyphene. FDA has received several petitions to request that the manufacturer withdraw the products and has also received requests to move the drug to controlled substance schedule II.

For more information on the propoxyphene withdrawal, see FDA and Xanodine websites:

http://www.fda.gov/Drugs/default.htm

http://www.xanodyne.com/index.asp

Metformin Safety Update

Metformin carries a black-box warning of lactic acidosis, a rare but life-threatening metabolic disorder which is fatal in approximately 50 percent of cases. There is no evidence in the medical literature indicating increased benefit with doses of metformin above the maximum recommended dose of 2550 mg for any indication. The ADA advises that for most patients, maximum therapeutic effect is seen at a dose of 1700 mg. There are reports in the literature of lactic acidosis associated with metformin overdose, though the precise relationship between metformin overdose and lactic acidosis remains unclear.

To estimate the prevalence of metformin overdose in the Utah Medicaid population we examined the past 5 years of Medicaid prescription records. All fills of metformin-containing products dispensed with a 30-day supply were included in the analysis. We found that one in every 200 metformin-containing fills had a daily dose above the maximum recommended (>2550 mg).

Due to a black box warning for lactic acidosis, the lack of evidence supporting the use of metformin doses over 2550 mg daily, and the unclear relationship between metformin overdose and lactic acidosis, the DUR Board has recommended that a dose limit of 2550 mg daily be placed on metformin-containing products as a safety measure.

The Amber Sheet is Now Paperless.....

The last paper issue of the Amber Sheet was mailed in December 2010. This issue and all future issues of the Amber Sheet will be available electronically through email or on the Medicaid Pharmacy website at http://health.utah.gov/medicaid/pharmacy.

To receive the Amber Sheet via email, send a blank email message to

join-hl-ambersheets@list.utah.gov. Email addresses will be kept confidential and will not be shared, sold, or used for purposes other than sending Medicaid Pharmacy Program provider education.

Diabetic Test Supply Reminder – 2011

Abbott has joined Bayer Diabetes Care as a preferred product on the Utah Medicaid Preferred Drug List. Bayer and Abbott testing strips will be the preferred products on the Medicaid PDL for 2011. Lifescan products are no longer preferred. Meters for blood glucose testing may be obtained from the manufacturers.

Bayer meters will continue to be available by calling 1-877-229-3777.

Abbott Diabetes Care has several options for obtaining meters from both the Freestyle and Precision line of meters:

- 1. By phone: Patients may call 1-866-224-8892.
- 2. Online: Patients may visit http://www.myfreestyle.com/meterprogram
- 3. By email: Patients may send emails to orderfulfillment@abbottcustomercare.com to receive a meter.

Additionally, free meters have been distributed to many physician offices and pharmacies throughout the state.

Patients who need assistance in using their new Abbott meters have 24-hour technical assistance available to them by calling 1-888-522-5226.

Additional PDL Updates:

Medicaid's Preferred Drug List (PDL) contracts with manufacturers are based on a calendar year. Medicaid has made some changes to existing PDL classes. Please visit the Medicaid Pharmacy Program website frequently, to stay current.

The Medicaid PDL continues to expand on a monthly basis. The Medicaid P&T Committee recently considered oral contraceptives, BPH drugs, and estrogens for menopause. Final decisions on these classes will soon be posted on the Medicaid Pharmacy Program website.