DUR Board Meeting
June 2nd, 2008
Heritage Center
Rooms A and B
1pm

North Dakota Medicaid
DUR Board Meeting
Agenda
Heritage Center
June 2nd, 2008
1pm

1. Administrative items
    - Travel vouchers
    - Board Members Sign In

2. Old Business

• Review and approval of minutes of 04/07/08 meeting	Chairman
• Budget update	Brendan
• Review of Anticonvulsant agents	Brendan
• Summarize Board Recommendations (HIV/AIDS, Oncology, ADHD, Antidepressants, and Antipsychotics)	Brendan

3. New Business

• Election of Chair and Vice-Chair	Brendan
• Board Member Honorarium Increase	Brendan
• Review Chantix	HID
• Review Soma 250	HID
• Yearly PA Review (Sed/Hyps, Qualaquin, ACE-I, Synagis)	HID
• Criteria Recommendations	Brendan
• Upcoming meeting date/agenda	Chairman

4. Adjourn — Chairman

Please remember to turn all cellular phones and pagers to silent mode during the meeting.

Drug Utilization Review (DUR) Meeting Minutes
April 7th, 2008

Members Present: Patricia Churchill, Cheryl Huber, Norman Byers, Carrie Sorenson, Greg Pfister, Bob Treitline, Kim Krohn, Jeffrey Hostetter, John Savageau, Scott Setzepfandt, Leeann Ness, and Carlotta McCleary.
Medicaid Pharmacy Department: Brendan Joyce, Gary Betting
HID Staff Present: Candace Rieth
Members Absent: Albert Samuelson, Todd Twogood

Chairman, C. Huber, called the meeting to order at 1:03pm. C. Huber asked for a motion to approve the minutes from the February meeting. B. Joyce asked Dr. Byers if Pharma means all pharmaceutical companies (e.g. brand, generic, mixed brand and generic, biologic, etc.) in relation to Pharma contact of board members. Dr. Byers replied yes, that is the definition of Pharma that he meant. The minutes have Pharma misspelled and this will be corrected. P. Churchill moved that the minutes be approved as amended and G. Pfister seconded the motion. Chair, C. Huber, called for a voice vote to approve the minutes, which passed with no audible dissent.

Budget Update
B. Joyce had no new information to present regarding the budget. G. Pfister asked if DUR Board member honorariums could be reviewed at the next meeting. This will be an agenda item for the June meeting.

B. Joyce informed board members that Dr. Samuelson will no longer be able to serve on the DUR Board. Dr. Samuelson has scheduling conflicts that will not allow him to attend the Monday meetings. B. Joyce suggested that board members make recommendations for a physician to fill Dr. Samuelson's vacancy on the board.

Antipsychotic Review
B. Joyce reviewed antipsychotic information with the Board. Along with the low dose issue, the Department would like the Board to review alternative dosage forms of the antipsychotics such as zydis, soltabs, follow along products and injectables with large price differences. At the last board meeting, Dr. Samuelson asked that the Department bring information to the board regarding poly-pharmacy. Brendan reviewed the Comprehensive Neuroscience report with the board. This report showed board members the number of patients on multiple CNS medications, including antipsychotics. Also included in the pack was a draft letter to providers regarding the low dose antipsychotic issue. A motion was made by J. Hostetter to place alternate dosage forms of the antipsychotic medications on prior authorization. J. Savageau seconded the motion. Chair C. Huber called for a voice vote and the motion passed with one audible dissent. Larry Martinez, representing Ortho McNeil Jansen, spoke against prior authorization of Risperdal Consta. R. Treitline made a motion to prior authorize Invega. P. Churchill seconded the motion. Larry Martinez, representing Ortho McNeil Jansen, spoke against prior authorization of Invega. After much discussion, P. Churchill called for a vote. Motion passed with two audible dissents. A recommendation will be made to the legislative council that the DUR Board would prior authorize alternate dosage forms and Invega if given the opportunity to prior authorize the antipsychotic class of medications.

Anticonvulsant Review
The anticonvulsant review is based on the 2007 legislative session requesting information on classes of medications that currently are exempt from prior authorization. B. Joyce reviewed utilization data of the Anticonvulsant meds including a market share report. Jerry Clewell, representing Abbott, spoke against prior authorization of the anticonvulsants and suggested that the Board review the American Academy of Neurology position statement as well as the NICE

guidelines. B. Joyce asked the Board if they would like the ability to review and manage anticonvulsants. Board members suggested bringing more information to the June meeting regarding this topic. Information requested includes a list of which products are going generic in the near future, which providers are prescribing this class of medications, parameters of treatment for anticonvulsants versus mood-stabilizers, and examples of changes that have been made to this class in other states. B. Joyce said that he would gather this information and bring it to the June DUR Board meeting.

Criteria Recommendations

The recommended RDUR criteria enclosed in the packet were developed from product information provided by the manufacturers and usually are consistent with new indications, new drugs added, new warnings, etc. These proposed criteria will be added to the current set of criteria, and will be used in future DUR cycles. K. Krohn moved to approve the new criteria and G. Pfister seconded the motion. C. Huber called for a voice vote and the motion passed with no audible dissent.

The next DUR board meeting will be June 2nd, 2008. C. Sorenson made a motion to adjourn the meeting and P. Churchill seconded. Chair C. Huber adjourned the meeting at 3:10 pm.

Drug patent expirations (2008-2009)

The next few years are expected to be very kind to the generic drug industry and hard to swallow for brand pharmaceutical firms. Below is a list of brand pharmaceuticals that will lose their patents through 2009.

2008

Brand name	Generic name	Manufacturer	Indication/use
Advair	Fluticasone and salmeterol	GlaxoSmithKline	Asthma
Camptosar	Irinotecan	Pfizer	Colon and rectum cancers
Casodex	Bicalutamide	Bristol-Myers Squibb	Prostate cancer
Depakote	Divalproex sodium	Abbott	Epilepsy
Effexor XR	Venlafaxine	Wyeth	Depression
Fosamax	Aledronate	Merck	Osteoporosis
Lamictal	Lamotrigine	GlaxoSmithKline	Epilepsy
Prograf	Tacrolimus	Astellas	Organ rejection
Risperdal	Risperidone	Janssen	Schizophrenia
Serevent	Salmeterol	GlaxoSmithKline	Asthma
Sonata	Zaleplon	King	Insomnia
Topamax	Topiramate	Johnson & Johnson	Migraine
Trusopt	Dorzolamide	Merck	Glaucoma
Zerit	Stavudine	Bristol-Myers Squibb	HIV

2009

Brand name	Generic name	Manufacturer	Indication/use
Acular	Ketorolac tromethamine	Allergan	Eye pain
Arimidex	Anastrozole	AstraZeneca	Breast cancer
Avandia	Rosiglitazone	GlaxoSmithKline	Diabetes
Avelox	Moxifloxacin	Bayer	Antibiotic
Cellcept	Mycophenolate mofetil	Roche	Organ rejection
Flomax	Tamsulosin	Boehringer Ingelheim	BPH
Glyset	Miglitol	Pfizer	Diabetes
Imitrex	Sumatriptan	GlaxoSmithKline	Migraine
Keppra	Levetiracetam	UCB	Epilepsy
Prevacid	Lansoprazole	TAP	Heartburn
Valtrex	Valacyclovir	GlaxoSmithKline	Herpes
Xenical	Orlistat	Roche	Obesity

Source: Generic Pharmaceutical Association, company reports, and

North Dakota Medicaid Prescribers of Anticonvulsants/Mood Stabilizers
January 2007 - December 2007

Provider	Scripts	Provider	Scripts
KRIENGKRAIRUT SIRIWAN	835	RICHARDSON, RITA MD	105
OUT OF STATE PROVIDER	818	GOLI, SUNIL KUMAR	101
BERG, KIMBERLY	592	SCHMELKA, DANIEL MD	101
HEDLUND, SHARON NP	570	MCLEAN, ANDREW MD	101
EL-ZIND, SAMIRA	479	ANDERSON, PATRICIA MD	100
QUANRUD, MYRA MD	470	SEVERSON, SHERMAN MD	98
PETTIT, ROSS MD	460	SMITH, JEFFREY MD	98
ARAZI, RICHARD MD	413	KENNINGER, RANDALL MD	97
HAAKE, BRET MD	404	FLEISSNER, RACHEL MD	97
LEE, KON-HWEII MD	331	STATON, DENNIS MD	96
MARTINSEN, WAYNE MD	327	TORRANCE, JAMES MD	96
QUESTELL, MICHAEL	296	ANDERSON, TONYA FNP	95
EICK, THOMAS DO	286	RAGLAND, JAMES MD	92
BELL, L MARK DO	286	BUHR, JAMES MD	91
OHARA, BRIAN MD	281	SEDO, PHILIP MD	89
DUNNIGAN, RALPH MD	252	GETZ-KLEIMAN, LINDA MD	87
KERBESHIAN, JACOB	238	LABASH, J.D. MD	86
SCHIELD, LAURA MD	190	KLEIN, DALE MD	86
KROHN, KIMBERLY MD	189	HILL, STEVEN MD	85
GREINER, TERESA MD	187	IN STATE PROVIDER AMJ 07	84
GIBSON, DAVID	184	OUT OF STATE DR AMJ 07	83
DELAP, SUSAN	177	SKOV, ELIZABETH	83
BANSAL, ASHOK MD	177	JESSEN, KRISTEN MD	82
WONGJIRAD, CHATREE MD	175	OUT OF STATE DR JAS 07	82
DAHMEN, KEVIN	173	RICHARDS, DEIDRE	79
FITZGERALD, DAVID MD	165	BROWNSHIELD , LORI ANN	78
SCARBERRY, SUSAN	164	IN STATE PROVIDER JFM 07	77
CLINKENBEARD, DAVID MD	163	HAALAND, ROBIN MD	76
SOUTHEAST HUMAN SERVICE CENTER	161	JOHNSON, LARRY MD	76
KIHTIR, SENA	158	IN STATE PROVIDER JAS 07	76
TORSON, NANCY MD	158	MESSERLY, MELISSA MD	73
CLINKENBEARD, JAMES MD	156	OCEJO, RAFAEL MD	73
NARANJA, IMELDA MD	153	MADZIWA, FELISTAS MD	72
ERICKSON, KEITH MD	151	HAJEK, PHILIP MD	72
HOOK, WILLIAM MD	149	STOE, ANNE MD	71
FREISLE-COOK, LOIS MD	146	HAYNES, BENN MD	71
ESPEJO, NAPOLEON MD	146	GARNAAS, KAREN MD	70
KNUTSON, CYNTHIA MD	144	NYHUS, CHARLES MD	69
BRILLMAN, SALIMA MD	134	RAMAGE, GARY MD	69
PETERSON, THOMAS MD	132	LEON, ZELKO	67
HYDER, SYED SHIRAZ MD	128	PETERSON, KIRSTEN DAWN	66
QUAST, MICHAEL	122	BERG, JONATHON MD	66
DIRI, ERDAL	120	FREY, KORY	65
BAILLY, RICHARD MD	119	MATTSON, STEVEN MD	65
BROADHEAD, ALAN MD	116	OLSON JR, ROBERT MD	65
PENGILLY, DAVID MD	113	TEMPLETON, THOMAS MD	64

WOODWARD, K GEORGE	63	REE, CHERYL MD	40
FELDMAN, ELLEN MD	61	BAKER, BIRON MD	40
WOLF, DENNIS MD	61	MILLER, BRENDA MD	40
COLON-DEJESU, S MANUEL	61	BLICKENSDERF, ER NP	39
WELLE, PATRICK MD	61	SEILER, HUBERT MD	38
BRAUNAGEL, BRADLEY MD	61	HUBER, JAY MD	38
OUT OF STATE DR OND 07	60	SHAH, SYED MD	37
FIELD, DAVID	60	WILDER, ANDREW MD	37
OKSA, AMY MD	60	WOLF, TERRY	37
SOUTH CENTRAL HUMAN SERVICE CENTER	60	TINCHER, MICHELLE MD	37
ADDY, BOYD MD	59	MCDONOUGH, STEPHEN	36
LIND, JACKSON MD	59	FIFE, TODD	35
HALVORSON, JAMES MD	58	IN STATE PROVIDER OND 07	35
NORTHWEST HUMAN SERVICE CENTER	58	MOEN, DOUGLAS MD	35
MANNE, HARI KRISHNA	57	DASILVA, LAWRENCE MD	35
BYRON, EUGENE MD	54	SMITH, C MILTON MD	34
MACK, DAVID	54	ROWE, SCOTT MD	34
HUBER, CHERYL MD	53	HEBERT, BRIAN	33
HAIDER, NADEEM MD	52	CAOILI, HENRI	33
HOSTETTER, JEFFREY	51	BELL JR, L MARK DO	33
MUHS, DAVID MD	50	MAYER, MONICA MD	32
ERNSTER, DALE MD	50	THORESON, GLENN MD	32
SMITH, STUART MD	50	ROACH, BRUCE	32
GOVEN, JILL NP	50	KNUDSON, PAUL MD	32
CARVER, THOMAS DO	49	CAPAN, MICHAEL	31
NORTHEAST HUMAN SERVICE CENTER	49	LUITHLE, TIM MD	31
GREVES, DOUGLAS MD	48	KENNEY, EMMET MD	31
RICKER, BEVERLY	48	STENDER, JANE	31
ROLLER, MATTHEW MD	48	ZETTERMAN, DAVID	30
BLOCK, TERRY MD	48	MAXSON, JANET	30
NIELSEN, A MARC MD	46	LUKENBILL, DEBRA	30
HANISCH, STEFANIE	46	TEPASTTE, MICHELLE MD	29
TANGEDAHL, GUY MD	46	JOYCE, JOHN MD	29
OLIN, BRUCE MD	46	JONES, MARK MD	29
THORSON, TOM MD	46	GERHARDT, ANNIE	29
LANGE, DARWIN MD	44	TALUSAN, ANNABELLE MD	28
MCMILLAN, WILLIAM MD	44	SIMPAO, LOUELLA PINE A	28
PAGE, MIKE MD	43	GUINA, MARIA LOURDE	28
HUSSAIN, SHAKEEB	43	ENUBUZOR, HARRIET LUCY	28
LEONHARDT, ERIC	43	LANG, DARIN	28
SIEMENS, CHARLOTTE MD	43	BLEHM, DAVID MD	28
FISCHER, KENNETH	41	RAU, KEITH MD	28
MAYO, WILLIAM MD	41	MORALEDA, ROBERTO MD	28
YOUNG, MARCEL MD	41	JOHNSON, ROXANNE	28
BEST, LYLE MD	40	PETTY, RUSSELL MD	27
SHEETS-OLSON, BARBARA	40	BURD, RONALD MD	27
AKKERMAN, DAVE MD	40	KRIENGKRAIRUT SOMSAK	27

DIEHL, KENT	27	GONZALES, MICHAEL	21
HOGGARTH, TONIA MD	26	TELLO, RONALD MD	21
HELLA, BRENT	26	OMOTUNDE, JOSHUA MD	21
NOUR EL DEEN, HATEM AHMED	26	KAISER, TRINA	21
SMITTLE, AMY	26	MATHISON, DAVID MD	20
BERNTSON, MARK MD	26	SWENSEN, ERIC	20
SONGSIRIDEJ , NOWARAT MD	26	VICK-LIEN, SARAH J	20
GALE, BRIAN DPM	26	LUNN, GERRY MD	20
JOHNSON, ANTHONY MD	26	CULVER, GREGORY MD	20
ROESLER, SEAN	25	FREE, MADELINE MD	20
UDEKWE, ANTHONY	25	JOHNSON, JULIE ANN	20
MARTIRE, MICHAEL	25	HOGGARTH, BERNARD MD	19
MISLAN, GARRY MD	25	MACK, TERRANCE MD	19
LECHNER, THOMAS MD	24	KIHLE, KENNETH MD	19
CARD, CHARLENE MD	24	LEE, SHAO CHYI	19
DIZON, AMADOR MD	24	DRAGICEVIC, TODOR MD	19
LEE, RODNEY MD	24	CLUTTER, DAVID MD	19
ROE, JAMES	24	EGGERT, DOUGLAS MD	19
CHAKRAVORTY , BHASWATI	24	RISING, CHERYL FNP	19
SIVANNA, PANJINI MD	24	ELLINOR, PRISCILLA NP	19
CHEN, STANLEY MD	24	BELZER-CURL , GRETCHEN MD	18
FLOBERG, LEA MARIE	24	KANA, DALE MD	18
DAKOTA CLINIC LTD	24	SCHLECHT, KRISTINA MD	18
GOMEZ, YVONNE MD	23	MATTERN, DAWN MD	18
GARMAN, AARON MD	23	KRATCHA, LYNN	18
WELLS, ROBERT MD	23	TALLEY, WADE	18
WASEMILLER, ELMER MD	23	MANN, WILLIAM MD	18
BROSSEAU, JAMES MD	23	KNUTSON, JEFFREY MD	18
WIENS, GLENN MD	23	JOHNSON, JOEL MD	18
OLSON, MARK MD	23	SWENSON, CHARLES MD	17
LEER, THERESA	23	FISHER, CRISTINA	17
HOFFERBER, RICK	23	DAMLE, JAYANT MD	17
CLAIRMONT, LISA NP	23	OUT OF STATE DR JFM 07	17
ROEMBACH, JEANINE MD	22	LANGE, MARSHA MD	17
WIISANEN, RONALD MD	22	GOODMAN, PATRICK MD	17
BRADBURY, JON	22	WALZ, JOEL MD	17
DOERNER, JOHN MD	22	TOPLEY, STUART MD	17
HALVORSON, LARRY MD	22	CONRADSON, LEONARD MD	17
NEUMANN, NICHOLAS MD	22	WILLIAMS, TYSON DPM	16
IN STATE PROVIDER OND 06	22	DIEGEL, PAUL DO	16
GAUL, JOANNE MD	22	POTLURI, RAJENDRA CHO DARY	16
REMER, ELSA MD	22	WASEMILLER, JAMES MD	16
FETTERLY, PAUL MD	22	TELLO, ABEL MD	16
KETTERLING, MARCIA NP	22	HETLAND, BRUCE MD	16
NORTH CENTRAL HUMAN SERVICE CE	22	WALGAMPAYA, DAKSHINA	16
PETERSON, GARY MD	21	JOHNSON, JOEL MD	16
THOMPSON, SUSAN MD	21	GREEK, GREG MD	16

MURPHY, LOUISE	16	BREEN, CHARLES MD	12
MUSCHA, BEN MD	16	VIRDEE, HARJINDER MD	12
DORNACKER, ANGELA MD	16	CHAKRAVORTY , UTPAL MD	12
SMITH, JANICE CFNP	16	ENGEL, PAMELA NP	12
TELLO, FRANCISCO DPM	15	CLAPP, SHERYLL FNP	12
SEIFERT, SHELLY MD	15	TWOGOOD, TODD D	11
BRONSON, NATALYA	15	LUGER, PATRICK MD	11
SMITH, C MILTON MD	15	KILLEN, SHELLEY	11
OSTMO, ROBERT MD	15	TIONGSON, CHRISTOPHER	11
OUT OF STATE DR OND 06	15	MILLER, RON MD	11
MITZEL, FREDRICK MD	15	WYNKOOP, WALKER MD	11
TELLO, ANTHONY MD	15	JOHNSON, TERRY MD	11
SELLAND, BRIAN MD	15	GEERAERTS, LOUIS MD	11
ENGELHART, JOLENE	15	OLSON, PAUL MD	11
EDWARDS, KATHERINE	15	NAGALA, VANI MD	11
PETERSON, TIMOTHY MD	14	SVEDJAN-WALZ, HAYLEY MD	11
LARSON, DANA	14	KOCH, BRENDA	11
LARSON, ERIC MD	14	MENDEZ, ALEJANDRO	10
CANTWELL, DENISE CYNTH A	14	STRIPE, STEPHEN	10
ORCHARD, JEFFREY MD	14	LEIGH, JAMES MD	10
HARRIS, HOADLEY MD	14	JONAS, ROXANNE	10
BETTING, SUSAN MD	14	JOST, AARON	10
PETERSON, MARK MD	14	JONES, FREDERICK	10
MIDGARDEN, KRISTI MD	13	HASSAN, IMRAN	10
ROED, JAMES MD	13	NANDRA, MUKHTAR MD	10
KUMAR, PARAG	13	JORGENSEN, MICHELLE MD	10
KASPARI, THOMAS	13	KRASNIEWSKA, LIDIA MD	10
DILLAS, MAYA	13	FAUST, ELIZABETH MD	10
JETHWA, RATILAL MD	13	GRORUD, JANE MD	10
WAGNER, RONALD MD	13	ZIMMERMAN, RODNEY MD	10
KOBRINSKY, NATHAN MD	13	KLEIMAN, THEODORE MD	10
HANSON, ERICA	13	LINDSEY, JACQUELYN	10
NESS, CONDETTA	13	ROW, JEFFREY	9
LEIER, HEATHER NP	13	UY, JAMES MD	9
FARAH, SAMIR MD	12	PARVATHAREDD, Y VISHNUPRIY DEVI	9
GUNDERSON, AARON	12	BHARATH, SOMASUNDARAM MD	9
WATANABOONYA, KHET PATANIT	12	OLUMIDE, BABATUNDE	9
VAN LOOY, JAMES MD	12	LAQUA, PATRICIA MD	9
SCHAFFER, TODD	12	EMERY, RUSSELL MD	9
NAGALA, RUPKAMAR	12	FUNK, PETER MD	9
FEIJO, PAULA ABRAMO ITH	12	KLAVA, WILLIAM MD	9
ANUEBUNWA, THEODORE MD	12	ROSWICK, ROBERT MD	9
VENARD, NEIL MD	12	KUHLMANN, CRAIG MD	9
BEAUCHAMP, BRUCE DO	12	ULEBERG, TAMMY NP	9
JACKSON, ORLAN DO	12	NOVAK, ANNA	9
JOHNSON, ERIC MD	12	HUGHES, JAMES MD	8
		GRENZ, DON	8

QUISNO, JACQUELINE	8	WACKER, DONNA	6
WESTBROOK, HELOISE	8	ANDREWS, ALICIA	6
ALKHOURI, IYAD	8	BILLINGS, DAVID MD	5
JACOBSEN, THOMAS MD	8	GEIER, RICK MD	5
BAUGH, JOHN	8	MUTCHLER, MICHAEL	5
FAHN, J'PATRICK	8	CARPENTER	5
RAJAPREYAR, INDRANEE	8	KENIEN, ALAN MD	5
SHEEHAN, JOHN MD	8	STEIN, SHERRY	5
MILLER, CORY MD	8	ARCHULETA, LAURA MD	5
CLINKENBEARD TERRY	8	GHAZI, MAJID	5
DANIELS, STEVEN MD	8	ZELEWSKI, SUSAN	5
CRAIG, JAMES MD	8	ODEDRA-MISTR, Y BHANU	5
HARDY, MICHELLE NP	8	CHAVOUR, SUDHIR	5
BALVITSCH, JESSICA NP	8	CALIN, CRISTINA	5
BERNAL, SUSAN FNP	8	LAFARGUE JR , ROBERT MD	5
MOE, JASON MD	7	CRISSLER-BEL, ANGER MARY J MD	5
FISCHER, EUNAH	7	BANSAL, ARVIND MD	5
SHERMAN, KAMILLE	7	MOORE, PATRICK MD	5
PENN, JEREMIAH	7	HOERAUF, KENT MD	5
GABA, ANU GOEL	7	JOHNSON, WALTER MD	5
CLEMENSON, STEVEN	7	WAGNER, RONALD MD	5
HALL, KATHERINE	7	REEVE, HOWARD MD	5
GOLDSTEIN, HEIDI MD	7	LINDQUIST, PAUL MD	5
LILLESTOL, MIKE MD	7	STRAND, DUANE MD	5
LINDEMANN, ALAN MD	7	SCHONEBERG, STEVEN MD	5
DOMM, BRUCE MD	7	HORDVIK, MARIT MD	5
JAMES L FRISK MD LTD	7	SCHERR, STEVEN MD	5
HUND, MORRIS MD	7	HOLTEN, ERIK MD	5
CEYNAR-MOEN , JENNIFER	7	HOLM, MARY MD	5
RODRIGUEZ, CARMEN	7	SUMRA, K MD	5
KELSEN, MEREDITH	7	WITZEL, GWEN	5
SCHMIDT, LORI	7	HARJU, RENEE FNP	5
SOUTH CENTRAL HUMAN SERVICE CE	7	STOCKWELL, JEFFERY	5
LADWIG, JOHN	6	VOLK, JAMES MD	4
UGLEM, TIMOTHY	6	RABADI, KHALED MD	4
SELPH, SHELLY	6	DORMONT, RICHARD MD	4
GLASNER, DUANE MD	6	VANVALKENBUR, G DAISY	4
LIEN, DAVID JAMES	6	BELIZARIO, EVANGELINA M NDOZA	4
SHAH, MUHAMMMAD	6	TINSATUL, UDOM MD	4
STRONG, JENNIFER ANN	6	POLOVITZ, THOMAS MD	4
KAZMOUZ, NASSER MOHAM ED	6	SAPIEGA, VYTAUTAS	4
CRUZ, EMILIO MD	6	BRUNSMAN, WILLIAM	4
CID, LILIA MD	6	CHIEN, TONY	4
IN STATE PROVIDER JAS 06	6	CARLSON, DAVID MD	4
ELLIS, STEVE MD	6	ROHLA, RICHARD MD	4
CARVER, LINDA CNM	6	MARTINSEN, WAYNE	4
MCINTEE, GERI NP	6	KOTNIK, ANTHONY MD	4

PUGATCH, BRUCE MD	4	CARIVEAU, THOMAS MD	3
GISH, DAVID MD	4	BOULTER, MICHAEL MD	3
COCAL, LERDO MD	4	FREIBERG, PAUL MD	3
WILLOUGHBY, BRIAN MD	4	BAKKE, ERIC MD	3
FLACH, DAVID MD	4	STEINKE, EMIL MD	3
LUNN, ERIC MD	4	BROWNING, DUANE MD	3
VETTER, RICHARD MD	4	TURNER, SCOTT DO	3
SCHOCK, JOEL MD	4	BITTNER, HEIDI MD	3
GOVEN, GENEVIEVE MD	4	GATTEY, PHILIP MD	3
PRYATEL, WILLIAM MD	4	KEMP, ROBERT MD	3
PURINTUN, SCOTT	4	BIER, DENNIS MD	3
PATEL, MUKESH MD	4	BELVILLE, KAYLAN MD	3
HARCHENKO, VERN MD	4	MCDONOUGH, DENISE MD	3
KRUEGER, LORI	4	ANDERSON, BONNIE NP	3
GOTTBREHT, ROSANN	4	UNTERSEHER, JEANNE FNP	3
FALK, KARA NP	4	MILLER, CAROL FNP	3
EICHLER, MARC MD	3	WOLF, LORELEI FNP	3
BAIRD, JOHN MD	3	GULLICKS, JEAN	3
POWELL, JANELL MD	3	TWETEN, STEPHANIE	3
WINDSOR, JOHN MD	3	BEECHER, TRACY FNP	3
PANDITA, DEEPTI MD	3	SAMUELSON, ALBERT MD	2
OLSON, PAUL MD	3	TWO BEARS, SHANTELL MD	2
DIEGEL, TANYA DO	3	LUZ, AILEEN	2
CHARETTE, SCOTT	3	SCHAFF, TROY MD	2
TATE, JOHN	3	STAYMAN, MATHEW MD	2
SAFFARIAN, NASSER	3	FYFE, IAN MD	2
ZAIDI, WASEEM MD	3	KHOUDOUD, HASSAN	2
DATZ, KURT MD	3	BERGER, TIMOTHY	2
JOHNSON, STEVEN	3	BATHURST, ROBERT	2
FERNANDEZ, OSCAR	3	OKORO, NGOZI	2
BALLA, ASHFAQ SHAFI	3	PARMLEY, RICHARD MD	2
FASHORO, OLATUBOSUN	3	CHAN, PAUL	2
HENINGER, ROBERT	3	JUSTESEN, CHAD	2
TSUTSKIRIDZE, IVAN ALEXAN ER	3	SHOOK, DALE MD	2
RYAN, CASEY MD	3	LEHER, GEORGE MD	2
WIISANEN, RONALD MD	3	LANGAGER, TYRONE MD	2
SMIGRODZKI, RAFAL	3	TIONGSON, GENARO MD	2
BEEGLE, MARY	3	PENDYAL, KAUSALYA	2
KONICKI, STEVEN	3	HOLLAND, MICHAEL MD	2
MEISEL, JEREMY	3	COWASJI, SHIAVAX	2
SCHENCK, JASON MD	3	SCOTT, EARL	2
HARCHENKO, VERN	3	SCHMIT, MICHAEL	2
BANEVICIUTE , LINA MD	3	SNOW, DENISE	2
ROLLER, BENEDICT MD	3	KHANZADA, ZAKIR	2
HAUGEN, JOEL MD	3	NAGPAL, VANDANA MD	2
UTHUS, DAVID MD	3	STEWART, WILLIAM MD	2
MICKELSON, KEVIN MD	3	HUGHES, HEATHER	2

HAQ, ANWARUL	2	GOECKE, SCOTT MD	1
LENZMEIER, RICHARD MD	2	CONSING, RAUL MD	1
WEBSTER, MICHAEL MD	2	ANDERSON, SANDRA MD	1
FARLEY, FAITH MD	2	BOSSORT, BRAD	1
PASYA, SURESH KUMAR MD	2	SHEAFFER, MICHAEL	1
MERIC III, ALBERT LOUIS MD	2	TRIPATHI, SANJAY	1
YABUT, EDUARDO MD	2	NASEER, OSAMA MD	1
ORSER, SHARI MD	2	BLACK, FREDRIC	1
THOMAS, JACK MD	2	ALBERTO, NEVILLE	1
MCKINNON, WILLIAM MD	2	VAN NORMAN, ALAN	1
SOLLOM, DENNIS MD	2	THORNGREN, FRANK	1
HINRICHS, MARK MD	2	TRAISER, DANIEL	1
CROWLEY, LANA MD	2	RAHMAN, SAAD	1
NYGARD, SHANE MD	2	ANDERSON, BRAD	1
BROOKE, JAMES MD	2	MOORE, THOMAS	1
BOOTH, A MICHAEL MD	2	MARSH, PETER MD	1
SMOTHERS, JOE DO	2	THURLOW, BRENDA	1
KOMOROWSKA, DANUTA MD	2	WELLS, ROBERT	1
DUNNIGAN, EARL MD	2	ANWAR, SHAMIN	1
KENNEDY, GARY MD	2	GLATT, DAVID MD	1
JONASON, NEIL MD	2	MAUSBACH, THOMAS MD	1
MASTEL, GLENN MD	2	SCHANZENBACH, STEWART	1
GRIFFIN, DAVID MD	2	MCRILL, PHILLIP	1
HARGREAVES, JAMES MD	2	MOQUIST, DALE MD	1
SYRQUIN, MICKEY DO	2	GOODWIN, DANIEL MD	1
KOSIAK, DONALD MD	2	MARIN, PHILIP MD	1
HOLKESVIK, REID MD	2	WALTER, DONALD	1
BETTING, GARY MD	2	KRINGLIE, ROSS MD	1
SETTERBERG, STEPHEN MD	2	CODE, WILLIAM MD	1
RASMUSSEN, NORA FNP	2	MALLBERG-SHA, FFER MD	1
BAKKEN, JOANNE FNP	2	AHLIN, THOMAS MD	1
COX, AMY FNP	2	REINHARDT, JERALD MD	1
HOFLAND, SUSAN NP	2	WILDER, LAWRENCE MD	1
RUD, BILLIE	2	GUANZON, MARIE DENISE MD	1
HORNER, MELISSA	2	GHAZI, STEFANIE MD	1
WARDNER, SUSAN	2	AVULA, SAI MD	1
LIES, PATTY NP	2	GEIER, DEBRA ANN	1
GRUNEFELDER , JACQUELINE	2	HENDERSON, TAVIS	1
WELCH, ANN	2	GALYON, STEVEN	1
JACOBSON-BAU, ER	2	DORNACKER, JON	1
TILLISCH, JANET MD	1	MAHONEY, TIMOTHY MD	1
JACOBSON, DAVID MD	1	SARDA, RAKSHAK	1
TANOUS, ROBERT MD	1	MCCLENDON, MARY	1
THURMANN, HILTRUD MD	1	BERG, LAURA ANN	1
STENHOUSE, FAINE D	1	ALI, SADEEM MD	1
EVANS, PATRICK MD	1	SHANAAH, ALMOTHANA	1
CASSIDY, MICHAEL MD	1	ANDERSEN, CHARLOTTE	1

BHORA, MILAPCHAND	1
PODDUTURU, VIKRAM REDDY	1
WAYMAN, DEREK	1
MCCAMY, ALLAN MD	1
FABER, KEVIN MD	1
KRALJIC, STEVEN MD	1
PHILPOT, HEIDI J L MD	1
OSUALA, FRIDAY MD	1
ANDERSEN, JEFFREY MD	1
CHERIAN, MATHEW MD	1
SEE, JAY KWAN MD	1
SWENSON, SHELDON MD	1
CUSIC, ROBERT MD	1
THOMPSON, ERIC MD	1
FASBENDER, JAMES	1
KETTERLING, ELLEN MD	1
SANDA, JANELLE MD	1
LUKE, MADELINE MD	1
IN STATE PROVIDER OND 05	1
IN STATE PROVIDER AMJ 06	1
THOMAS, M ROY MD	1
HOFSOMMER, LEE DPM	1
SANTOS, IGMIDIO MD	1
SHELDON, PEGGY MD	1
OLSON, LEROY MD	1
ARNESS, RICHARD DPM	1
MILLETTE, KEITH MD	1
GAUL, GERALD MD	1
OMOTUNDE, OLUKAYODE MD	1
JYSTAD, PHILIP MD	1
BROWN, MICHAEL	1
JOHNSON, STEVEN MD	1
TIN-MAUNG, BRIAN MD	1
ELADASARI, BABU MD	1
BURY, JANICE MD	1
CARLSON, DAVID MD	1
MARTIN, KENT MD	1
MAGURA, CONNIE MD	1
FEDYSZYN, CARL MD	1
WIDMAN, LAWRENCE MD	1
PETERSON, LYNNE MD	1
KENNEDY, JAMES MD	1
JOHNSON, CAROLE MD	1
LER, BONNIE FNP	1
GALLAGHER, MARY NP	1
MCKINNON, DAWN NP	1
WEISENBURGER, ALLAN	1
BEARE, JEANNE	1
BERGE, CHERI	1
LOVELAND, JENNIFER	1
WILLIAMS, JOYCE	1
LEININGER, CARLEE	1
FRENCH-BAKER, KARLA NP	1
BREIDENBACH , TERRY NP	1
BADLANDS HUMAN SERVICE CENTER	1

Idaho

Keppra - seizures only
Lamictal - seizures and Bi-polar disorder
Topamax - seizures and migraines
Trileptal - seizures and Bi-polar
Zonegran - seizures only
Lyrica - seizures and post-herpetic or diabetic perpheral neuropathy.

For the two neuropathic pain indications, patients must have failed gabapentin in the last 2 years.

Arkansas

The preferred drugs in the neuropathic pain category without criteria are:

- Amitriptyline (Elavil)
- Carbamazepine chewable tablet (Tegretol Tablet Chewable)
- Carbamazepine immediate release tablet (Tegretol)
- Gabapentin capsules (Neurontin)
- Gabapentin tablets, 600mg and 800mg (Neurontin)
- Nortriptyline (Pamelor)

The preferred drugs in the neuropathic pain category with criteria are:

- Pregabalin (Lyrica)
- Venlafaxine (Effexor)

The non-preferred drugs in the neuropathic pain category with criteria are:

- Carbamazepine extended release capsule (Carbatrol SA)
- Carbamazepine extended release tablet (Tegretol XR)
- Carbamazepine suspension (Tegretol)
- Divalproex sodium (Depakote)
- Duloxetine (Cymbalta) – see Second Generation Antidepressant
- Gabapentin 250mg/5ml solution (Neurontin)
- Gabapentin tablets, 100mg, 300mg, and 400 mg
- Lamotrigine (Lamictal)
- Lidocaine patch (Lidoderm)
- Oxcarbazepine (Trileptal)
- Topiramate (Topamax)
- Valprioc acid (Depakene)
- Venlafaxine capsules, extended release (Effexor XR) – see Second Generation Antidepressant

Criteria associated with this class:

Approval Criteria for Pregabalin (Lyrica)
No therapeutic duplication with pregabalin, OR
One therapeutic duplication (75% overlap of last fill) with different date of service and same prescriber ID between Lyrica GCNs in previous 93 days

Approval Criteria for non –preferred anti-epileptic medications
One or more of the approved diagnoses-basically if there is a diagnosis of convulsions, epilepsy, etc. the medication will be approved at POS. These medications are only non-preferred for the treatment of neuropathic pain/neuralgias.

Approval Criteria for non-preferred topical analgesia
Submitted ICD-9 diagnosis post-herpetic neuralgia (PHN) within the past 12 months, OR
Paid claim in history identifying appropriate antiviral medication for PHN within the past 30 days

Maryland

Anticonvulsants

Preferred	***Requires Prior Authorization***
carbamazepine (*Tegretol*)	oxcarbazepine (**generic only**)
clonazepam (*Klonopin*)	Lyrica
ethosuximide (*Zarontin*)	Phenytek
gabapentin (*Neurontin*)	Tegretol XR
mephobarbital (*Mebaral*)	
phenobarbital	
phenytoin (*Dilantin*)	
primidone (*Mysoline*)	
valproic acid (*Depakene*)	
zonisamide (*Zonegran*)	
Carbatrol	
Celontin	
Depakote	
Depakote ER	
Diastat	
Equetro	
Felbatol	
Gabitril	
Keppra	
Lamictal	
Peganone	
Topamax	
Trileptal (**Brand only**)	

Wisconsin

Anticonvulsants		
carbamazepine		P
clonazepam		P
ethosuximide		P
gabapentin		P
mephobarbital		P
oxcarbazepine		P
phenobarbital		P
phenytoin		P
primidone		P
valproic acid		P
zonisamide		P
Carbatrol		P
Celontin		P
Depakote, ER, sprinkle		P
Diastat		P
Equetro		P
Felbatol		P
Gabitril		P
Keppra		P
Lamictal		P
Lyrica		P
Mebaral	SCN	P
Peganone		P
Topamax		P
lamotrigine dispertabs		NP
Phenytek		NP
Tegretol XR		NP

Idaho

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PRIOR AUTHORIZATION / CLASS CRITERIA
	HYDANTOINS		The non-preferred agent will be approved only after documented failure of a preferred agent.
	DILANTIN (phenytoin) PEGANONE (ethotoin) phenytoin	PHENYTEK (phenytoin)	
	SUCCINIMIDES		
	CELONTIN (methsuximide) ethosuximide		
	ADJUVANTS		Keppra and zonisamide will be approved for patients with a diagnosis of seizure disorder (ICD-9=345) within the previous 2 years Lamictal and oxcarbazepine will be approved for patients with one of the following diagnoses within the previous 2 years: • Seizure disorder (ICD-9=345) • Bipolar disorder (ICD-9=296) Lyrica will be approved for patients meeting one of the following criteria: • Seizure disorder (ICD-9=345) • Diagnosis of neuropathic pain associated with diabetic peripheral neuropathy (ICD-9=250.6) or postherpetic neuralgia (ICD-9=053.1) which has failed treatment with gabapentin in the last 2 years. • Diagnosis of fibromyalgia (ICD-9=729.1) Topamax will be approved for patients with one of the following diagnoses within the previous 2 years: • Seizure disorder (ICD-9=345) • Migraine headache (ICD-9=346)
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE (divalproex) EQUETRO (carbamazepine) gabapentin GABITRIL (tiagabine) KEPPRA (levetiracetam)[CL] LAMICTAL (lamotrigine)[CL] LYRICA (pregabilin)[CL] oxcarbazepine[CL] TOPAMAX (topiramate)[CL] valproic acid zonisamide[CL]	FELBATOL (felbamate) lamotrigine TEGRETOL XR (carbamazepine)	

Mississippi

ANTICONVULSANTS			
	HYDANTOINS		
	DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)	
	SUCCINIMIDES		
	ethosuximide	CELONTIN (methsuximide)	

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS (Require PA unless otherwise indicated)	NOTES
	ADJUVANTS		
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) EQUETRO (carbamazepine) gabapentin GABITRIL (tiagabine) KEPPRA (levetiracetam) LAMICTAL (lamotrigine) LYRICA (pregabalin) TEGRETOL XR (carbamazepine) TOPAMAX (topiramate) TRILEPTAL (oxcarbazepine) valproic acid zonisamide	FELBATOL (felbamate) lamotrigine - no PA required	

West Virginia

ANTICONVULSANTS	ADJUVANTS		
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) FELBATOL (felbamate) gabapentin GABITRIL (tiagabine) KEPPRA (levetiracetam) LAMICTAL (lamotrigine) LYRICA (pregabalin) [QL] TOPAMAX (topiramate) TRILEPTAL (oxcarbazepine) valproic acid zonisamide	DEPAKENE (valproic acid) EQUETRO (carbamazepine) lamotrigine NEURONTIN (gabapentin) oxcarbazepine TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) ZONEGRAN (zonisamide)	Treatment naive patients must have a trial of a preferred agent before a non-preferred agent in its corresponding class will be authorized. Additions to that therapy will require a trial of preferred agent in its respective class unless one of the exceptions on the PA form is present.

Summary of DUR Board Recommendations
On Managing Utilization of Identified Drug Classes Currently Restricted

The 2007 Legislature, through House Bill No. 1422, asked the Drug Use Review (DUR) Board to review the utilization, cost, and effectiveness of the drugs identified in subsection 3 of section 50-24.6-04 and make recommendations for managing the utilization of the identified drugs or any other drugs for the conditions identified in that subsection.

The classes of medications reviewed include Oncology, HIV/AIDS, Attention Deficit/Hyperactivity Disorder (ADHD), Antidepressants, Antipsychotics, and Mood Stabilizers/Anticonvulsants. Antipsychotics, Mood Stabilizers/Anticonvulsants, Antidepressants and ADHD medications are the top four classes of medications (by cost) paid by ND Medicaid.

1. HIV/AIDS-DUR Board consulted with an Infectious Disease Specialist. His opinion was that ND Medicaid should not prior authorize any HIV/AIDS medication, but he did not believe that a law should exist to prohibit action in the future-specifically if a physician prescribed outside of the AIDS Drug Assistance Program (ADAP) guidelines. The DUR Board concurred with the Infectious Disease Specialist's opinion.

2. Oncology-DUR Board consulted with an Oncologist. Specialist stated that no law was needed to prevent antineoplastics from being placed on prior authorization as long as recommendations for PA come from the DUR Board and that the turnaround time for PA's also remained the same (98% reviewed in 8 hours or less and 100% in 24 hours). The DUR Board recommended that antineoplastics no longer be exempt from prior authorization and that the DUR Board be involved in the PA of certain agents using private insurance as a guideline.

3. Attention Deficit/Hyperactivity Disorder (ADHD)-DUR Board recommended removing the exemption for this class, prior authorizing Vyvanse after Adderall XR trial, and prior authorizing Daytrana.

4. Antidepressants-DUR Board recommended placing SSRI medications on prior authorization and therefore removing the exemption for the antidepressant class of medications.

5. Antipsychotics-DUR Board recommended prior authorizing alternate dosage forms and Invega if the exemption was removed from this class of medications.

North Dakota Medicaid
Drug Utilization Review Committee Meeting
Chantix®
June 2, 2008

I. Overview

Varenicline (Chantix®**)** is the newest smoking cessation agent approved by the FDA. Varenicline is an alpha-4 beta-2 nicotinic acetylcholine receptor agonist indicated as an aid to smoking cessation treatment in individuals older than 18 years of age.

II. Pharmacology

Varenicline works by selectively blocking nicotine binding to alpha-4 beta-2 nicotinic acetylcholine receptors and at the same time stimulating the receptor-mediated activity at a significantly lower level than nicotine. The partial stimulation of the nicotinic receptor helps reduce the severity of the smoker's craving and withdrawal symptoms from nicotine

III. Pharmacokinetics

- Half-life ~ 24 hours
- C_{max} within 3 to 4 hours
- Steady state reached within 4 days
- Linear dose response
- Oral bioavailability unaffected by food or time-of-day dosing
- 92% of drug is excreted unchanged
- Renal elimination is primarily through glomerular filtration along with active tubular secretion
- Dose adjustments recommended in patients with severe renal impairment

IV. Warnings/Precautions

***Neuropsychiatric Symptoms*-**serious neuropsychiatric symptoms have occurred in patients being treated with varenicline. Some cases may have been complicated by the symptoms of nicotine withdrawal in patients who stopped smoking; however, some of these symptoms have occurred in patients who continued to smoke. All patients being treated with varenicline should be observed for neuropsychiatric symptoms including changes in behavior, agitation, depressed mood, suicidal ideation and suicidal behavior. These symptoms, as well as worsening of pre-existing psychiatric illness, have been reported in patients attempting to quit smoking while taking varenicline in the post-marketing experience. Patients with serious psychiatric illness such as schizophrenia, bipolar disorder, and major depressive disorder did not participate in the pre-marketing studies of varenicline and the safety and efficacy of varenicline in such patients has not been established. Patients attempting to quit smoking with varenicline and their families and caregivers should be alerted about the need to monitor for these symptoms and to report such symptoms immediately to the patient's healthcare provider.

***General*-**Nausea was the most common adverse event associated with varenicline treatment. Incidence of nausea was dose-dependent. Initial dose-titration was beneficial in reducing the occurrence of nausea.

***Effect of smoking cessation*-**Physiological changes resulting from smoking cessation, with or without treatment with varenicline, may alter the pharmacokinetics or pharmacodynamics of some drugs, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin).

***Pregnancy*-**Pregnancy Category C

V. Drug Interactions

Varenicline has no clinically significant pharmacokinetic drug interactions.

VI. Adverse Events

The most common adverse events (5% or greater) were nausea (30%), sleep disturbances, abdominal pain, constipation, flatulence, headaches, dyspepsia, dry mouth, dysgeusia, fatigue/malaise/asthenia and vomiting.

Smoking cessation, with or without treatment, is associated with nicotine withdrawal symptoms and the exacerbation of underlying psychiatric illness. Not all patients had known pre-existing psychiatric illness and not all had discontinued smoking. The role of varenicline in these reports is not known.

VII. Dosing and Administration

The recommended dose of varenicline is 1mg twice daily following a 1-week titration as follows:

Treatment days	Dose
Days 1 – 3:	0.5mg once daily
Days 4 – 7:	0.5mg twice daily
Day 8 – End of treatment	1mg twice daily

- Choose a quit date when the patient will stop smoking.
- Start taking varenicline 1 week before scheduled quit date.
- Varenicline should be taken after eating and with a full glass of water.
- Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently.
- Patients should be treated for 12 weeks.
- For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment may help increase the likelihood of long-term abstinence.

VIII. Cost

The AWP for varenicline is $112 for all strengths and packages. The AWP of varenicline is about $2 per 0.5mg or 1mg tablet.

IX. Conclusion

Tobacco utilization is the largest cause of preventable death and diseases such as cancer, respiratory disease, and cardiovascular disease in the western world. Healthcare professionals should encourage patients who smoke to quit by utilizing resources such as counseling and pharmacotherapies.

References:

1. Wolters Kluwer Health, Inc. Drug Facts and Comparisons. St. Louis, MO. 2007.
2. Chantix® [prescribing information]. New York, NY: Pfizer Labs.; Jan. 2008.
3. New drug: Chantix® (varenicline). Pharmacist's Letter/Prescriber's Letter 2006;22(8):220814.

North Dakota Medicaid
Drug Utilization Review Committee Meeting
Soma 250®
June 2, 2008

I. Overview

Carisoprodol 350mg is a skeletal muscle relaxant that has been available in the United States for almost 50 years. In September 2007, Soma® 250mg (carisoprodol) was approved by the FDA. Carisoprodol is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions.

II. Pharmacology

The mechanism of action of carisoprodol in relieving discomfort associated with acute painful musculoskeletal conditions has not been clearly identified. In animal studies, muscle relaxation induced by carisoprodol is associated with altered interneuronal activity in the spinal cord and in the descending reticular formation of the brain.

III. Pharmacokinetics

Pharmacokinetic Parameters of Carisoprodol and Meprobamate		
	250mg Carisoprodol	**350mg Carisoprodol**
Cmax	1.2 ± 0.5	1.8 ± 3.1
AUC	4.5 ± 3.1	7.0 ± 5.0
Tmax	1.5 ± 0.8	1.7 ± 0.8
$T_{½}$	1.7 ± 0.5	2.0 ± 0.5

Metabolism: The major pathway of carisoprodol metabolism is via the liver by cytochrome enzyme CYP2C19 to form meprobamate.

Elimination: Carisoprodol is eliminated by both renal and non-renal routes with a terminal elimination half-life of approximately 2 hours. The half-life of meprobamate is approximately 10 hours.

IV. Warnings/Precautions

Sedation: Carisoprodol may have sedative properties and may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a motor vehicle or operating machinery.

Drug Dependence, Withdrawal, and Abuse: In the postmarketing experience with carisoprodol, cases of dependence, withdrawal and abuse have been reported with prolonged use. Most cases of dependence, withdrawal and abuse occurred in patients who have had a history of addiction or who used carisoprodol in combination with other drugs with abuse potential. Withdrawal symptoms have been reported following abrupt cessation after prolonged use. To reduce the chance of carisoprodol dependence, withdrawal, and abuse, carisoprodol should be used with caution in addiction-prone patients and in patients taking other CNS depressants including alcohol, and carisoprodol should not be used more than two to three weeks for the relief of acute musculoskeletal discomfort.

Seizures: There have been postmarketing reports of seizures in patients who received carisoprodol. Most of these cases have occurred in the setting of multiple drug overdoses (including drugs of abuse, illegal drugs, and alcohol).

V. Contraindications:

Carisoprodol is contraindicated in patients with a history of acute intermittent porphyria or a hypersensitivity reaction to a carbamate such as meprobamate.

VI. Drug Interactions

CNS Depressants: The sedative effects of carisoprodol and other CNS depressants (e.g., alcohol, benzodiazepines, opioids, tricyclic antidepressants) may be additive. Therefore caution should be exercised with patients who take more than one of these CNS

depressants, simultaneously. Concomitant use of carisoprodol and meprobamate, a metabolite of carisoprodol, is not recommended.

CYP2C19 Inhibitors and Inducers: Carisoprodol is metabolized in the liver by CYP2C19 to form meprobamate. Co-administration of CYP2C19 inhibitors, such as omeprazole or fluvoxamine, with carisoprodol could result in increased exposure of carisoprodol and decreased exposure of meprobamate. Co-administration of CYP2C19 inducers, such as rifampin or St. John's Wort, with carisoprodol could result in decreased exposure of carisoprodol and increased exposure of meprobamate. Low dose aspirin also showed induction effect on CYP2C19. The full pharmacological impact of these potential alterations of exposures in terms of either efficacy or safety of carisoprodol is unknown.

VII. Adverse Drug Events

Patients with Adverse Reactions in Controlled Studies			
Adverse Reaction	**Placebo (%)**	**Soma 250mg (%)**	**Soma 350mg (%)**
Drowsiness	6	13	17
Dizziness	2	8	7
Headache	2	5	3

VIII. Dosing and Administration

The recommended dose of carisoprodol is 250mg to 350mg three times a day and at bedtime. The recommended maximum duration of carisoprodol use is up to two or three weeks.

IX. Cost and Current Carisoprodol Utilization

Carisoprodol 250mg costs approximately $2.82 per tablet (AWP) compared to carisoprodol generic 350mg which costs approximately $.60 per tablet (AWP).

ND Medicaid Carisoprodol Utilization January 2007 – December 2007			
Label Name	**Rx Num**	**Total Reimb Amt**	**Patients**
Carisoprodol 350mg	1079	$13,942.94	258

Soma Scripts per Recipient January 2007 – December 2007	
Number of Patients	**Number of Scripts**
1	21
1	19
4	17
3	15
3	14
7	13
10	12
2	11
6	10
6	9
6	8
10	7
7	6
13	5
15	4
25	3
38	2
101	1

X. Conclusion

Carisoprodol 250mg seems as effective as carisoprodol 350mg with better tolerability for some patients. Both strengths are given four times a day and have similar modest effects for acute low back pain. The incidence of drowsiness with carisoprodol 250mg is 13%, compared to 17% with the 350mg strength. Without a clearly superior agent, cost becomes the significant consideration when choosing which strength of carisoprodol to use. Neither formulation should be used first-line due to abuse potential, addiction and psychomotor impairment.

References:

1. Wolters Kluwer Health, Inc. Drug Facts and Comparisons. St. Louis, MO. 2007.
2. Soma® [prescribing information]. Somerset, NJ: MedPointe Healthcare Inc.; Sep 2007.

Carisoprodol Edits in other State Medicaid Programs

Iowa

Iowa made both brand and generic nonpreferred and put a quantity limit in place.

Prior authorization is required for non-preferred muscle relaxants. Payment for non-preferred muscle relaxants will be authorized only for cases in which there is documentation of previous trials and therapy failures with at least three preferred muscle relaxants.

Wyoming

Claims for carisoprodol will be approved if:

- Client is at least twelve years old, AND
- Claim is for less than or equal to 84 (350 mg) tablets.

One course of treatment (up to 84 tablets) will be approved every 365 days. Additional courses will require prior authorization.

For clients who have been using carisoprodol chronically, 18 tablets will be authorized for a 9 day taper.

Texas

Carisoprodol does not exceed the following:

- Carisoprodol 350mg ≤ 4 tablets per day
- Carisoprodol compound ≤ 8 tablets per day or,
- History of carisoprodol prescribed by no more than 2 prescribers within the last 60 days.

Mississippi

MS is implementing PA criteria effective July 1, 2008.
A maximum of 84 tabs for 21 days.
Can only get 1 fill every 6 months.

Montana

Dosage Limits: Max 350mg QID, avail. 250mg (brand only) & 350mg for 2-3 wks

Age Restrictions: No peds.

Criteria: Prior authorization requires failure on 2 other centrally acting muscle relaxants (methocarbamol, tizanidine, cyclobenzaprine, orphenadrine, chlorzoxazone, or metaxalone). Prior authorization will be granted for a maximum of 84 tablets in a 6 month time period (beginning from the date of the last prescription filled under Medicaid). Prior authorization will be granted to wean patients currently on chronic carisoprodol (this pertains only to patients new to Medicaid since all current Medicaid patients have now been weaned off carisoprodol). Generic required, brand only authorized upon failure of generic.

Montana (cont'd)
General Requirements: Soma not allowed for patients currently on or previously prior authorized for Suboxone treatment.

Alaska's limits and criteria follow:

CRITERIA FOR APPROVAL:
1. The patient is being treated for the relief of discomfort associated with acute, painful musculoskeletal conditions; AND
2. The patient is at least 12 years of age.

CRITERIA CAUSING DENIAL:
1. The patient is on any other muscle relaxant.

DISPENSING LIMIT:
1. The dispensing limit is 56 tablets per 14 days.
2. Medication may be approved for 14 days only. No refills will be authorized and a new PA must be requested for each 14 day supply.

Vermont

All carisoprodol products (alone or combination, brand or generic) have been PA required since 11/01/06. Our utilization has dropped dramatically. A patient would have had to have had a side effect, allergy, or treatment failure with 2 different skeletal muscle relaxants before approval of carisoprodol. We did not grandfather current users but sent a mailing to prescribers with their patients advising of the need for PA for therapy to continue. Once approved, there are no quantity limits. Approval is for one year.

Louisiana

Allows for 1400mg (4 tabs) daily. There are no override provisions for prescriptions for carisoprodol to be filled early or above maximum dose.

Tennessee

Has a quantity limit of 4/day, PLUS we have both brand and generic non-preferred on our PDL.

Illinois

The Department has made a change to the PDL for Skeletal Muscle Relaxants. Due to the potential for abuse, products containing carisoprodol (Soma, Soma Compound, and Soma Compound with Codeine) will require prior authorization.

Background
Soma (carisoprodol) is FDA-approved for *acute*, painful musculoskeletal disorders. It has not been shown to be superior in efficacy to any other drugs in the same class. The active metabolite of carisoprodol is

Carisoprodol Edits in other State Medicaid Programs

Illinois (cont'd)
meprobamate (Miltown and various combination products), which is a schedule IV controlled substance with a history of abuse (similar to barbiturates).

Action

- Prior authorization requests for *new* prescriptions will only be approved for *acute* musculoskeletal disorders upon receipt of a letter of medical necessity after a patient has failed on other agents in this class. Approval will be limited to a one-month supply for a maximum of 120 tablets.
- *Renewal* requests will be approved for *one month (maximum 120 tablets)* to allow for a taper regimen (see caution below).

Preferred Products
Most of the other skeletal muscle relaxants are available without prior authorization and are preferred since they do not have the same abuse potential.
chlorzoxazone (Parafon)
cyclobenzaprine (Flexeril)
diazepam (Valium)
methocarbamol (Robaxin)
orphenadrine (Norflex)

Caution
Carisoprodol should not be abruptly discontinued in patients who have been taking it for an extended duration, since withdrawal symptoms such as anxiety, tremors, insomnia, hallucinations and seizures may occur. Physicians should consider a tapering regimen for these patients or consult an addiction specialist.

Oklahoma

Carisoprodol is a controlled substance in Oklahoma (C-IV). We cover per the criteria listed:

PA Criteria:

A cumulative 90 therapy day window per 365 days will be in place for carisoprodol-containing products, further approval will be based on the following:
An additional approval for 1 month will be granted to allow titration or change to a Tier 1 muscle relaxant. Further authorizations will not be granted.

Clinical exceptions may be made for members with the following diagnosis and approvals will be granted for the duration of one year:
Multiple Sclerosis
Cerebral Palsy
Muscular Dystrophy
Paralysis

A quantity limit of 120 per 30 days will also apply for the carisoprodol and carisoprodol combination products.

Carisoprodol Edits in other State Medicaid Programs

Oklahoma (cont'd)
Soma 250 Approval for coverage is based on the following criteria:

Documentation regarding member's inability to use other skeletal muscle relaxants including carisoprodol 350 mg, and specific reason member cannot be drowsy for even a short time period. Member must not have other sedating medications in current claims history. A diagnosis of acute musculoskeletal pain, in which case, the approval will be for 14 days per 365 day period. Conditions requiring chronic use will not be approved.

Arkansas

Carisoprodol has been moved to the non-preferred list on the PDL which means it requires a PA.

Michigan

Michigan does not cover this drug.

West Virginia

A 30-day trial of all generics and Skelaxin (no generic available) is required before carisoprodol or any of the brand name agents will be approved.

Agents requiring approval are:
Amrix®15 and 30 mg.(cyclobenzaprine ER)
Fexmid 7.5 mg. (cyclobenzaprine)
Zanaflex® Capsules-
Soma® 250mg
Carisoprodol 350 mg.

North Carolina

No limitations

Colorado

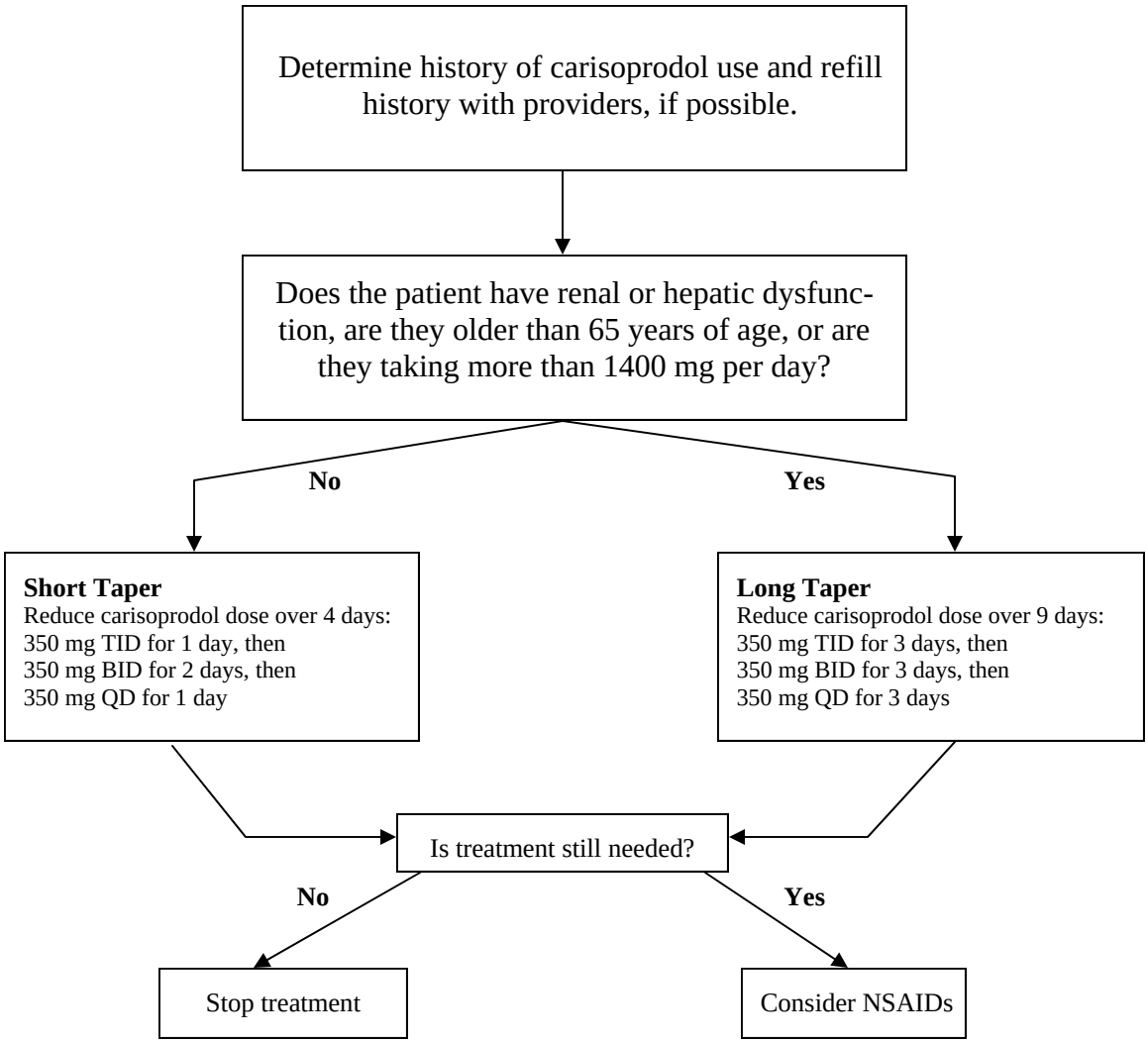
Prior Authorization
Beginning July 1, 2008, non-preferred skeletal muscle relaxants will be approved for clients who have documented failure with two preferred products in the last 6 months. (Failure is defined as: lack of efficacy, allergy, intolerable side effects, or significant drug-drug interactions)

Beginning July 1, 2008, authorization for carisoprodol will be given for a maximum of three weeks for clients with acute, painful musculoskeletal conditions who have failed two preferred products.

Tapering
Due to potential withdrawal symptoms, tapering is recommended when discontinuing high doses of carisoprodol. A one month approval will be granted for clients tapering off of carisoprodol.

Tapering Carisoprodol (Soma®)

Due to potential dependence, upon discontinuation of high doses of carisoprodol, patients may suffer withdrawal symptoms such as body aches, increased perspiration, anxiety and insomnia. To assist prescribers who wish to discontinue carisoprodol (Soma®), carisoprodol with aspirin (Soma® Compound), and carisoprodol with aspirin and codeine (Soma® Compound with Codeine), the following tapering schedule is available.



Tapering schedule developed by the Department of Veterans Affairs Medical Center, Portland, Oregon, as published in the Oregon DUR Board Newsletter. Oregon DUR Board Newsletter. 2002; 4:1. 28 December 2005. Reproduced by permission from the Oregon State University College of Pharmacy Department of Drug Use Research and Management.

Mountain-Pacific
uality Health Foundation

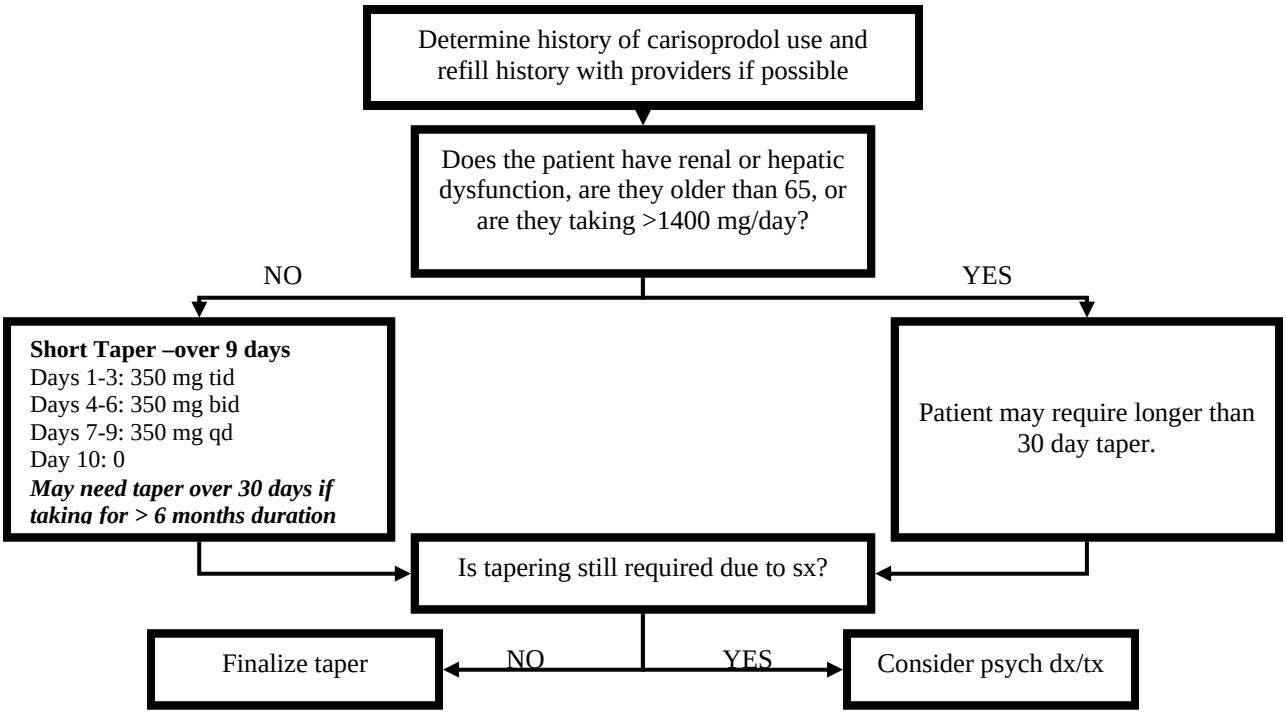
3404 Cooney Drive, Helena, MT 59602
Phone (406) 443-6002 - Toll Free Phone 1-800-395-7961
Fax (406) 443-7014 - Toll Free Fax 1-800-294-1350

*"The best quality health care is provided to every patient we serve, **every time**."*

Montana Medicaid Carisoprodol Prior Authorization Criteria

- ***For New*** prescriptions -patient must have tried and failed on a least 2 other centrally-acting muscle relaxants (i.e. methocarbamol, tizanidine, cyclobenzaprine, orphenadrine, chlorzoxazone or Skelaxin®).
- ***Quantity Limits*** -Prior authorizations will be granted for a maximum of 84 tablets in a 6 month time period.
- ***Renewal requests*** -A 30-day authorization will be granted for patients currently taking carisoprodol to allow for a tapering schedule. **Patients on high doses may suffer withdrawal symptoms if stopped abruptly. Montana Medicaid and the DUR Board recognize patient variability exists and tapering schedules for varying durations may be required.**

<u>Per the request of your office</u>, the following adapted tapering schedule is available for your reference. Please note, there are limited literature recommendations for a tapering schedule and the advice of an addiction specialist may be necessary.** ***Montana Medicaid and MPQH do not endorse or require any specific schedule.



*Adapted from a Tapering Schedule developed by the Department of Veterans Affairs Medical Center, Portland, Oregon, as published in the Oregon DUR Board Newsletter. 2002; 4:1. 28 Dec. 2005.
http://pharmacy.oregonstate.edu/drug_policy/pages/dur_board/newsletter/articles/volume4/4_8.html

SOMA 250mg PA FORM

Prior Authorization Vendor for ND Medicaid

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients using brand name Soma 250mg must use generic carisoprodol 350mg first line.

***Note: The PA will be approved if recipient fails a trial of carisoprodol 350mg.**

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Physician Name			
Physician Medicaid Provider Number	Telephone Number	Fax Number	
Address	City	State	Zip Code
Requested Drug and Dosage: □ SOMA 250MG	**Diagnosis for this request:**		

Qualifications for coverage:

□ Failed SMR therapy	Start Date	End Date	Dose	Frequency

□ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Physician Signature	Date

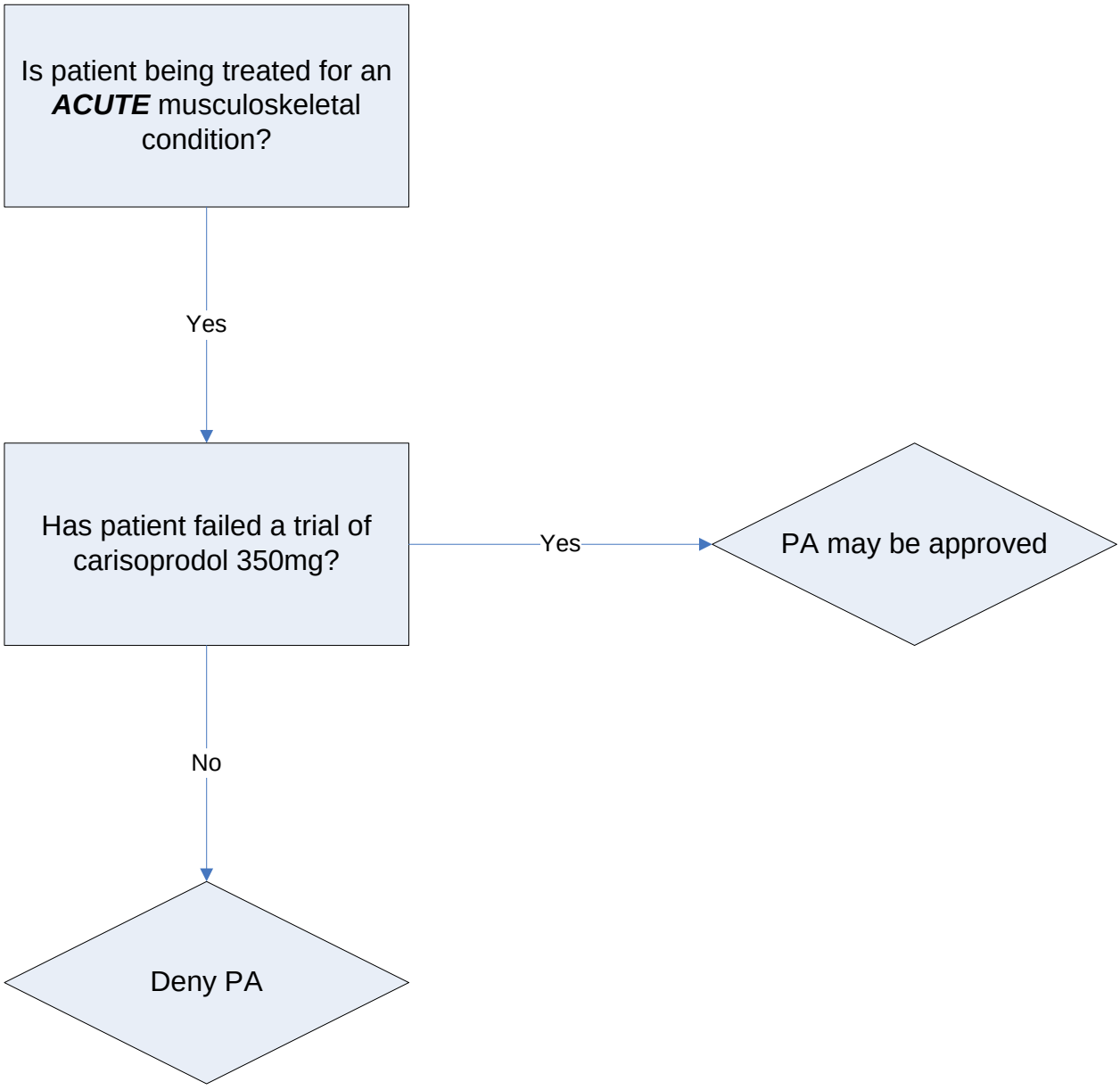
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #

Part III: FOR OFFICIAL USE ONLY

Date Received	Initials:
Approved - Effective dates of PA: From: / / To: / /	Approved by:
Denied: (Reasons)	

North Dakota Department of Human Services
Soma 250mg Authorization Algorithm



Sedative/Hypnotic PRIOR AUTHORIZATION

HEALTH INFORMATION DESIGNS

Prior Authorization Vendor for ND Medicaid

Clear Fields

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving a new prescription for a name brand Sedative/Hypnotic must use Ambien® (zolpidem) as first line therapy.

*__Note:__

- **The PA will be approved if there is a failed trial of Ambien® (zolpidem)**
- **Estazolam, flurazepam, temazepam, triazolam, quazepam and Ambien® (zolpidem) do not require a PA**

Part I: TO BE COMPLETED BY PHYSICIAN

RECIPIENT NAME:		RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth:		
PHYSICIAN NAME:		PHYSICIAN MEDICAID ID NUMBER:
Address:		Phone:
City:		FAX:
State: Zip:		

REQUESTED DRUG:	**Requested Dosage:** (must be completed)

Qualifications for coverage:

☐ Failed Ambien® (zolpidem) Start Date: Dose:
End Date: Frequency:

☐ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Physician Signature: Date:

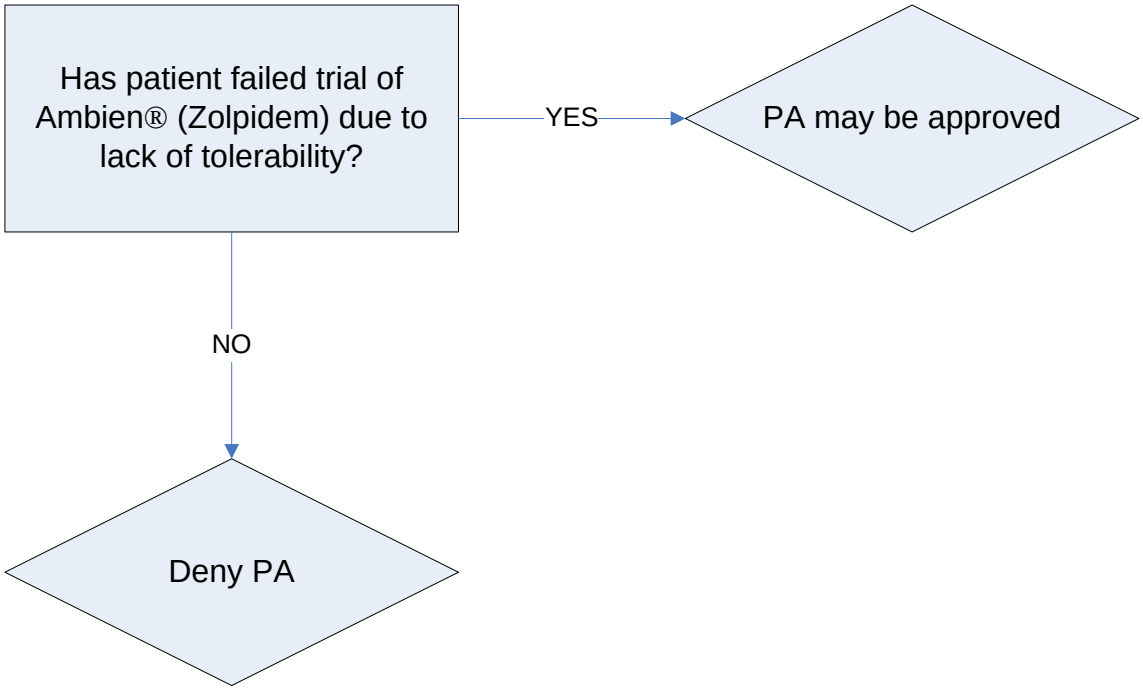
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:		ND MEDICAID PROVIDER NUMBER:
Phone:		FAX:
Drug:		NDC#:

Part III: FOR OFFICIAL USE ONLY

Date: / /		Initials: _____	
Approved - Effective dates of PA:	From: / /	To:	/ /
Denied: (Reasons)			

North Dakota Department of Human Services
Sedative/Hypnotic Authorization Algorithm



NORTH DAKOTA MEDICAID
Percentage Market Share Within Sub-Classes
Sedative/Hypnotics

	FEB 04	MAY 06	JAN 08
All Sedative/Hypnotics(No Subclass)			
AMBIEN	91.22	56.59	0.00
AMBIEN CR	0.00	17.51	9.05
LUNESTA	0.00	18.71	7.58
ROZEREM	0.00	4.80	4.00
SONATA	8.78	2.40	1.05
ZOLPIDEM TARTRATE	0.00	0.00	78.32

HEALTH INFORMATION DESIGNS

Qualaquin Form

Clear Fields

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid will cover Qualaquin with a diagnosis of Malaria.

Part I: TO BE COMPLETED BY PHYSICIAN

RECIPIENT NAME:		RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth:		
PHYSICIAN NAME:		PHYSICIAN MEDICAID ID NUMBER:
Address:		Phone:
City:		FAX:
State: Zip:		

REQUESTED DRUG:	**Requested Dosage:** (must be completed)

Qualifications for coverage:

- ❑ Malaria

.

Physician Signature: Date:

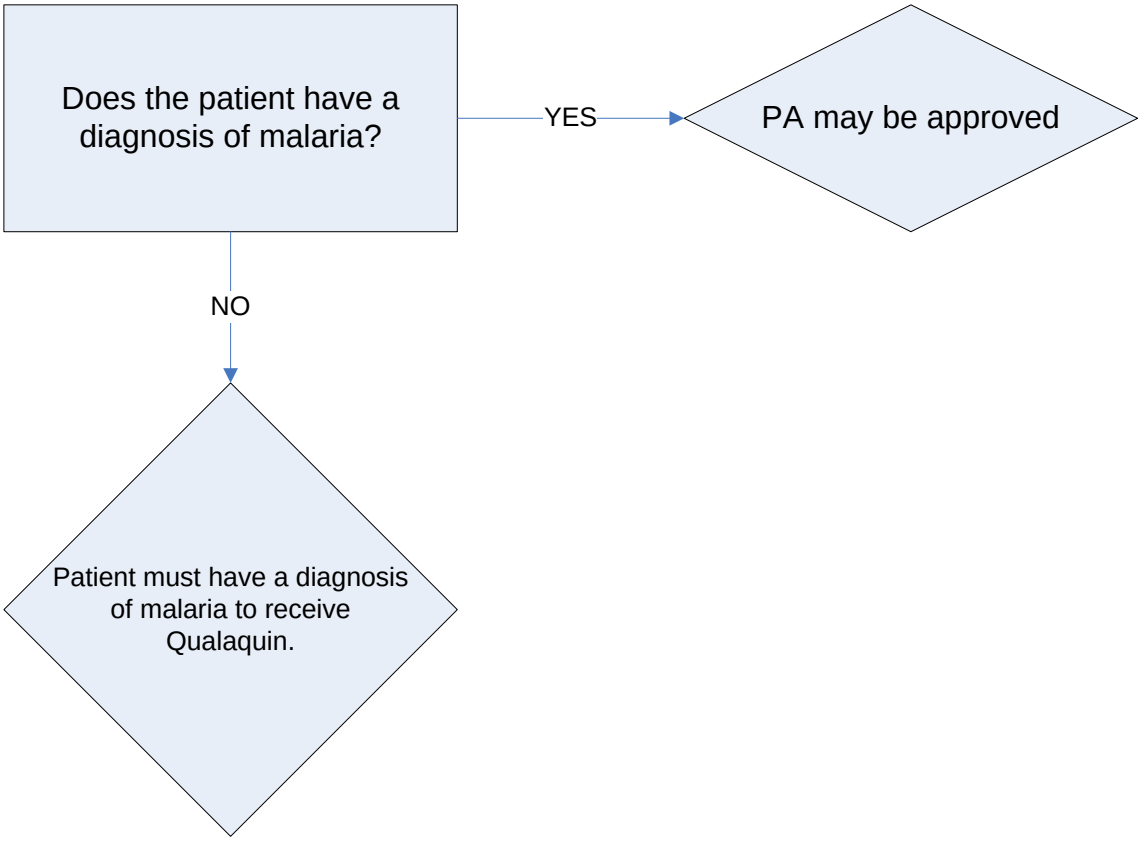
Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:		ND MEDICAID PROVIDER NUMBER:
Phone:		FAX:
Drug:		NDC#:

Part III: FOR OFFICIAL USE ONLY

Date: / /			Initials: _____
Approved - Effective dates of PA:	From: / /		To: / /
Denied: (Reasons)			

North Dakota Department of Human Services
Qualaquin Criteria Algorithm



ACE Inhibitor PRIOR AUTHORIZATION

HEALTH INFORMATION DESIGNS

Prior Authorization Vendor for ND Medicaid

Clear Fields

Fax Completed Form to:
866-254-0761
For questions regarding this Prior authorization, call
866-773-0695

ND Medicaid requires that patients receiving an ACE Inhibitor must use at least two generics as first line.

**Note:*

- **Captopril, Enalapril, Lisinopril, Moexipril, Benazepril, Quinapril or Fosinopril do not require a PA**
- **If the patient has not failed two generics but has subsequently had a successful trial of a brand drug, the PA will be approved.**
- **Altace should be reserved for a recipient who is > 55 years old with previous CV disease or diabetes plus one other risk factor for CV disease.**

Part I: TO BE COMPLETED BY PHYSICIAN

RECIPIENT NAME:	RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth:	
PHYSICIAN NAME:	PHYSICIAN MEDICAID ID NUMBER:
Address:	Phone:
City:	FAX:
State: Zip:	

REQUESTED DRUG:	**Requested Dosage:** (must be completed) **Diagnosis for this request:** **Other CV Risk Factors:**

Qualifications for coverage:

☐ Failed generic drug — Start Date: — End Date: — Dose: — Frequency:

☐ Failed generic drug

☐ *I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.*

Physician Signature: Date:

Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:	ND MEDICAID PROVIDER NUMBER:
Phone:	FAX:
Drug:	NDC#:

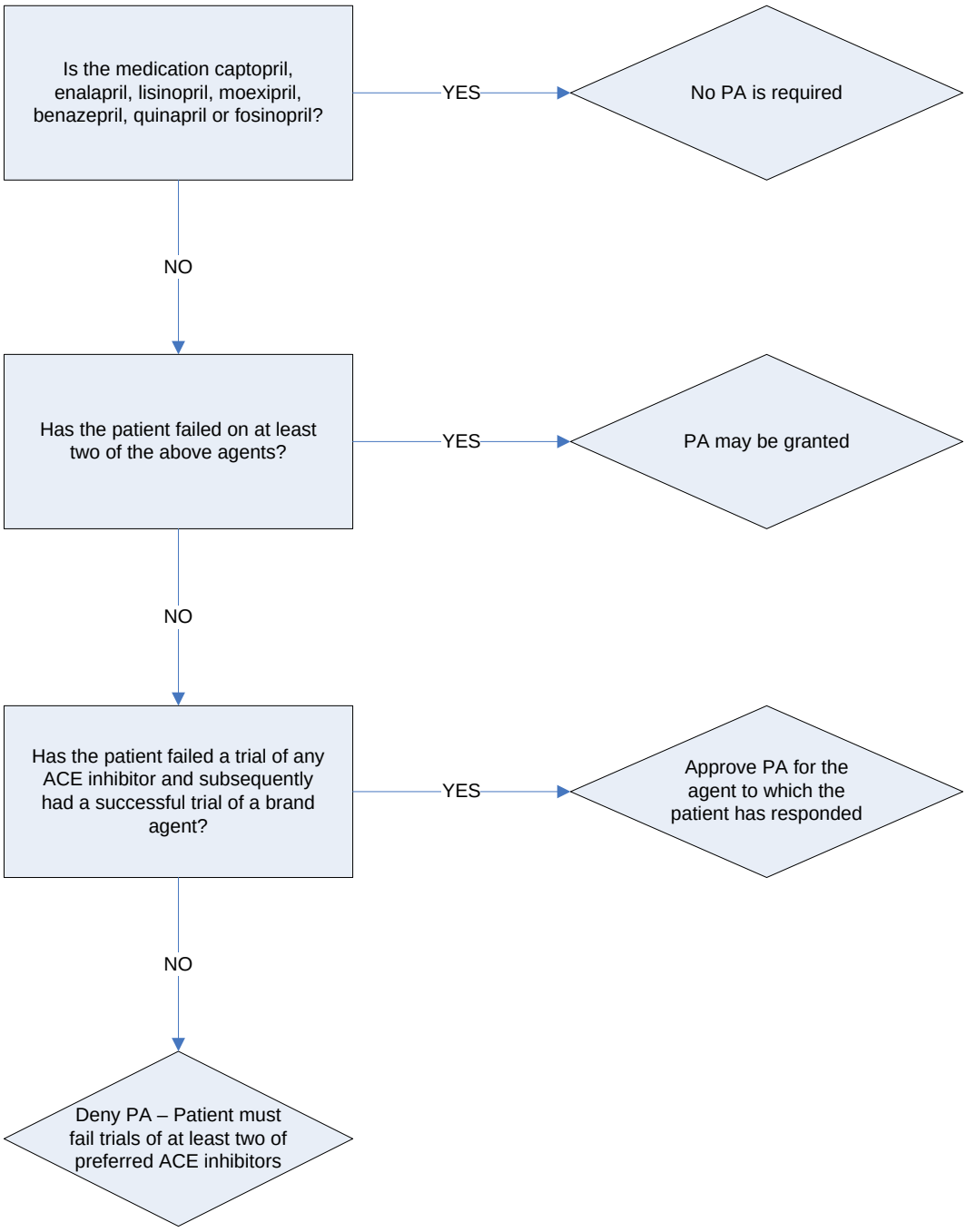
Part III: FOR OFFICIAL USE ONLY

Date: / / Initials: _____

Approved - Effective dates of PA: From: / / To: / /

Denied: (Reasons)

North Dakota Department of Human Services
ACE Inhibitor Authorization Criteria Algorithm



PLEASE NOTE: Ramipril (Altace) is considerably more expensive than other preferred ACE inhibitors. DHS recommends that the use of ramipril be reserved for patients 55 years of age or older with previous cardiovascular (CV) disease or diabetes plus one other risk factor for CV disease.

NORTH DAKOTA MEDICAID
Percentage Market Share Within Sub-Classes
ACE Inhibitors

	FEB 04	APR 05	JAN 08
All ACE Inhibitors(No Subclass)			
ACCUPRIL	8.39	0.46	0.15
ACCURETIC	0.33	0.11	0.00
ACEON	0.33	0.42	0.00
ALTACE	7.61	8.61	5.22
BENAZEPRIL HCL	0.29	5.27	3.43
BENAZEPRIL HCL-HCTZ	0.00	0.98	0.90
CAPOTEN	0.00	0.00	0.00
CAPOZIDE	0.00	0.00	0.00
CAPTOPRIL	1.99	1.62	0.90
CAPTOPRIL/HYDROCHLOROTHIAZIDE	0.00	0.00	0.00
ENALAPRIL MALEATE	18.87	18.24	12.24
ENALAPRIL MALEATE-HCTZ	0.81	0.74	0.30
ENALAPRIL MALEATE/HCTZ	0.00	0.00	0.00
FOSINOPRIL SODIUM	1.77	2.57	0.90
FOSINOPRIL-HYDROCHLOROTHIAZIDE	0.00	0.18	0.15
LEXXEL	0.00	0.04	0.00
LISINOPRIL	37.70	41.64	58.06
LISINOPRIL-HCTZ	3.64	4.43	11.19
LOTENSIN	5.22	0.04	0.00
LOTENSIN HCT	1.36	0.07	0.00
LOTREL	4.38	3.97	0.60
MAVIK	0.37	0.60	0.00
MOEXIPRIL HCL	2.83	0.14	1.34
MONOPRIL	1.58	0.07	0.00
MONOPRIL HCT	0.40	0.11	0.00
PRINIVIL	0.11	0.04	0.15
PRINZIDE	0.00	0.00	0.00
QUINAPRIL	0.00	0.00	0.00
QUINAPRIL HCL	0.00	5.83	4.03
QUINARETIC	0.00	0.18	0.15
TARKA	0.15	0.25	0.00
UNIRETIC	1.58	1.30	0.30
UNIVASC	0.00	2.00	0.00
VASERETIC	0.00	0.00	0.00
VASOTEC	0.07	0.00	0.00
VASOTEC I.V.	0.00	0.00	0.00
ZESTORETIC	0.18	0.11	0.00
ZESTRIL	0.04	0.04	0.00

Synagis Utilization

NDC USAGE for Synagis from 08/01/05 to 05/01/06 for Program All			
NDC Code	**Rx Num**	**Total Reimb Amt**	**Label Name**
60574411101	141	$201,775.83	SYNAGIS 100 MG VIAL
60574411201	83	$59,432.00	SYNAGIS 50 MG VIAL
60574411301	35	$48,549.18	SYNAGIS 100 MG/1 ML VIAL
60574411401	20	$33,700.00	SYNAGIS 50 MG/0.5 ML VIAL
TOTAL	279	$343,457.01	
60 patients/30 physicians			

NDC USAGE for Synagis from 08/01/06 to 05/01/07 for Program All			
NDC Code	**Rx Num**	**Total Reimb Amt**	**Label Name**
60574411301	295	$435,140.21	SYNAGIS 100 MG/1 ML VIAL
60574411401	161	$115,087.68	SYNAGIS 50 MG/0.5 ML VIAL
TOTAL	456	$550,227.89	
97 patients/33 physicians			

NDC USAGE for Synagis from 08/01/07 to 03/25/08 for Program All			
NDC Code	**Rx Num**	**Total Reimb Amt**	**Label Name**
60574411301	173	$287,049.46	SYNAGIS 100 MG/1 ML VIAL
60574411401	86	$69,422.74	SYNAGIS 50 MG/0.5 ML VIAL
TOTAL	259	$356,472.20	
64 patients/27 physicians			

NORTH DAKOTA MEDICAID
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
MAY 2008

Recommendations	*Approved*	*Rejected*

1. Plan B / Over-utilization _____ _____

Alert Message: The patient appears to be over-utilizing the emergency contraceptive, Plan B (levonorgestrel). Emergency contraceptives are not as effective as routine contraception since their failure rate, while low based on a single use, would accumulate over time with repeated use.
Conflict Code: ER – Overutilization
Drug/Diseases:

Util A	Util B	Util C
Plan B		

References:
Facts & Comparisons, 2008 Updates.
Plan B Package Information, Aug. 2006, Duramed Research Inc.
Clinical Pharmacology, Gold Standard 2008.

2. Clopidogrel / Non-adherence _____ _____

Alert Message: Non-adherence to clopidogrel therapy may result in a sub-therapeutic effect increasing mortality, morbidity and healthcare cost.
Conflict Code: LR - Non-Adherence
Drug/Diseases:

Util A	Util B	Util C
Clopidogrel		

References:
Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med. Aug. 2005;353(5):487-497.
Munger MA, Van Tassell BW, La Fleur J. Medication nonadherence: an unrecognized cardiovascular risk factor. MedGenMed. Sep. 2007;19;9(3): 58.

3. Clopidogrel / Over-utilization _____ _____

Aler Message: The recommended daily dose of clopidogrel is 75 mg. Exceeding the recommended dose may put the patient at increased risk of bleeding and other adverse effects.
Conflict Code: HD – High Dose
Drug/Diseases:

Util A	Util B	Util C
Clopidogrel		

Maximum Dose: 75 mg/day
References:
Facts & Comparisons, 2008 Updates.
Plavix Prescribing Information, Oct. 2007, Bristol-Myers Squibb Company.

4. Tussionex / Warning _____ _____

Alert Message: The FDA has received reports of death and life-threatening side effects in patients who have received Tussionex (hydrocodone/chlorpheniramine). The reports indicate that healthcare professionals have prescribed Tussionex for patients younger than the approved aged group of 6 years old and older, more frequently than the labeled dosing interval of every 12 hours, and that patients have administered the incorrect dose due to misinterpretation of the dosing directions and use of inappropriate devices to measure the suspension. Carefully counsel patients concerning the use of this medication.
Conflict Code: TA – Therapeutic Appropriateness (Public Health Advisory)
Drug/Diseases:

Util A	Util B	Util C
Tussionex		

References:
MedWatch - The FDA Safety Information and Adverse Event Reporting Program, 2008.
Tussionex Prescribing Information, Jan. 2008, UCB, Inc.
FDA Public Health Advisory: Important Information for the Safe Use of Tussionex Pennkinetic Extended-Release Suspension. March 2008.

5. Tussionex / Contraindication _____ _____

Alert Message: The use of Tussionex suspension (hydrocodone/chlorpheniramine) is contraindicated in children less then 6 years of age due to the risk of fatal respiratory depression.
Conflict Code: TA – Therapeutic Appropriateness
Drug/Diseases:

Util A	Util B	Util C
Tussionex		

Age Range: 0 – 5 years of age
References:
MedWatch - The FDA Safety Information and Adverse Event Reporting Program, 2008.
Tussionex Prescribing Information, Jan. 2008, UCB, Inc.

6. Erythropoiesis Stimulating Agents / Black Box Warning _____ _____

Alert Message: In clinical trials erythropoiesis stimulating agents (ESAs) have been shown to shorten the overall survival and/or time to tumor progression in patients with breast cancer, non-small cell lung, head and neck, lymphoid and cervical cancers when dosed to target a hemoglobin of ≥ 12g/dL. To minimize this risk, use the lowest dose needed to avoid red blood cell transfusions.
Conflict Code: TA – Therapeutic Appropriateness (Black Box Warning)
Drug/Diseases:

Util A	Util B	Util C
Aranesp	Breast Cancer	
Epogen/Procrit	Non-small Cell Lung Cancer	
	Head and Neck Cancer	
	Lymphoid Cancers	
	Cervical Cancer	

References:
MedWatch - The FDA Safety Information and Adverse Event Reporting Program, 2008.
Procrit Prescribing Information, March 2008. Ortho Biotech Products, L.P.
Epogen Prescribing Information, March 2008, Amgen.
Aranesp Prescribing Information, March 2008, Amgen.