



# KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

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Fall 2009

Welcome to the Fall 2009 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, Inc. (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

## KMAP Helpful Phone Numbers

### Provider Customer Service: 1-800-933-6593

Press '1' then:

- 0—Customer Service Representative
- 1—Eligibility, NDC Coverage, & Claims Status
- 2—Reset Pin Numbers
- 3—EDI (Electronic Data Interchange)
- 4—Dental Specialist
- 5—Prior Authorization
- 6—Provider Enrollment

### Beneficiary Customer Service:

1-800-766-9012

### Pharmacy Help Desk:

1-866-405-5200

- Pharmacy Claims
- ProDUR
- Drug Coverage Questions

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## Updated Synagis Guidelines

Synagis® (palivizumab) is FDA-approved for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients at increased risk of severe disease. The American Academy of Pediatrics (AAP) first published guidelines for selection of infants for prophylaxis of RSV in November 1998, with revisions in December 2003. The guidelines were recently updated again in an attempt to ensure an optimal balance of benefit and cost. Kansas Medicaid requires a Prior Authorization (PA) for the coverage of Synagis. PA criteria are based upon AAP guidelines.

In the Midwest, the RSV season typically starts in November and ends in March. Kansas Medicaid will consider coverage of Synagis from October 1 thru April 30, with a maximum of five monthly doses being covered for most beneficiaries. Five monthly injections of Synagis will provide more than 20 weeks of protective serum antibody concentration for most infants.

The guidelines for infants with hemodynamically-significant congenital heart disease, chronic lung disease of prematurity and birth before 32 weeks gestation did not change in the 2009 revised AAP guidelines. These infants are at an increased risk of hospitalization due to RSV and should receive a maximum of five monthly doses.

The guidelines have been changed for infants born between 32 weeks, 0 days gestation to 34 weeks, 5 days gestation. The recommendations have been modified to reduce the risk of RSV hospitalization during the period of greatest risk—the first three months of life. These infants must also have another risk factor to be considered for prophylaxis with Synagis: 1) they must attend child care, or 2) have a sibling younger than five years of age in the household. According to the updated guidelines, these infants should receive a maximum of three doses of Synagis and should only receive prophylaxis until they reach three months of age. This means many beneficiaries in this age group may only receive one or two doses. Once an infant reaches three months of age, the risk of hospitalization due to RSV lower respiratory tract disease is reduced, and administration of Synagis is not recommended in the current guidelines.

Below is a summary of the criteria Kansas Medicaid will use to determine coverage of Synagis; changes are noted in *italics*.

- Treatment is being administered at the start of or within the RSV season with a *maximum of five monthly doses*. After the initial dose and prior to each monthly refill, a Synagis status form must be returned with the date of the last injection and the beneficiary's current weight.
- Less than two years of age with chronic lung disease that required treatment in the past six months.
- Less than two years of age with complex congenital heart disease and/or significant congestive heart disease.
- Patients born at less than 29 weeks of gestation and are currently less than one year of age.
- Patients born between 29 and 32 weeks of gestation and are currently less than or equal to six months of age.
- *Patients born between 32 and 35 weeks of gestation, are currently less than three months of age, and either attend child care or have a sibling/housemate younger than five years of age. Coverage will be for no more than three months of therapy or until the beneficiary reaches 90 days of age, whichever occurs first.*
- Patients born between 33 and 35 weeks of gestation and are currently greater than six months of age and less than two years of age with complex congenital heart disease.

All Prior Authorization and status forms can be found on the KHPA Web site at [http://www.khpa.ks.gov/pharmacy/pharmacy\\_druglist\\_auth\\_forms.html](http://www.khpa.ks.gov/pharmacy/pharmacy_druglist_auth_forms.html).

## 2009-2010 Influenza Season

### Symptoms

Symptoms of seasonal influenza include: fever (often high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, muscle aches, and GI disturbances (nausea, vomiting, and diarrhea; more common in children). The symptoms of the 2009 H1N1 influenza virus are similar to those of seasonal influenza. Additionally, a significant number of people have reported diarrhea and vomiting with the 2009 H1N1 influenza virus.

### Transmission

Seasonal influenza virus is primarily transferred from person to person in the respiratory droplets of coughs or sneezes of people infected with the virus. People may be infected by touching a respiratory droplet on another person or object and then touching their mouth or nose before washing their hands. Most healthy adults may be able to infect others anywhere from one day prior to symptoms developing and up to five to seven days after becoming sick. This means people may pass the virus onto others before they even know they are sick—and children may be able to pass the virus for longer than seven days. Spread of the 2009 H1N1 influenza virus is currently being studied but it is thought to be spread the same way as seasonal influenza.

### High Risk Groups

Most people who get influenza will recover in a few days to less than two weeks, but some will develop life-threatening complications. People age 65 years and older, people of any age with a chronic medical condition (such as asthma, diabetes, kidney disease, suppressed immune system, neurocognitive and neuromuscular disorders, or heart disease), pregnant women, and young children are more likely to get complications from influenza. Pneumonia, bronchitis, and sinus ear infections are three of the most common complications of influenza. Influenza may also worsen chronic medical conditions.

The population at high risk of developing complications from the 2009 H1N1 influenza virus appears to be similar to that of seasonal influenza. The primary difference is that adults 65 years and older do not yet appear to be at an increased risk of complications related to the 2009 H1N1 influenza virus. According to the Centers for Disease Control (CDC) the current information available for analysis regarding the 2009 H1N1 influenza outbreak suggests the disease burden is greatest in young people, specifically those younger than 25 years of age.

### Management Recommendations

The CDC recommends that persons suspected to be infected with the 2009 H1N1 influenza virus stay home for at least 24 hours after their fever is gone without the use of fever-reducing medicines. They should be advised to stay away from others as much as possible to prevent making others sick. This means staying at home except to seek medical advice.

### Vaccine Recommendations

The seasonal influenza vaccine should be available for anyone who wants to get vaccinated against influenza. Each year the Advisory Committee on Immunization Practices (ACIP) makes recommendations regarding priority groups for vaccination. For these guidelines please visit the CDC Web site at <http://www.cdc.gov/flu/>.

#### **People who should not receive any form of the influenza vaccine include:**

- People who have a severe allergy to chicken eggs
- People who have had a severe reaction to an influenza vaccine in the past
- People who have previously developed Guillian-Baré Syndrome within six weeks of getting an influenza vaccine
- People who have a moderate or severe illness with a fever—these people should wait to get vaccinated after their symptoms lessen

The seasonal influenza vaccine is available in two forms: Trivalent Inactivated Influenza Vaccine (TIV) and Live, Intranasal Influenza Vaccine (LAIV). TIV can be used in people 6 months of age and older. LAIV is given as a nasal spray and can be used in healthy people 2 – 49 years old who are not pregnant. Healthy people who live with or care for those in a high risk group can get LAIV, with one exception: a healthy person caring for those with severely weakened immune systems who require a protected environment should not receive LAIV. These healthy people should receive TIV. For current guidelines please visit the CDC Web site at <http://www.cdc.gov/flu/>.

Simultaneous administration of inactivated vaccines against seasonal and 2009 H1N1 influenza viruses is permissible if different administration sites are used. Simultaneous administration of the live, attenuated vaccines is not recommended. The guidelines for those who should not receive the 2009 H1N1 influenza vaccine are currently the same as the seasonal influenza vaccine. *Continued on Page 4.*

**Reminder: Cough & cold preparations are not recommended for use in children younger than 2 years of age. Visit the CDC Web site at <http://www.cdc.gov/getsmart/antibiotic-use/symptom-relief.html> for helpful information on treating cold symptoms without medications.**

# Preferred Drug List Update

Below is a list of current preferred agents; a complete list of both preferred and non-preferred agents may be found on the KHPA Web site. The Preferred Drug list may be updated at any time. Please visit the KHPA Web site the most recent version.

[http://www.khpa.ks.gov/pharmacy/pharmacy\\_druglist.html](http://www.khpa.ks.gov/pharmacy/pharmacy_druglist.html)

<p><b>Allergy Agents</b></p> <p><b>Non-Sedating Antihistamines</b></p> <p>Claritin<sup>®</sup> (loratadine) Claritin-D<sup>®</sup> (loratadine/pseudoephedrine) -KBH only Zyrtec<sup>®</sup> (cetirizine) Zyrtec-D<sup>®</sup> (cetirizine/pseudoephedrine) -KBH only</p>	<p><b>Anti-Infectives</b></p> <p><b>Anti-Herpes Virus Agents</b></p> <p>Valtrex<sup>®</sup> (valacyclovir) Zovirax<sup>®</sup> (acyclovir) -Oral Dosage Forms Only</p>	<p><b>Central Nervous System</b></p> <p><b>Adjunct Antiepileptics</b></p> <p>Keppra<sup>®</sup> (levetiracetam) Lyrica<sup>®</sup> (pregabalin) Neurontin<sup>®</sup> (gabapentin) Zonegran<sup>®</sup> (zonisamide)</p>	<p><b>Injectables</b></p> <p><b>Erythropoiesis—Stimulating Agents</b></p> <p>Aranesp<sup>®</sup> (darbepoetin alfa)</p>
<p><b>Analgesics</b></p> <p><b>Muscle Relaxants (Skeletal)</b></p> <p>Flexeril 10mg<sup>®</sup> (cyclobenzaprine) Parafon Forte DSC<sup>®</sup> (chlorzoxazone) Robaxin<sup>®</sup> (methocarbamol) Robaxin-750<sup>®</sup> (methocarbamol) Robaxisal<sup>®</sup> (methocarbamol/aspirin)</p>	<p><b>Cardiovascular Agents</b></p> <p><b>ACE Inhibitors</b></p> <p>Accupril<sup>®</sup> (quinapril) Capoten<sup>®</sup> (captopril) Lotensin<sup>®</sup> (benazepril) Monopril<sup>®</sup> (fosinopril) Prinivil<sup>®</sup> (lisinopril) Vasotec<sup>®</sup> (enalapril) Zestril<sup>®</sup> (lisinopril)</p>	<p><b>Non-Benzodiazepine Sedative Hypnotics</b></p> <p>Lunesta<sup>®</sup> (eszopiclone) Zolpidem (generic only)</p> <p><b>Non-Scheduled Novel Sleep Agents</b></p> <p>Rozerem<sup>®</sup> (ramelteon)</p>	<p><b>Growth Hormones</b> (Clinical PA is still required for all growth hormones)</p> <p>Genotropin<sup>®</sup> (somatropin) Genotropin MiniQuick<sup>®</sup> (somatropin) Nutropin<sup>®</sup> (somatropin) Nutropin AQ<sup>®</sup> (somatropin) Tev-Tropin<sup>®</sup> (somatropin) Saizen<sup>®</sup> (somatropin)</p>
<p><b>Muscle Relaxants (Spasticity)</b></p> <p>Lioresal<sup>®</sup> (baclofen) Zanaflex<sup>®</sup> (tizanidine) -Tablets Only</p>	<p><b>ACE Inhibitor/Calcium Channel Blocker Combos</b></p> <p>Lotrel<sup>®</sup> (benazepril/amlodipine)</p>	<p><b>Diabetic Agents</b></p> <p><b>Alphaglucoisidase Inhibitors</b></p> <p>Glyset<sup>®</sup> (miglitol)</p>	<p><b>Insulin (Delivery Systems)</b></p> <p>All Multi-dose vials</p>
<p><b>Non-Steroidal Anti-Inflammatory</b></p> <p>Advil<sup>®</sup> (ibuprofen) Aleve<sup>®</sup> (naproxen) Anaprox<sup>®</sup> (naproxen sodium) Anaprox DS<sup>®</sup> (naproxen sodium) Ansaid<sup>®</sup> (flurbiprofen) Arthrotec<sup>®</sup> (diclofenac/misoprostol) Cataflam<sup>®</sup> (diclofenac potassium) Clinoril<sup>®</sup> (sulindac) Daypro<sup>®</sup> (oxaprozin) EC-Naprosyn<sup>®</sup> (naproxen) Lodine<sup>®</sup> (etodolac) Lodine XL<sup>®</sup> (etodolac) Meclomen<sup>®</sup> (meclufenamate) Mobic<sup>®</sup> (meloxicam) Motrin<sup>®</sup> (ibuprofen) Motrin IB<sup>®</sup> (ibuprofen) Nalfon<sup>®</sup> (fenoprofen) Naprelan<sup>®</sup> (naproxen sodium) Naprosyn<sup>®</sup> (naproxen) Orudis<sup>®</sup> (ketoprofen) Orudis KT<sup>®</sup> (ketoprofen) Oruvail<sup>®</sup> (ketoprofen) Toradol<sup>®</sup> (ketorolac) -limit 5 day supply Tolectin DS<sup>®</sup> (tolmetin) Tolectin 600<sup>®</sup> (tolmetin) Voltaren<sup>®</sup> (diclofenac sodium) Voltaren XR<sup>®</sup> (diclofenac sodium)</p>	<p><b>ARBs</b></p> <p>Avapro<sup>®</sup> (irbesartan) Avalide<sup>®</sup> (irbesartan/HCTZ) Diovan<sup>®</sup> (valsartan) Diovan HCT<sup>®</sup> (valsartan/HCTZ) Micardis<sup>®</sup> (telmisartan) Micardis HCT<sup>®</sup> (telmisartan/HCTZ)</p>	<p><b>Biguanides</b></p> <p>Glucophage<sup>®</sup> (metformin) Metformin Extended Release (generics only)</p>	<p><b>Nasal Agents</b></p> <p><b>Intranasal Corticosteroids</b></p> <p>Flonase<sup>®</sup> (fluticasone) Nasonex<sup>®</sup> (mometasone) Rhinocort AQ<sup>®</sup> (budesonide) Veramyst<sup>®</sup> (fluticasone)</p>
<p><b>Triptans</b></p> <p>Amerge<sup>®</sup> (naratriptan) Frova<sup>®</sup> (frovatriptan) Imitrex<sup>®</sup> (sumatriptan) Maxalt<sup>®</sup> (rizatriptan) Relpax<sup>®</sup> (eletriptan)</p>	<p><b>Beta-Blockers</b></p> <p>Betapace<sup>®</sup> (sotalol) Betapace AF<sup>®</sup> (sotalol AF) Blocadren<sup>®</sup> (timolol) Corgard<sup>®</sup> (nadolol) Coreg<sup>®</sup> (carvedilol) Coreg CR<sup>®</sup> (carvedilol CR) Inderal<sup>®</sup> (propranolol) InnoPran XL<sup>®</sup> (propranolol XL) Kerlone<sup>®</sup> (betaxolol) Lopressor<sup>®</sup> (metoprolol tartrate) Propranolol Intensol<sup>®</sup> (propranolol) Sectral<sup>®</sup> (acebutolol) Tenormin<sup>®</sup> (atenolol) Toprol XL<sup>®</sup> (metoprolol succinate) Visken<sup>®</sup> (pindolol)</p>	<p><b>Meglitinides</b></p> <p>Starlix<sup>®</sup> (nateglinide)</p>	<p><b>Ophthalmic Agents</b></p> <p><b>Ophthalmic Prostaglandin Analogs</b></p> <p>Travatan<sup>®</sup> (travoprost) Travatan Z<sup>®</sup> (travoprost) Xalatan<sup>®</sup> (latanoprost)</p>
<p><b>Antihyperlipidemics</b></p> <p><b>Fibric Acid Derivatives</b></p> <p>Fenoglide<sup>®</sup> (fenofibrate) Lipid<sup>®</sup> (gemfibrozil) TriCor<sup>®</sup> (fenofibrate)</p>	<p><b>Calcium Channel Blockers (Dihydropyridines)</b></p> <p>Adalat CC<sup>®</sup> (nifedipine ER) Cardene<sup>®</sup> (nicardipine IR) DynaCirc<sup>®</sup> (isradipine IR) DynaCirc CR<sup>®</sup> (isradipine CR) Norvasc<sup>®</sup> (amlodipine) Procardia XL<sup>®</sup> (nifedipine ER) Sular<sup>®</sup> (nisoldipine)</p>	<p><b>2<sup>nd</sup> Generation Sulfonylureas</b></p> <p>Amaryl<sup>®</sup> (glimepiride) DiaBeta<sup>®</sup> (glyburide) Glucotrol<sup>®</sup> (glipizide) Glucotrol XL<sup>®</sup> (glipizide XL) Glucovance<sup>®</sup> (glyburide/metformin) Glynase PresTab<sup>®</sup> (glyburide micronized) Micronase<sup>®</sup> (glyburide)</p>	<p><b>Osteoporosis Agents</b></p> <p><b>Bisphosphonates</b></p> <p>Actonel<sup>®</sup> (risedronate) Fosamax<sup>®</sup> (alendronate) Fosamax Plus D<sup>®</sup> (alendronate/cholecalciferol)</p>
<p><b>HMG-CoA Reductase Inhibitors (Statins)</b></p> <p>Crestor<sup>®</sup> (rosuvastatin) Lipitor<sup>®</sup> (atorvastatin) Zocor<sup>®</sup> (Simvastatin)</p>	<p><b>Calcium Channel Blockers (Non-Dihydropyridines)</b></p> <p>Calan<sup>®</sup> (verapamil IR) Calan SR<sup>®</sup> (verapamil SR) Cardizem<sup>®</sup> (diltiazem IR) Covera HS<sup>®</sup> (verapamil ER) -Brand Name Only Diltia XT<sup>®</sup> (diltiazem SR) -&amp; AB Rated Generics Isoptin SR<sup>®</sup> (verapamil SR) Tiazac<sup>®</sup> (diltiazem) -&amp; AB Rated Generics Verelan<sup>®</sup> (verapamil SR)</p>	<p><b>Thiazolidinediones</b></p> <p>Actos<sup>®</sup> (pioglitazone) ACTOplus Met<sup>®</sup> (pioglitazone/metformin) Avandamet<sup>®</sup> (rosiglitazone/metformin) Avandaryl<sup>®</sup> (rosiglitazone/glimepiride) Avandia<sup>®</sup> (rosiglitazone) Duetac<sup>®</sup> (pioglitazone/glimepiride)</p>	<p><b>Respiratory</b></p> <p><b>Inhaled Corticosteroids</b></p> <p>Azmacort<sup>®</sup> (triamcinolone) Floven<sup>®</sup> (fluticasone) Pulmicort Flexhaler<sup>®</sup> (budesonide) Pulmicort Respules<sup>®</sup> (budesonide) -6 &amp; under only QVAR<sup>®</sup> (beclomethasone)</p>
<p><b>Anticholinergics</b></p> <p>Detrol<sup>®</sup> (tolterodine) Detrol LA<sup>®</sup> (tolterodine LA) Ditropan<sup>®</sup> (oxybutynin) Ditropan XL<sup>®</sup> (oxybutynin XL) Enablex<sup>®</sup> (darifenacin) Toviaz<sup>®</sup> (fesoterodine)</p>	<p><b>Gastrointestinal Agents</b></p> <p><b>H<sub>2</sub> Antagonists</b></p> <p>Axid<sup>®</sup> (nizatidine) Axid AR<sup>®</sup> (nizatidine) Pepcid<sup>®</sup> (famotidine) Zantac<sup>®</sup> (ranitidine)</p>	<p><b>Proton Pump Inhibitors</b></p> <p>Omeprazole OTC (omeprazole magnesium) Prevacid<sup>®</sup> (lansoprazole) Prevacid SoluTab<sup>®</sup> (lansoprazole) Prilosec OTC<sup>®</sup> (omeprazole magnesium)</p>	<p><b>Long Acting Inhaled Beta<sub>2</sub> Agonists</b></p> <p>Foradil<sup>®</sup> (formoterol) Serevent<sup>®</sup> (salmeterol)</p>
<p><b>Anticholinergics</b></p> <p>Detrol<sup>®</sup> (tolterodine) Detrol LA<sup>®</sup> (tolterodine LA) Ditropan<sup>®</sup> (oxybutynin) Ditropan XL<sup>®</sup> (oxybutynin XL) Enablex<sup>®</sup> (darifenacin) Toviaz<sup>®</sup> (fesoterodine)</p>	<p><b>Gout Agents</b></p> <p><b>Xanthine Oxidase Inhibitors</b></p> <p>Zyloprim<sup>®</sup> (allopurinol)</p>	<p><b>Serotonin 5HT<sub>3</sub> Antagonists</b></p> <p>Zofran<sup>®</sup> (ondansetron) Zofran ODT<sup>®</sup> (ondansetron)</p>	<p><b>Short Acting Inhaled Beta<sub>2</sub> Agonists</b></p> <p>Maxair<sup>®</sup> (pirbuterol) ProAir HFA<sup>®</sup> (albuterol) Proventil<sup>®</sup> (albuterol) Proventil HFA<sup>®</sup> (albuterol) Ventolin<sup>®</sup> (albuterol) Ventolin HFA<sup>®</sup> (albuterol)</p>

This list was updated on 10/04/09—Please visit the KHPA Web site for the most current version.

## 2009-2010 Influenza Season

Continued from Page 2.

### **AntiViral Medications**

Currently circulating 2009 H1N1 influenza viruses are susceptible to oseltamivir and zanamivir, but resistant to amantadine and rimantadine. Treatment is recommended for all patients with suspected or confirmed cases of influenza requiring hospitalization, or for those who are at higher risk for developing complications from the flu. Because studies show that treatment initiated within 48 hours of illness onset is more likely to provide benefit, treatment should be initiated as early as possible. Antiviral chemoprophylaxis should be reserved for patients at a higher risk for developing influenza-related complications who have had contact with someone likely to have been infected with influenza.

Patients receiving treatment should be advised that they remain potentially infectious to others while on treatment and that they should continue to use precautions to prevent spreading influenza to others. For complete treatment and prophylaxis guidelines visit the CDC Website at <http://www.cdc.gov/flu/>.



Health Information Designs, Inc. (HID) provides drug utilization review and pharmacy benefit management services. We specialize in helping our clients promote clinically-appropriate and cost-effective prescribing, dispensing, and utilization of prescription drugs.

For 33 years, HID has worked to improve the quality and cost effectiveness of healthcare through the clinically-rational use of prescription medication. Our clients include public and private healthcare plans throughout the U.S., with a combined total of over 14 million covered lives.

HID was founded in 1976 and is incorporated as a C Corporation in the State of Delaware. HID's initial mission was to market drug utilization review (DUR) services nationally and since its founding, has provided DUR services for clients in approximately one-half of the United States. HID is headquartered in Auburn, Alabama, with regional offices in Arkansas, Maryland, and Mississippi.

### **Health Information Designs, Inc.**

391 Industry Drive  
Auburn, AL 36832

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Mailing Address Line 1

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Mailing Address Line 5