
Oklahoma Health Care Authority

DUR Newsletter

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Drug Utilization Review for Oklahoma Medicaid

Article Summary: Physicians' Attitudes About Prescribing and Knowledge of the Costs of Common Medications

Reichert, Steven MD; Simon, Todd MD; Halm, Ethan A. MD, MPH
Arch Intern Med.2000; 160(18): 2799-2803.

Medication cost is the second most expensive item in the national health care budget. Direct advertising to consumers of new and expensive agents contribute to an increased number of drugs being dispensed which further escalate pharmaceutical costs. Many patients must pay for the full cost of the medication due to lack of insurance coverage for medications. This may lead to failure to fill prescriptions or patients may ration their medications resulting in compromised compliance with medical therapy. Studies from the past two decades have indicated poor knowledge of medication costs among physicians. Physicians may unwittingly exacerbate problems in many of these cases when they prescribe drugs without considering the cost of medicines for their patients.

Reichert et al. surveyed 145 internal medicine house staff and 44 attending physicians in the Mount Sinai New York Medical Center in February 1998 to assess and compare attitudes about prescribing and knowledge of medication costs among attending physicians and residents.

Self-administered written surveys from 134 of 189 physicians were completed. Overall, 88% of respondents indicated that cost was an important consideration when making medication choices even though 80% of physi-



cians often felt unaware of the actual costs of medications. Furthermore, 71% were willing to sacrifice some degree of efficacy in order to make drugs more affordable for their patients.

Of the 33 commonly used drugs, the majority of physicians were accurate in their estimates for 45% of the drugs, 40% were underestimated, and 15% were overestimated. It is interesting to note that the prices of 90% of the generic drugs were correctly estimated, while the prices of 52% of brand-name drugs were underestimated.

Attending physicians were more cost-conscious than house officers. The house officers were 50% more likely to underestimate drug costs than attending physicians and were more likely to report feeling unaware of medication costs. However, comparing responses among house officers, there was a trend toward more senior residents having more knowledgeable and cost-conscious responses.

The article identified two factors contributing to continued inadequate knowledge of medication costs. First, medical schools and residency training programs provide little or no formal education about medication costs and insurance coverage of pharmaceuticals. Second, there are few ways to obtain reliable drug price information in a timely fashion.

The results from this survey confirm the findings of previous studies that physicians believe that the costs of drugs are important, while their actual knowledge of costs was poor. Additionally, physicians tend to underestimate the cost of expensive medicines and overestimate the cost

of inexpensive ones.

ACE Inhibitor and Calcium Channel Blocker Prior Authorization Guidelines

On April 1, 2002, Medicaid initiated new prior authorization (PA) categories for the Angiotension Converting Enzyme Inhibitors (ACEI), the Calcium Channel Blockers (CCB), and the combination products containing these medications. The new categories, like the NSAIDs, are set up using a two tiered system. First tier medications will not require prior authorization but the second tier medications will.

To move from a tier-1 ACEI or CCB to a tier-2 ACEI or CCB, the client must have had an inadequate clinical response to a tier-1 agent in the requested class and/or adverse effects from a tier-1 agent in the requested class. For example, to obtain a PA for a tier-2 ACEI medication like Accupril, the client must have experienced an inadequate response to or have had an adverse effect with a tier-1 medication like Zestril or Prinivil. A trial with a tier-1 agent of one class does not apply to the other class. For example, a failed trial with Prinivil will not count as a tier-1 trial for Norvasc. Clinical exceptions to a tier-1 trial for either class would be FDA approved indications unique to the tier-2 medication requested.

To obtain prior authorization for a tier-2 ACEI/HCTZ combination product, the client must have had an inadequate response to a tier-1 ACEI or require additional diuretic therapy. For example, the client may receive a PA for Monopril HCT if they have either failed therapy on a tier-1 medication such as Captopril or need an additional agent added to their ACEI therapy.

To obtain prior authorization for all ACEI/CCB combinations, the client must have had an inadequate response to ACEI or CCB therapy alone and requires combination therapy. For example, to receive a PA for Lexxel the client must have previous documented use of either an ACEI or a CCB.

A chart of all the tiered Prior Authorization Categories may be obtained by calling the Pharmacy Help Desk at the number listed on the back of the newsletter. The charts may also be found on the OCHA website at www.ohca.state.ok.us/consumer/pharmacy/pbpa.

Stimulant Prior Authorization Guidelines

Currently prior authorization is not required for children up to 21 years of age requiring therapy with older formulations of Ritalin, Adderall, or Dexedrine (or their equivalent generics). Prior authorization is required for clients over 21 years of age. The accepted diagnoses for these medications are either ADHD or narcolepsy. Low dose methylphenidate (<31mg/day) is covered for depression ONLY in clients age 65 or older that have failed trials with traditional antidepressants such as the selective serotonin reuptake inhibitors and/or the tricyclic compounds. Previous antidepressant trials should be documented on the petition.

Desoxyn and Cylert require prior authorization regardless of the client's age. For these medications, the accepted diagnoses are either ADHD or narcolepsy. These medications REQUIRE failed trials with BOTH Ritalin AND Dexedrine (or their generics).

Concerta, Metadate CD, and Adderall XR also require prior authorization regardless of age. The accepted diagnoses for these medications are ADHD and narcolepsy. These medications require a failed trial with ONE of the following medications: Ritalin, Ritalin SR, Adderall, or Dexedrine (or their generics).

The clinical portion of the petition is to be completed by the prescribing physician only. Previous trials with other stimulants must be documented on the petition. Petitions for Schedule-II stimulants REQUIRE the signature of the prescribing physician. Approved petitions will be valid for one year from the fill date listed on the petition. Dose changes will require a new petition, complete with physician signature. However for dose changes, medication trials need not be listed.

Meet One of Your DUR Board Members

Dr. Thomas Whitsett has served as the Chairman of the DUR Board since its inception in 1991. He was born and raised in Tulsa. Dr. Whitsett completed his undergraduate education in California and graduated from medical school at The University of Oklahoma. He interned at the University of Oklahoma Health Sciences Center (OUHSC), followed immediately by two years of service in the Army. After serving his country, Dr. Whitsett went on to an internal medicine residency at OUHSC followed by a National Institutes of Health Fellowship in Clinical Pharmacology at Emory University in Atlanta. Dr. Whitsett joined the OUHSC faculty in

Top 20 Drugs by Claims Filled

<u>Rank</u>	<u>Medication</u>	<u>Total Claims</u>
1	Ranitidine 150mg	77,776
2	Furosemide 40mg	60,064
3	Propoxy-N/APAP100-650	51,554
4	Hydrocodone/APAP 7.5	43,517
5	Albuterol Aer 90mcg	41,020
6	Digoxin 0.125mg	36,408
7	K-Dur 20mEq	35,941
8	Hydrocodone/APAP 5.0	35,633
9	Amoxicillin 250/5ml	35,336
10	Furosemide 20mg	33,570
11	Potassium Chloride 10mEq	29,778
12	Phenytoin 100mg	28,768
13	Ultram 50mg	28,745
14	Prevacid 30mg	27,904
15	Paxil 20mg	27,772
16	Premarin 0.625mg	37,336
17	Zithromax 250mg	25,946
18	Zoloft 50mg	25,469
19	Cephalexin 500mg	24,938
20	Norvasc 5mg	24,838

Top 20 Drugs by Reimbursement

<u>Rank</u>	<u>Medication</u>	<u>Amount Paid</u>
1	Zyprexa 10mg	\$4,823,947
2	Prevacid 30mg	\$3,315,037
3	Risperdal 1mg	\$2,675,659
4	*Prozac 20mg	\$2,402,968
5	Prilosec 20mg	\$2,318,213
6	Plavix 75mg	\$2,274,768
7	Paxil 20mg	\$2,138,848
8	Zyprexa 5mg	\$2,114,441
9	Zoloft 50mg	\$1,874,330
10	Celebrex 200mg	\$1,829,958
11	Risperdal 3mg	\$1,777,578
12	Risperdal 2mg	\$1,731,404
13	Neurontin 300mg	\$1,615,171
14	Ultram 50mg	\$1,545,918
15	Risperdal 0.5mg	\$1,476,190
16	Zoloft 100mg	\$1,474,587
17	Depakote 500mg	\$1,474,316
18	*Zantac 150mg	\$1,434,761
19	*Clozaril 100mg	\$1,395,678
20	Megace Oral 40mg/ml	\$1,355,042

* including formulations made with generic drug entity

1970 and is a Professor of Medicine & Pharmacology. He is currently the director of the Vascular Medicine program in the Cardiovascular Section of the Department of Medicine. He has a clinical practice primarily focusing on vascular disease with the OU Physician's Group and also works with the Resident's and Student's Clinics. Dr. Whitsett is also involved in vascular disease research; utilizing clinical trials to investigate new therapies and medications for peripheral vascular disease. Dr. Whitsett enjoys the variety of all his professional activities so much, when asked, he is unable to choose one specific part as his favorite.

When asked what he thought were the most important challenges in health care, Dr. Whitsett stated several. "First, the need to provide adequate health care to all members of society. Second, making available new and developing medications to those members of society in need of such therapies." And finally, the need to "create knowledge and acceptance by health consumers of what constitutes a healthy lifestyle."

Dr. Whitsett is a tireless advocate for the constant improvement of patient care. He is a wonderful asset to the DUR Board. OHCA sincerely appreciates Dr. Whitsett for his valuable time, support, and willingness to share his expertise to benefit Medicaid clients.

Help Desk and Prior Authorization Helpful Hints

To assist our Help Desk representatives in serving you quickly and efficiently, please note the following helpful hints:

- Have your OHCA Provider number available when you call with any type of question.
- Petitions for prior authorization should be filled out completely and be legible. Petitions that are incomplete cannot be processed and will be returned requesting the needed information.
- Petitions for tier-2 medications should include a listing of the required tier-1 trials including dates, dosing and duration of each trial.
- If you have not received a response within 24 hours after sending a prior authorization request, please call the Help Desk. If we have not received the request, we will ask for it to be sent again.
- When sending additional information with a petition, please include the client's name and Medicaid ID number.
- If an existing PA needs to be discontinued, please note this on the petition. Please do not put this information on the bottom, it can be listed on the side or on one of the provided lines.

Medicaid Pharmacy Help Desk Contact Numbers

Pharmacist (Toll Free)	1-800-831-8921
Pharmacist (OKC Metro)	271-6349
Prescriber (Toll Free)	1-877-269-2768
Prescriber (OKC Metro)	271-9048
Email address: mcau@ouhsc.edu	

OHCA Website
www.ohca.state.ok.us

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
ORI-W4403
PO Box 26901
Oklahoma City, OK 73190

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