

*Idaho Drug Utilization Review Program*

**DUR BOARD MEETING MINUTES**

April 10, 2003 9:00am

Boise, Idaho

**Board Members Attending:** K. Jensen, N. Mann, D. Smith, J. Steiner, G. Wilburn

**DUR Staff:** P. Cady, V. Culbertson, R. Force, B. Novak, J. Wilkinson

**Medicaid Representatives:** T. Edie, T. Young, S. Kittridge

**Excused:** R. Ting

	<b>Subject</b>	<b>Discussion</b>	<b>Action/Follow up</b>				
<b>1.</b>	<b>Approval of meeting minutes</b> - D. Smith	Mann moved to approve the minutes of the June meeting. Motion seconded by Jensen.	Minutes approved				
<b>2.</b>	<b>Quarterly report</b> - J. Wilkinson	Please see Quarterly Report on staff action since the last meeting.	No action was taken.				
<b>3.</b>	<b>Annual report</b> - V. Culbertson	A draft of the Annual Report was presented to the Board. The cost saving portions of the report were presented in detail and discussed. Cost evaluation demonstrated that Medicaid's Prior Authorization Program has reduced drug costs. Agents with ongoing cost concerns include atypical antipsychotics, SSRIs, gabapentin, and oxycodone.	No action was taken, the report will be submitted to Medicaid.				
<b>4.</b>	<b>Intervention responses</b>	<p><b><u>Asthma module: Beta agonist overuse without corticosteroid</u></b> – B. Novak</p> <p>Asthma, no matter how severe, is a disease that is characterized by chronic inflammation of the airways. Recent evidence indicates that this inflammatory condition may result in irreversible airway injury in some patients. It is postulated that appropriate use of inhaled anti-inflammatory agents may help attenuate these chronic changes. This intervention identified patients receiving more than one short acting beta agonist inhaler per month with out an inhaled corticosteroid.</p> <p><b>Physician Responses</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Physicians letters: 61</td> <td style="width: 50%;">Physicians responding: 28 (46%)</td> </tr> <tr> <td>Number of patients: 68</td> <td>Patients involved: 31 (46%)</td> </tr> </table> <p><b>Pharmacist Responses</b></p>	Physicians letters: 61	Physicians responding: 28 (46%)	Number of patients: 68	Patients involved: 31 (46%)	In the future, this intervention will be coordinated with disease management initiatives of Medicaid (Natalie Bowden). It was recommended that the DUR program contact the statewide asthma coalition (Jean Woodward at the Division of Health and Welfare) to explore opportunities for collaboration. Also recommended to highlight repeat offenders (patients and physicians). Questionnaire should address use of sample medications.
Physicians letters: 61	Physicians responding: 28 (46%)						
Number of patients: 68	Patients involved: 31 (46%)						

	Subject	Discussion	Action/Follow up
		<p>Pharmacist letters: 20      Pharmacists responding: 13 (65%)  Number of patients: 39      Patients involved: 20 (51%)</p> <p><b><u>Asthma module: Salmeterol use without corticosteroid</u></b> – B. Novak</p> <p>Patients with persistent asthma who require treatment with salmeterol (Serevent<sup>®</sup>) should also be receiving concurrent inhaled corticosteroid therapy.<sup>1,2</sup> Salmeterol should not be used in these patients, without an anti-inflammatory agent, because its mode of action does not prevent the chronic airway inflammation responsible for permanent detrimental changes in lung function. When used alone, Serevent may be related to an increase in asthma-related deaths. This intervention identified patients using a maintenance dose of salmeterol without an inhaled steroid.</p> <p><b>Physician Responses</b>  Physicians letters: 45      Physicians responding: 19 (42%)  Number of patients: 46      Patients involved: 20 (43%)</p> <p><b>Pharmacist Responses</b>  Pharmacist letters: 29      Pharmacists responding: 14 (48%)  Number of patients: 32      Patients involved: 17 (53%)</p> <p><b><u>Hormone Replacement Therapy</u></b> – V. Culbertson</p> <p>The Women’s Health Initiative (WHI) was a large randomized controlled trial performed by the National Institutes of Health to study the effects of hormone replacement therapy for primary prevention of heart disease in postmenopausal women. This analysis found that combined equine estrogen plus medroxyprogesterone actually increased a women’s risk of CHD and breast cancer. The purpose of this intervention is to provide practitioners with recent data regarding the appropriate use of HRT and to notify them of patients currently receiving long-term (<math>\geq 2</math> years) combined equine estrogen plus medroxyprogesterone therapy.</p> <p><b>Physician Responses</b>  Physician letters: 97      Physicians responding: 31 (32%)  Number of patients: 112      Patients Involved: 34 (30%)</p> <p><b>Pharmacist Responses</b>  Physician letters: 102      Physicians responding: 53 (52%)</p>	<p>See above.</p> <p>This intervention could become the topic of a newsletter article. There was also interest in addressing osteoporosis or other women’s health issues.</p>

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		<p>Number of patients: 189 (No patient data requested)</p> <p><b><u>ACE Inhibitor Use in Diabetic Patients</u></b> – J. Wilkinson</p> <p>The number of indications for angiotensin converting enzyme (ACE) inhibitor drugs continues to grow, and their benefits for diabetic patients have been well documented. Three areas of benefit for people with diabetes were addressed individually: cardiovascular risk reduction, treatment of hypertension, and renal protection. The intervention identified prescribers of patients with diabetes who did not receive an ace inhibitor. This intervention served as one part of a diabetes disease management program initiated by Medicaid.</p> <p><b>Physician Responses</b> Physicians letters: 179 Physicians responding: 57 (32%)</p>	<p>There were recommendations for wide distribution of the results of this intervention. Disease management efforts of Medicaid are ongoing.</p>
5.	<p><b>Future interventions with therapeutic category assessment</b></p>	<p><b><u>Acetaminophen and liver disease</u></b> – B. Novak</p> <p>Case reports have shown that even maintenance doses of APAP can cause serious liver toxicity. This may be especially true in patients with subclinical liver dysfunction or those who consume liver-enzyme inducing drugs (i.e. ethanol, isoniazid, and barbiturates). These patients should be given reduced doses of acetaminophen, generally <math>\leq 2</math> gm per day. This means that many acetaminophen containing products, even when used at normal therapeutic doses (i.e. only four Extra Strength Tylenol, Lorcet, Vicodin, or only three Darvocet) may subject these patients to hepatotoxic effects.</p> <p>The objective of this intervention will be to educate Medicaid providers about the dangers of acetaminophen use above recommended dosing ranges.</p> <p><b><u>Appropriate Antimicrobial Use: Acute Sinusitis</u></b> – J. Wilkinson</p> <p>The DUR Program continues to address the problem of antimicrobial</p>	<p>It was noted that cost data should be added to the leaflet for this intervention. Additionally, this intervention should include a treatment guideline to outline the appropriate place in therapy for different narcotic combination products. This guideline should be prepared in collaboration with Medicaid to support the Preferred Drug Program.</p> <p>This intervention is to be conducted</p>

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		<p>resistance through various interventions. The goal of this study will be to address trends in antimicrobial use for acute sinusitis. Prescribers most commonly using antimicrobials for sinusitis will receive educational information. Individual patient information will not be provided, but a response sheet will ask questions regarding sinusitis treatment and diagnosis. The data gathered will provide insight into motivation for use of antibiotics in the treatment of acute sinusitis.</p> <p><b><u>Statin Use Post- Acute Myocardial Infarction</u></b> – R. Force</p> <p>The three major trials evaluating secondary prevention with statins include the Scandinavian Simvastatin Survival Study (4S), Cholesterol and Recurrent Events Study (CARE), and the Long Term Intervention with Pravastatin in Ischemic Disease Study (LIPID). All three showed a regression in myocardial infarction, coronary death, coronary artery procedures, and death associated with statin use. Despite the overwhelming evidence for secondary prevention of CHD, many patients go with out therapy. Less than half of high risk persons who qualify for lipid therapy receive lipid lowering therapy. Only half of the persons prescribed lipid lowering therapy are still taking it six months later.</p>	<p>this quarter. Medicaid representatives recommended that this educational leaflet receive an update to reflect the recommendations of physician organizations in addition to the CDC’s endorsement. Also, it was recommended by the Board to conduct a pediatric version of this intervention in the future.</p> <p>The Board authorized the staff to conduct this intervention with a focus on compliance with prescribed statin therapy. Educational information should outline the medical evidence supporting the use of this therapy.</p>
<b>6.</b>	<b>Prospective DUR</b> – V. Culbertson	There are many problems with the reports received from EDS. The data presented in the Annual Report reflects the prospective DUR reports.	Medicaid plans to set up a work group to address the format of the reports and to improve their quality. It is expected that the DUR Board will reassess the criteria for Pro-DUR alerts in the future.
<b>7.</b>	<b>IDUR newsletter</b> - J. Wilkinson	<p>The following newsletter topics were discussed:</p> <ul style="list-style-type: none"> <li>• Multiple benzodiazepines</li> <li>• Prescriber mismatch</li> <li>• Asthma <ul style="list-style-type: none"> <li>• Inform providers that peak flow meters and spacers are covered</li> <li>• Intervention results</li> <li>• Cost of inhaled steroids</li> </ul> </li> <li>▪ Gabapentin indications and cost</li> <li>▪ ACE/DM intervention results</li> </ul>	These topics will be incorporated into a future newsletter.
<b>8.</b>	<b>Research</b> – R. Force	Several research projects were discussed:	Medicaid representatives requested a

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		<ul style="list-style-type: none"> <li>▪ Generic drug sampling</li> <li>▪ HRT</li> <li>▪ Allergic rhinitis</li> <li>▪ Intermountain Health Care</li> <li>▪ Antipsychotic-induced diabetes</li> <li>▪ Cyanocobalamin deficiency with chronic acid suppression</li> </ul>	copy of the proposal for the generic drug sampling project. It is approved by the Board pending Medicaid approval.
<b>9.</b>	<b>Medicaid Update</b> - T. Eide	<p>New Board members – Kevin Clifford, MD and a nurse practitioner , ____</p> <p>Therapeutic Drug Consultation Program – This replaces the SURS function formerly addressed by the DUR Board. It includes case management and includes a method to identify patients at risk using the Heritage database to evaluate drug regimen. Also, this program is intended to eventually include academic detailing.</p> <p>HIPAA – EDS will be down on May 3 &amp; 4. On May 5 it will restart with many new changes. There will be a new method to bill for compounded prescriptions. There will be a new method for coordination of benefit, better enforcing the primary billing of other insurance companies in patients with multiple plans.</p> <p>Preferred Drug Program – The PDP is currently optional affecting 3 drug categories and others are being added. The Pharmacy and Therapeutics Committee is in development and its first meeting is planned for June. After it is convened the PDP will become mandatory. Medicaid will seek supplemental rebates for preferred agents. In December, PA will be conducted online.</p>	No action taken.
<b>10.</b>	<b>Meeting Dates</b>	<p>Thursday, July 17, 2003 in Boise</p> <p>October 16, 2003 in Boise</p> <p>January 15, 2004 in Pocatello</p>	No action taken.

Adjourned at 2:00 p.m.