

*Idaho Drug Utilization Review Program*

**DUR BOARD MEETING MINUTES**

April 21, 2005 9:00 am

Department of H&W, 3232 Elder Street  
Boise, Idaho

**Board Members Attending:** N. Mann, S. Cooper, W. Baures, K. Clifford, M. Olson-Fisher

**DUR Staff:** C. Owens, H. Brandt, P. Cady, V. Culbertson, N. Murdock, and R. Force

**Medicaid Representatives:** T. Eide

**Excused:** J. Steiner

**Guests:** R. Ensign

**APPROVAL OF MINUTES (JAN 2005 MEETING)**

*Moved by N. Mann, seconded by W. Baures*

**FOLLOW UP REPORTS**

**1. Drugs in the Elderly –C. Owens**

- a. *Report presented. Dr. Mann suggested that the P&T committee should consider PA'ing 'always avoid' drugs in elderly patients, requiring physicians to substantiate the prescribing of these agents in elderly patients. This would further demonstrate patient care issues vs. cost savings issues with the prior authorization program.*
- b. *The board would like this intervention repeated periodically to assess changes in prescribing.*
- c. *T. Eide suggested that the DUR board may consider looking at recent FDA warnings regarding the use of atypical antipsychotics in patients with dementia. See proposed interventions below.*

**2. Vioxx Patients—Where are they now? –C. Owens**

- a. *Report presented. Board was interested to see how these patients were being treated. T. Eide said that they had a number of PA requests to switch Vioxx patients to Celebrex or Bextra and since this change was not detected to the degree expected, we may want to double check our search to ensure that all patients are being accounted for.*
- b. *The board also suggested that this might be an informative newsletter article for practitioners throughout the state. Emphasizing the evidence and cost-effectiveness of NSAIDs plus PPI might also be a good idea.*

## **CURRENT INTERVENTION REPORTS**

### **1. Pergolide & Valvulopathy – V. Culbertson**

- a. *Intervention discussed. Educational leaflet was reviewed. The board approved this mailing. Suggested that follow up be undertaken to track procedure codes for these patients to see if appropriate monitoring is taking place. (Echos in 6 months, switches to other DA agonists, etc.)*

### **2. Appropriate Asthma Therapy –C. Owens**

- a. *Intervention discussed. The board was pleased with the results of this intervention and suggested that it be made public knowledge by inclusion in a newsletter. Positive results should be reported to Idaho Medicaid providers whenever possible, and this is an example of effective treatment.*
- b. *Concerns regarding the accessibility of spacers and their proper use were voiced. In addition, counseling on proper inhaler technique seemed to be an issue for some pharmacists, due to time constraints, patient receptiveness, and drive thru windows at some pharmacies.*
- c. *The board recommended a long-term study of asthma treatment in Idaho to more fully establish the positive impact education has had on the treatment of asthma.*
- d. *The high use (and cost) of Advair was also addressed. Appropriate use of this agent should be further explored. Patients should be optimized on inhaled steroid treatment before going to LA beta agonists. Also, the use of leukotriene inhibitors should be addressed as well.*

### **3. Untreated Hypertension —N. Murdock**

- a. *Intervention discussed. It was well received by the Board. It was interesting to note the number of patients who may not be receiving adequate HTN treatment.*
- b. *The Board was also pleased with the patient educational leaflet on HTN and asthma and that they were made available on the DUR website.*

### **4. Proton-Pump Inhibitors Outcomes Study –H. Brandt**

- a. *Study discussed. The board was pleased to learn that no adverse outcomes associated with PA of this drug class were detected.*

- b. *T. Eide informed the board that a therapeutic PA for this class is again being considered and that Nexium has replaced Aciphex as a preferred agent.*
- c. *Concerns were raised regarding the communication of changes in preferred status of drugs. It was suggested that the DUR could make the list of preferred drugs available as part of its quarterly newsletter. This may help to ensure that timely info is disseminated to state providers and pharmacies.*

**5. Triptans Outcomes Study–H. Brandt**

- a. *Study discussed. The board was pleased to learn that no adverse outcomes associated with PA of this drug class were detected.*
- b. *The board was also impressed by the number of patients who now use migraine prophylaxis compared with previous studies on this topic.*
- c. *As follow up, it was suggested that true cost savings related to the PA of this drug class be analyzed. Were cost savings due to preferred agents or were cost savings due to decreases in number of tablets (units) dispensed because of maximum daily dosage limits, etc?*

**PROPOSED INTERVENTIONS/OUTCOMES STUDIES**

**1. Statins Outcomes Study – R. Force**

- a. *Study presented with concerns regarding the limited number of non-preferred agents to compare to preferred agents.*
- b. *It was questioned whether a PA should even be required for this drug class as the only two agents not included on the preferred list are brand name Mevacor® and Pravigard®*
- c. *The DUR board requested that P&T committee describe what type of outcomes study (if any) they would find useful regarding this class of drugs.*
- d. *Will not be included as an outcomes study for next quarter pending further discussion. C. Owens and H. Brandt will present market share and general utilization data on this class at the May 13 P&T meeting and request further information from P&T committee.*

**2. CCB Outcomes Study –R. Force**

- a. *Study presented. Similar to the statins outcomes study, concerns were raised regarding the scope of this outcomes study and what information would be of the most benefit for P&T.*
- b. *Changes in utilization will be presented at the next P&T meeting (May 13) by C. Owens and H. Brandt for the statin and CCB class of medications. P&T recommendation will then be reported back to the DUR board.*
- c. *Not approved as an outcomes study for next quarter.*

### **3. LA OPIOIDS Outcomes Study –C. Owens**

- a. *Study presented. The Board had several suggestion for inclusion in this study:*
  - i. *Switch rates from preferred to non-preferred (time course), it may be that patients are rapidly switching (matter of days)*
  - ii. *An analysis of true treatment failures in terms of switches to an Equianalgesic dose*
  - iii. *Separate Malignant pain from non-malignant pain (look at codes beyond cancer for malignant pain: neuropathies, MS, ALS, etc.)*
  - iv. *Look at utilization increases in short acting agents (opioids, tramadol, NSAIDs, etc.) with LA opioid PA.*

### **4. SMRs Outcomes Study –C. Owens**

- a. *Study discussed. Board would like to focus on inappropriate use of carisoprodol and impact of previous educational information.*
- b. *Also, look at short term treatment vs. long-term treatment. Look at long-term users by diagnosis: Neuropathies, FM, MS, etc.*
- c. *T. Eide informed the board that scheduled status for carisoprodol failed in the legislature again.*

### **5. Atypical Antipsychotic in dementia Patients**

- a. *A recent FDA warning regarding the use of these agents in patients with dementia was brought to the attention of the board. These agents are not indicated for psychosis in dementia and a black box warning may be added to the product information of these agents.*

- b. Approved as intervention for next quarter. Board members and staff did not have information to discuss at the meeting, but it was suggested that the number of dementia patients receiving atypical antipsychotics be addressed in the Medicaid population.*
- c. Educational materials should be prepared and distributed to providers and this topic should be considered for a future DUR discovery newsletter.*
- d. Board members would like to be kept apprised of the DUR staff's progress via email so that comments and further direction may be offered if necessary.*

## **ANNUAL REPORT**

*No updates to current annual report format is available. Draft due to Medicaid office by End of May 2005.*

## **MEDICAID UPDATE**

*T. Eide is the new supervising manager of the dept. She may or may not continue to oversee DUR activities.*

*The P&T made decisions regarding the following drug classes:*

### ***Atypical Antipsychotics:***

*All agents will be included as preferred.*

*Two concurrent agents will only be allowed for 45 days*

*Pts 12 y/o and younger will require documentation (consult) by a psychiatrist*

*Dose limits per FDA guidelines*

*Although a PA for certain diagnoses was recommended by P&T, this was overridden.*

### ***Inhaled steroids***

*Preferred agents: Flovent and Pulmicort*

### ***Leukotriene inhibitors***

*Will be approved for asthma and allergic rhinitis.*

*In patients with asthma >16 years, corticosteroids will be required concurrently or failure must be documented.*

***Short acting beta agonists***

*Preferred agent albuterol.*

***Antihistamines***

*Patients must try and fail loratadine OTC before another agent will be approved.*

***Anti-seizure drugs***

*Will be approved for the following indications only:*

*Keppra—seizures only*

*Lamictal—seizures and bipolar*

*Neurontin—seizures and neuropathic pain*

*Topimax—seizures and migraines*

*Trileptal—seizures and bipolar*

*Zonegran—seizures only*

*The switch of federal funds for those patients dually eligible for Medicare and Medicaid was further explained. The federal government will receive the rebates for those patients. The potential effects on the DUR were also briefly discussed.  
50% of drug cost currently is from 12% of the population*

*Mental Health Initiative will look for opportunities for educational interventions and increase the effectiveness and safety of these medications. Cost is not the main focus of this initiative.*

**OTHER BUSINESS**

SPRING NEWSLETTER articles (Out May 2005)

Idaho Health Initiatives

Pergolide and valvulopathy

PPI cost corner

**Discussion:**

*Articles reevaluated for inclusion in DUR Newsletter. The Board was very positive as to the content of the upcoming newsletter.*

*Recommended adding a middle sheet that will list current preferred agents.*

TOP 50

**Discussion:**

*The Board found this information useful for determining future interventions and for possible patient specific interventions to ensure appropriate and cost-effective use of medications.*

*Special attention should be paid to the fluoroquinolones class of agents as these showed a substantial decrease in utilization from 2003 to 2004.*

*The cost of drug therapy in the Idaho Medicaid population appeared to increase by \$20 million from 2003 to 2004.*

**FUTURE MEETING DATES**

July 14, October 20, and January 19, 2006

**ADJOURNMENT**

MEETING WAS ADJOURNED AT 3:00 PM