

Idaho Drug Utilization Review Program

DUR BOARD MEETING MINUTES

July 14, 2005 9:00 am
Department of H&W, 3232 Elder Street
Boise, Idaho

Board Members Attending: N. Mann, S. Cooper, W. Baures, M. Olson-Fisher
DUR Staff: C. Owens, H. Brandt, P. Cady, V. Culbertson, E. Borzadek, and B. Pugmire
Medicaid Representatives: T. Eide
Excused: J. Steiner
Guests: O. Johnson

APPROVAL OF MINUTES (April 2005 MEETING)

Moved by M. Olson-Fisher, seconded by N. Mann

FOLLOW UP REPORTS

1. **SSRIs in Pediatric Patients** –C. Owens
 - a. *Report presented. It appears that trends in SSRI prescribing in the pediatric population has not changed significantly since FDA warnings in October 2004. It was also mentioned that the suicidality warning has been applied to adult SSRI patients as of July 8, 2005.*
 - b. *Dr. Mann asked if similar tracking data has been reported by any other state and expressed interest in continued follow up with this topic.*

CURRENT INTERVENTION REPORTS

1. **Atypical Antipsychotics in Patients with Dementia** – H. Brandt
 - a. *Intervention discussed. The use of atypical agents has continued to increase, even in the population affected by the FDA warning. Discussion was made regarding the appropriate balance between risk of adverse effects for patients using these drugs versus risk of institutionalization in patients who do not use them.*
 - b. *As this intervention topic was primarily for educational and awareness purposes, additional follow up on this topic was not specified*

2. **SMR Outcomes Study** –C. Owens
 - a. *Study discussed. The board was impressed by the data obtained from this study, especially regarding the abuse potential and chronic use of*

carisoprodol. They suggested that the results of this study be included in a future DUR newsletter.

- b. The Board made a formal recommendation that the P&T committee consider PA criteria for carisoprodol to further discourage its use, including documented failure on 2 or more SMRs before allowing carisoprodol, and quantity limits or treatment duration limits (1 month or less of therapy).*
- c. C. Owens will present this outcomes study to the P&T Committee tomorrow during their re- review of the SMR drug class and pass on the DUR Board's recommendation.*

3. LA Opioid Outcomes Study —C. Owens

- a. Study discussed. The board was likewise impressed by the data obtained from this outcomes study and suggested that it be included in a future DUR newsletter. It appears that the selection of preferred agents from this class has not resulted in negative clinical or financial outcomes.*
- b. Some concern was expressed regarding the duration of treatment for some patients and what appeared to be a short trial period on a preferred agent before switching back to a non-preferred agent*
- c. C. Owens will present this outcomes study to the P&T Committee tomorrow during their re-review of the LA opioid drug class.*

PROPOSED INTERVENTIONS/OUTCOMES STUDIES

1. Leukotriene Inhibitors for Allergic Rhinitis – C. Owens

- a. Intervention topic presented and accepted by the Board.*
- b. A focus on the use of montelukast will be undertaken, looking specifically at indications: asthma alone, allergic rhinitis alone, or patients with both conditions.*
- c. It was also suggested that diagnosis by season (Spring, Summer, Fall) may also be considered*
- d. Will be presented at next meeting in October.*

2. Appropriate Use of Non-Aspirin Anti-Platelet Agents –E. Borzadek

- a. Intervention topic presented and accepted by the Board.*

- b. *T. Eide said that this topic will be reviewed by the P&T committee tomorrow and was thinking that it would be a great topic for the DUR to look at.*
- c. *It was pointed out that an important limitation of this study/intervention will be that we are unable to track ASA utilization as it is not paid for by Medicaid. It was also asked if Medicaid had ever considered paying for ASA. T. Eide said that option was available.*
- d. *Will be presented at next meeting in October.*

3. SSRIs and GI Bleeding –C. Owens

- a. *Intervention topic presented and accepted by the board.*
- b. *Will focus on concomitant users of SSRIs and NSAIDS and their risk of GI hemorrhage; should also look at users of GI protective agents including PPIs.*
- c. *It was mentioned that similar topics have been done in the past, but that coding of GI hemorrhage varies and may be problematic in data analysis and interpretation*
- d. *Will be presented at next meeting in October*

4. Urinary Incontinence Drugs Outcomes Study –H. Brandt

- a. *Outcomes Study topic presented and accepted by the board.*
- b. *Will need to focus on the anticholinergic potential and adverse effects of each agent individually*
- c. *It is uncertain how to quantify some of the possible adverse outcomes with this class using only claims data, but this limitation was mentioned.*
- d. *Will be presented at next meeting in October*

MEDICAID UPDATE

The P&T made decisions regarding the following drug classes, which are posted on their website: Beta agonists, leukotriene inhibitors, inhaled steroids, urinary incontinence drugs, proton pump inhibitors (therapeutic criteria reinstated), Alzheimer's drugs.

Impact of changes to come about in January 2005 was further explained. Dually eligible patients for Medicare and Medicaid will enrolled in a PBM. DUR activities will continue with a focus on appropriate use of antibiotics, agents for use in pediatric patients, drugs in pregnancy, and mental health drugs.

An updated list of Medicaid preferred drugs will be compiled and mailed out to all providers and pharmacists every other month (opposite of when the P&T committee meets).

OTHER BUSINESS

AUGUST 2005 NEWSLETTER articles

- ❖ Atypical Antipsychotics and Dementia
- ❖ Depo-Provera and Bone Loss
- ❖ Treatments for Allergic Rhinitis cost corner

Discussion:

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

Recommended that it be made clear in the cost corner article that coding for allergic rhinitis is necessary prior to patient filling a prescription for OTC loratadine

TOP 50 –V. Culbertson

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.

The results of this presentation indicate that the preferred drug list is having an impact on medicaid spending and that for the first time in 10 years, the average cost per prescription claim is leveling off instead of increasing.; the LA opioids fentanyl and oxycodone have dropped from the top 15 most expensive drugs into the 30's.

FUTURE MEETING DATES

October 20, and January 19, 2006

ADJOURNMENT

MEETING WAS ADJOURNED AT 3:00 PM