

Idaho Drug Utilization Review Program

DUR BOARD MEETING MINUTES

November 17, 2005 9:00 am
ISU Boise Center, Explorer Drive, Bridger Annex
Conference Room 3
Boise, Idaho

Board Mem. Attending: N. Mann, S. Cooper, W. Baures, M. Olson-Fisher, J. Steiner

DUR Staff: C. Owens, H. Brandt, P. Cady, E. Borzadek, and B. Pugmire

Medicaid Representatives: T. Eide, T. Owen

Excused: V. Culbertson, R. Force

Guests: none

REPORT ON BOARD MEMBER INVOLVEMENT IN HURRICANE KATRINA RELIEF

S. Cooper gave a brief report of her activities as a member of the Public Health Service in Hurricane Katrina relief. She recounted her duties and the relief efforts that are underway.

APPROVAL OF MINUTES (July 2005 MEETING)

Moved by M. Olson-Fisher, seconded by S. Cooper, minutes approved with no discussion.

FOLLOW UP REPORTS

1. Pergolide and Valvular Heart Disease –C. Owens

a. Report presented. It appears that trends in dopamine agonist prescribing continue to shift in favor of pramipexole and ropinirole. Claims for pergolide decreased from 342 in 2003 to 310 in 2004. The number of chronic users of the agent appears to have remained the same (n=14) since intervention materials were mailed.

b. No further follow-up on this topic was recommended

2. Atypical antipsychotics and Topiramate –H. Brandt

a. Information presented. At the request of the board last meeting, a short presentation on weight gain with the atypical agents and the use of topiramate for weight loss was made. Scant data exists on the subject, but available information suggests that topiramate may be effective for weight loss. It was further discussed that in other states both topiramate and bupropion are used with increasing frequency for this purpose.

- b. *Further follow-up on this topic would be desirable in the Idaho Medicaid population; however, it was discussed that the nature of claims data and the inability to track changes in patient weight and specific laboratory parameters prohibits further pursuit of this subject from the DUR.*

CURRENT INTERVENTION REPORTS

1. Leukotriene Inhibitors in Allergic Rhinitis – C. Owens

- a. *Intervention discussed. The use of montelukast continues to increase and is currently in the top 50 most expensive agents for Idaho Medicaid. It appears that over 20% of the use of the agent is for non-asthma conditions. Feedback from this intervention included a letter from a Pocatello pediatrician who reported negative outcomes associated with the PA for OTC loratadine. This was further discussed under proposed interventions.*
- b. *N. Mann called for a recommendation from the DUR board to the P&T Committee to consider PA criteria for the use of montelukast in the treatment of non-asthma associated allergic rhinitis. It was discussed that perhaps documented failure on another allergic rhinitis treatment be required before approving montelukast*
- c. *T. Eide said she would bring this recommendation to the P&T. No other specific follow-up on this topic was mentioned.*

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

- a. *Intervention discussed. The use of non-ASA anti-platelet drugs and especially clopidogrel (Plavix®) continues to increase. Results of this intervention indicate that many chronic users in the current Medicaid population are using the drug for ill-defined or potentially inappropriate indications, according to what can be determined from ICD-9 info. Questionnaire results indicate that nearly half of responding physicians and over 60% of responding pharmacists would support Medicaid's coverage of ASA for cardioprotection.*
- b. *A discussion of the pros and cons of covering ASA followed with no final consensus. T. Eide mentioned that the P&T had reviewed this class and there are no current PA criteria in place.*
- c. *Additional follow-up on this topic was not specified.*

3. **SSRIs and the Risk of Upper GI Hemorrhage** —C. Owens

- a. *Intervention discussed. From our calculations based on GI bleed rates (from ICD-9 coding) in the Idaho Medicaid population, it appears that the use of an SSRI or an NSAID is associated with an enhanced risk. It also appears that their use in combination greatly increases the risk potential. Questionnaire responses indicated that most prescribers and pharmacists are unaware of this potential, but appreciated the information.*
- b. *This topic was approved for inclusion in the next DUR Discovery Newsletter.*
- c. *No further follow-up on this topic was specified.*

4. **Urinary Incontinence Drug Outcomes Study** –H. Brandt

- a. *Study discussed. It appears from this review that no negative outcomes have resulted from the preferred list of UI agents. Market share has shifted toward use of preferred agents and switch rates were low (10%). Physician office visit data is suspect due to coding in what is presumed to be long-term care.*
- b. *Follow-up on physician office visit data is recommended. Will report at next meeting.*

PROPOSED INTERVENTIONS/OUTCOMES STUDIES

1. **Metabolic effects of TZDs** – C. Owens

- a. *Intervention topic presented and accepted by the Board.*
- b. *Claims will be queried to evaluate changes in drug therapy that may reflect worsening of edema, CHF, or lipids among chronic rosiglitazone, pioglitazone, or control patients.*
- c. *No further suggestions were made by the Board.*
- d. *Will be presented at next meeting in January.*

2. **Safe Use of Sedative-Hypnotic Agents** –C. Owens

- a. *Intervention topic presented and accepted by the Board.*
- b. *Use of BZs and Non-BZ sedative hypnotics will be evaluated with a focus on chronic use, use without coded diagnosis of insomnia, multiple agent concurrent use, and other potential contraindications.*

- c. *Further areas to be addressed include use of stimulants and hypnotics concurrently.*
- d. *Will be presented at next meeting in January.*

3. Trends in Gestational Diabetes –B. Pugmire

- a. *Intervention topic presented and accepted by the board.*
- b. *Will address changes in gestational diabetes incidence and treatment over the past 10 years.*
- c. *Recommendations from the Board include stratifying patients by age, geographic location (rural vs. urban) and to look specifically at CPT codes that indicate nutritional counseling.*
- d. *Will be presented at next meeting in January*

4. OTC Loratadine Prior Authorization: Outcomes Study –H. Brandt

- a. *Outcomes Study topic presented and accepted by the board.*
- b. *Idea came as a result of a physician’s letter recounting the difficulties experienced with many patients who had to undergo a trial of OTC loratadine before going back to other 2nd generation antihistamine.*
- c. *Outcomes review should address ER visits d/t asthma exacerbations, use of corticosteroids, and ophthalmic antihistamines.*
- d. *Will be presented at next meeting in January. T. Eide said that her office would draft and send a response to the Pocatello pediatrician’s letter.*

5. *Future ideas: T. Eide suggested looking at appropriate treatment of HTN per JNC VII guidelines. Specifically the number of newly diagnosed hypertensive patients started on a dihydropyridine CCB or ARB instead of a thiazide diuretic or ACEI. A future outcomes study will be needed to address changes in SMR utilization and the newly implemented PA criteria associated with carisoprodol.*

MEDICAID UPDATE

T. Eide mentioned that little information is available regarding the Governor’s planned Medicaid changes. She said, however, that the department will be reorganized into three sections that each deal with a different segment of the population: the elderly, women/children, mental health

Medicaid plans to educate patients around the state regarding Medicare part D, not just the ‘dual eligibles.’ Pharmacists will visit each region for 2 days in November,

December, and February to address questions and to help patients with more complex needs choose an appropriate plan. J. Steiner and P. Cady mentioned that COP students needing early practice experience hours would likely be willing and able to help with this educational effort. Student will be informed to email Tami for more information.

Prior authorization will change as of December 1, 2005 for the LA opioid class: generic morphine sulfate long-acting has replaced Avinza. Kadian and methadone still preferred. Among the SMRs, Skelaxin® will be designated non-preferred and Soma® will have specific PA criteria in place as of December 1 to include no concurrent opioid, one month total duration of use, six months must elapse between month-long treatments, a month's supply will be authorized for current users to taper off.

Other PA criteria is being considered for:

Cymbalta® – patients may be ‘grandfathered’

Vytorin® –patients must fail ‘standard dose’ of a statin

Lyrica® –will be authorized for DM neuropathy, PHN in individuals who fail gabapentin; will also be allowed for epilepsy that has failed other therapies

Strattera® --Second-line agent; patients currently on it will be ‘grandfathered’

P&T Meeting tomorrow will review the following drug classes: macrolides, quinolones, cephalosporins, antivirals, oral and topical antifungals, and agents for atopic dermatitis

OTHER BUSINESS

November 2005 NEWSLETTER articles

- ❖ SSRI's and GI bleed
- ❖ Appropriate use of non-ASA anti-platelet agents
- ❖ Cost Corner: Migraine treatment and prophylaxis

Discussion:

Articles evaluated for inclusion in next DUR Discovery newsletter. All articles approved without additions/corrections.

New Board Member discussion

T. Eide announced that there is interest from a physician in Twin Falls to fill the current DUR Board vacancy. Will report more when more info is available.

FUTURE MEETING DATES

January 19, 2006

ADJOURNMENT

MEETING WAS ADJOURNED AT 3:00 PM