

*Idaho Drug Utilization Review Program*

**DUR BOARD MEETING MINUTES**

January 19, 2006 9:00 am  
Idaho Medicaid Offices 3232 Elder Street  
Boise, Idaho

**Board Members:** W. Baures, S. Cooper, G. Kadlec, N. Mann, M. Olson-Fisher, J. Steiner

**DUR Staff:** E. Borzadek, H. Brandt, P. Cady, V. Culbertson, R. Force, C. Owens, B. Pugmire

**Medicaid Representatives:** T. Eide, S. Gearhardt, T. Owen

**Guests:** S. Heineman

**WELCOME NEW BOARD MEMBER**

*Dr. Gregory Kadlec was welcomed as the newest member of the DUR board.*

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

*Moved by W. Baures, seconded by M. Olson-Fisher, minutes approved with no additions, deletions, or discussion.*

**FOLLOW UP REPORTS**

**1. Atypical antipsychotics in dementia –C. Owens**

- a. Report presented. It appears that prescribing for these agents is increasing in the elderly population with dementia. The highest number of claims for AA in 2005 was one month following FDA warnings. The number of claims/month has decreased substantially since intervention materials were mailed.*
- b. No further follow-up on this topic was recommended as most patients identified will likely be classified as ‘dual-eligible’ and their drug coverage will be assumed by Medicare Part D.*

**2. Urinary Incontinence Outcomes Study –P. Cady**

- a. Coding for physician office visits was explained for individuals in assisted living facilities or long-term care. It appears that many procedure codes are linked to physician visits such that patients in long-term care may have what seems to be 10+ office visits per month. It was explained that this will be filtered in future outcomes studies; however, since the methodology of physician office visit counting was applied similarly in the*

*UI drug outcomes study and no trends indicating differences in healthcare utilization was detected, results and conclusions remain valid*

*b. No further follow-up was recommended.*

## **CURRENT INTERVENTION REPORTS**

### **1. Appropriate Use of Sedative-Hypnotic Agents – C. Owens**

- a. Intervention discussed. Use of these agents continues to increase with the greatest number of claims and costs attributed to zolpidem (Ambien®).*
- b. This report will be presented at the P&T committee meeting tomorrow when the class is reviewed for selection of preferred agents.*
- c. Follow-up will be dictated by the selection of preferred agents and an outcomes study approximately 6 months following EPAP implementation; in addition, follow up on the pediatric use of these agents was recommended*

### **2. Thiazolidinediones and metabolic dysfunction –R. Force**

- a. Intervention discussed. Results of the study and questionnaire indicate that many prescribers and pharmacists are aware of the potential adverse effects of the TZD class on lipids and fluid retention. Trends in average daily doses for medications used to treat heart failure and hyperlipidemia were reviewed for Avandia® vs. Actos® chronic users.*
- b. This topic will be addressed in the next DUR Discovery newsletter. Additional follow-up on this topic was not specified.*

### **3. Trends in gestational diabetes mellitus —B. Pugmire**

- a. Intervention discussed. Study results indicated that the incidence of GDM in the Idaho medicaid population is increasing and mirrors national averages. The use of medications to treat hyperglycemia in this population appears low (approximately 20%).*
- b. This topic was approved for inclusion in the next DUR Discovery Newsletter.*
- c. Follow-up was recommended to include collaboration with disease state management groups to obtain more patient-specific data. Also, evaluation of complication rates and costs associated with hyperglycemic treatment (or lack thereof) in different groups of GDM patients was recommended.*

#### 4. OTC loratadine outcomes study –H. Brandt

- a. *Study discussed. It appears from this review that a substantial saving was realized in terms of second generation antihistamine costs. Also, the market share has shifted toward use of the preferred agent. However, overall procedure and drug costs increased in the group of chronic allergy patients from 2004 to 2005 in individuals who were made to shift from a non-preferred antihistamine to OTC loratadine. There was also a three-fold increase in ER visits (8 in summer of 2004 vs. 32 in summer of 2005) observed for the patients who switched to OTC loratadine.*
- b. *Follow-up on increased utilization of ophthalmic antihistamines, steroids, etc. was recommended to further characterize increases in overall drug costs in switchers. Procedural costs should also be compared to the previous year. It was also suggested that a control group be compared to the switcher group in terms of drug and procedural costs. Since only June/July were assessed for procedures and ER visits, it was suggested that August also be included as an increase allergic rhinitis problems is often seen in that month.*
- c. *Report to be presented at the P&T committee meeting tomorrow.*

### **PROPOSED INTERVENTIONS/OUTCOMES STUDIES**

#### 1. Trends in pharmacologic treatment of hypertension – C. Owens

- a. *Intervention topic presented and accepted by the Board.*
- b. *Claims will be queried to evaluate changes in HTN treatment over past 10 years. Special emphasis will be placed on determining the prevalence of CCB and ARB monotherapy for HTN alone. Characterization of the average number of anti-HTN medications needed in our patient population and compliance rates was also suggested.*
- c. *No further suggestions were made by the Board.*
- d. *Will be presented at next meeting in April.*

#### 2. Appropriate treatment of sinusitis –E. Borzadek

- a. *Intervention topic presented and accepted by the Board.*
- b. *Antibiotic prescribing for sinusitis will be characterized over the past 10 years. It was recommended that new infections and their treatment be considered specifically, with an antibiotic prescription in the previous 2 months indicating a recurrent or resistant infection.*

c. *Will be presented at next meeting in April.*

**3. Outcomes study: Inhaled Beta-2 agonist and corticosteroids –H. Brandt**

a. *Outcomes study topic presented and accepted by the board.*

b. *It was recommended that appropriate use of inhalers or further education on the subject be considered as a future intervention study.*

c. *Will be presented at next meeting in April*

**4. Outcomes study: Anti-epileptic agents –H. Brandt**

a. *Outcomes Study topic presented and accepted by the board.*

b. *In addition to usual outcomes considered, it was recommended that this study focus on diagnosis coding and off-label use comparison*

c. *Will be presented at next meeting in April.*

5. *Future ideas: 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 said 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; the women/children group will be organized into tiers with different copays.*

*Dr. Gibson, resigned as of December 30, 2005. A replacement is expected by March 2006. In the meantime, Dr. Montamat will be acting as chair of the P&T committee.*

*Because of low public turnout, many of the help-sessions with Medicare Part D were cancelled. Most individuals were seeking help in signing-up, which was not the purpose of the sessions/work-shops.*

*An outcomes study for Soma should be considered for proposal at the April meeting. The DUR board can work with the Idaho BOP for tracking overall soma use in the Idaho population. It is suspected that many patients will be paying cash for the drug when Medicaid no longer covers it.*

*Other PA criteria is being considered for:*

*Cymbalta® – no restrictions*

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

*Crestor® --no longer a preferred statin*

*Strattera® --Second-line agent*

*Byetta® --per package labeling*

*All new drugs are subject to prior authorization for 6 months*

*P&T Meeting in November reviewed the following drug classes: macrolides, quinolones, cephalosporins, antivirals, oral and topical antifungals, and agents for atopic dermatitis.*

*Decisions:*

*No PA criteria on cephalosporins and related agents; Ketek® will require PA, Penlac will require PA.*

*It was suggested that the P&T committee consider criteria for the antivirals in accordance with recent CDC recommendations*

*P&T meeting tomorrow will address sedative-hypnotics, ulcerative colitis agents, and injectable anticoagulants. Triptans and beta-blockers will be re-reviewed.*

*MMA transition smooth; Medicare will not pay for folic acid, PNV, or Niacin products.*

## **OTHER BUSINESS**

February 2006 NEWSLETTER articles

- ❖ TZDs and metabolic dysfunction
- ❖ Trends in gestational diabetes
- ❖ Cost Corner: Quinolone antibiotics

### **Discussion:**

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

## **FUTURE MEETING DATES**

April 20, July 20, Oct 12, and January 18, 2006

## **ADJOURNMENT**

MEETING WAS ADJOURNED AT 3:00 PM