

Idaho Drug Utilization Review Program

DUR BOARD MEETING MINUTES

April 20, 2006

9:00 am

12301 W. Explorer Dr. Boise, ID 83705

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, C. Owens, B. Pugmire

Medicaid Representatives: T. Eide, S. Gearhardt

Guest: S. Heineman

APPROVAL OF MINUTES (January 2006 MEETING)

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

ACCP POSTER PRESENTATIONS

Posters based on Idaho DUR intervention activities that were presented at ISU and the ACCP National Meeting in Monterey, CA were reviewed and discussed.

FOLLOW UP REPORT

1. OTC Loratadine Outcomes Study –H. Brandt

- a. *Report presented and discussed. It was concluded that the selection of OTC loratadine did not have a negative clinical or financial impact on the Idaho Medicaid population.*
- b. *No further follow-up on this topic was recommended. Results will be provided to the P&T committee. It was suggested that for future outcomes studies, the groups to be compared should be the “switchers” and the “non-switchers” as opposed to the selection of a control group for the switcher patients based on age, gender, and number of medications.*

CURRENT INTERVENTION REPORTS

1. Appropriate Treatment of Hypertension – C. Owens

- a. *Intervention presented and discussed. It was concluded that the incidence of newly diagnosed hypertensive patients in the Idaho Medicaid population has remained relatively constant since 1999 and nearly ½ of newly diagnosed patients receive a prescription for an antihypertensive medication in the first 30 days following diagnosis. ACEI and beta-*

blockers are the most commonly prescribed initial treatments which is likely based on provider familiarity and patient tolerability, according to questionnaire results. ARBs and DHP CCBs are also used, despite their high cost lack of support by existing guidelines.

- b. Follow-up on this intervention during the third quarter should focus on a review of the patients listed in table VI of the report who are using > or = to 7 antihypertensive medications.*
- c. This topic will be addressed in the next DUR Discovery newsletter.*

2. Acute Community-Acquired Sinusitis: To Treat or Not to Treat –E. Borzadek

- a. Intervention presented and discussed. Results of the study and questionnaire indicate that the majority of adult and pediatric patients in the population are prescribed an antibiotic upon initial diagnosis of sinusitis with most filling the prescription within 2 days of the office visit. Furthermore, many patients do not receive recommended first-line antibiotics.*
- b. This topic will be addressed in the next DUR Discovery newsletter. Additional follow-up on this topic was not specified.*

3. Outcomes Study: Asthma Medication Utilization –H. Brandt

- a. Study presented and discussed. No negative clinical or financial outcomes were detected as a result of the current EPAP on the inhaled beta-2 agonists or inhaled corticosteroids.*
- b. No further follow-up was recommended. Results will be provided to the P&T committee.*

4. Outcomes study: Anti-epileptic Medication Utilization –H. Brandt

- a. Study presented and discussed. Healthcare utilization data and costs associated with patients made to discontinue presumed “stable” therapy on an anti-epileptic agent due to off-label utilization was explored. No negative clinical or financial outcomes as a result of the current EPAP for this group of drugs was determined.*
- b. No further follow-up was recommended. Results will be provided to the P&T committee.*

PROPOSED INTERVENTIONS/OUTCOMES STUDIES

1. Appropriate Treatment of Allergic Rhinitis – C. Owens

- a. Intervention topic presented and accepted by the Board.*
- b. Claims will be queried to identify trends in allergic rhinitis medication utilization with a focus on the place in therapy of nasal steroids, Astelin, and leukotriene inhibitors. Educational materials will highlight OTC loratadine as a Medicaid covered option.*
- c. Dr. Kadlec suggested that older, sedating agents are sometimes the best options for patients with refractory rhinitis symptoms, despite the use of second generation agents and/or nasal steroids.*
- d. Will be presented at next meeting in July.*

2. Outcomes Study: SMRs –C. Owens

- a. Study topic presented and accepted by the Board.*
- b. Outcomes resulting from the EPAP of carisoprodol in December 2005 will be determined. Utilization of the various SMRs will be tracked since interventions and educational materials were distributed to Idaho Medicaid providers over the past 2 years. The DUR staff will work in collaboration with the Idaho Board of Pharmacy to track users of Soma who may be paying out-of-pocket for the agent since coverage was terminated for chronic users in December.*
- c. No further suggestions were made by the board on this study.*
- d. Will be presented at next meeting in July.*

3. Outcomes study: ADHD Drugs –H. Brandt

- a. Outcomes study topic presented and accepted by the board.*
- b. Standard criteria for outcomes studies will be observed including changes in market share and healthcare utilization for users of ADHD medications. The use of ICD-9 codes indicating ADHD will also be assessed, along with the combined use of ADHD drugs and agents including narcotics and sedative hypnotics.*
- c. Will be presented at next meeting in July.*

4. **Appropriate Treatment of COPD** –B. Pugmire

- a. *Intervention presented and accepted by the board.*
- b. *Claims will be queried to identify newly diagnosed COPD patients who did not undergo pulmonary function testing and those who may be inappropriately treated with chronic nebulized bronchodilators and/or inhaled corticosteroids.*
- c. *No further recommendations from the board.*
- d. *Will be presented at next meeting in July.*

MEDICAID UPDATE –T. Eide

Staff change: Tyler Owen has been replaced by Bob Faller.

The department will be reorganized by July 2006 into three sections

Dr. Gibson, resigned as of December 30, 2005. His replacement is Don Norris, MD a pediatric hem/onc specialists.

The Idaho Department of Health and Welfare has contracted with Provider Synergies LLC to provide consultation and support for the Department's Pharmacy and Therapeutics (P & T) Committee and the Department's Preferred Drug List (PDL). Provider Synergies is a nationally recognized Ohio-based company that has demonstrated continued success in the development, implementation and maintenance of PDL/Supplemental Rebate Programs. Currently, Provider Synergies' client states comprise over 7 million Medicaid enrollees with total drug expenditures of \$8 billion. The company provides rebate and other services for a wide variety of plans and populations in eight states in addition to Idaho. Idaho currently has 25 drug classes on the Department's Preferred Drug List and is moving forward with expanding the program.

A disease management initiative was announced for diabetes. It will be an incentive based program for federally funded clinics and family practice residencies.

The EDS contract was extended x 2 years.

Medicare part D will pay for some niacin products.

OTHER BUSINESS

TOP 50 discussion

A review of the top 50 most expensive drugs for 2003, 2004, and 2005 was presented and briefly discussed. Atypical antipsychotics topped the list with over \$22 million spent on

risperidone, quetiapine, aripiprazole, and ziprasidone in 2005. ADDITION: olanzapine was inadvertently left off this list and has since been added to the updated report.

May 2006 NEWSLETTER articles

- ❖ Dopamine agonists and sudden onset of sleep
- ❖ Community-Acquired Acute Sinusitis
- ❖ Cost Corner: Antihypertensive Drugs

Discussion:

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

FUTURE MEETING DATES

July 20, Oct 12, and January 18, 2006

ADJOURNMENT

MEETING WAS ADJOURNED AT 3:00 PM