

Idaho Drug Utilization Review Program

DUR BOARD MEETING MINUTES

March 29, 2007

9:00 am

12301 W. Explorer Dr. Boise, ID 83705

Board Members: W. Baures, S. Cooper, J. Steiner

DUR Staff: P. Cady, V. Culbertson, C. Owens, B. Pugmire, M. Mayne, C. Nulph

Medicaid Representatives: T. Eide, S. Gearhardt, Robert Faller

Guest: B. McCracken, J. Adams, N. Erramouspe

APPROVAL OF MINUTES (July 2006 MEETING)

The minutes of the July 2006 meeting could not be approved due to the lack of a quorum.

FOLLOW UP REPORT

1. Hypertension Outcomes Study – C. Owens

- a. *Report was reviewed and discussed. It was concluded that the thiazide diuretics were not being prescribed most frequently as the initial agent for drug therapy for hypertension patients that did not have a compelling indication for another drug. JNC-7 guidelines outline thiazide diuretics as the first line agent. Several reasons for starting with ACEI or beta-blockers were reviewed.*
- b. *It was recommended that the DUR staff follow up on this study in the future, specifically by considering patients prescribed multiple medications from multiple providers.*

CURRENT INTERVENTION REPORTS

1. Migraine Prophylaxis – C. Owens

- a. *Intervention presented and discussed. It was concluded that the Idaho Medicaid population prophylaxis usage was higher than the national average. It was also concluded that through educational leaflets, pharmacists recommending prophylaxis to chronic triptan users, and other measures will result in a better quality of life for the patient and less triptan drug utilization, lowering economic costs.*
- b. *The results of DUR activities are to be presented at the next P&T committee Meeting (April 20, 2007)*

2. **Neuropathic Pain** – C. Owens

- a. *Intervention presented and discussed. Results of the study were that the Neuropathic Pain was treated frequently in the medicaid population, but not often successfully in the view of many providers, given available pharmacologic options. Gabapentin seems to be the favored drug for treating neuropathic pain.*
- b. *The board would be interested in seeing an analysis of patient with depression and initial drug therapy (SSRI as opposed to an SNRI or others). This would enable Medicaid to improve the appropriate use of the mental health drugs.*

3. **Advair Utilization** –C. Nulph

- a. *Study presented and discussed. The study predicted that approximately 10% of the patients using Advair were using it inappropriately. The most common off label uses were for cough or acute bronchitis. In February, Medicaid put restrictions into effect that will alleviate some of the inappropriate use.*
- b. *No further follow up was recommended.*

4. **Outcomes study: Proton-Pump Inhibitor** –B. Pugmire

- a. *Study presented and discussed. This study focused on patients that were denied a PPI and did not receive a PPI for 12 months after the first denial. The study also concluded that patients who were denied PPI therapy appeared to have more GI events than matched controls. NSAID patients that were denied PPI therapy had the highest GI event rate (17.1%).*
- b. *Medicaid would like a further breakdown of both control and study patients. They are interested in knowing how many patients were denied at the point of sale. Medicaid denies PPI therapy for gastritis so they are interested in removing these codes and recalculating event rates. They would like the patients separated by age to characterize the event rate in elderly patients who currently are no longer on Medicaid and by GI event rate diagnosis.*

PROPOSED INTERVENTIONS/OUTCOMES STUDIES

1. ARB Utilization – B. McCracken

- a. Intervention topic presented and accepted by the Board.*
- b. To evaluate the current utilization of angiotensin II receptor blockers (ARBs) in the Idaho Medicaid population, focusing on cost and indications for use. Educational materials will be distributed describing the current guidelines for ARB utilization.*
- c. Tami Eide suggested that the study be limited to 2006. It was decided that the study will identify the trends from 2000-2005 and then identify the appropriate use for 2006.*
- d. Will be presented at next meeting in July.*

2. Ophthalmic Antibiotic Utilization –B. Pugmire

- a. Study topic presented and accepted by the Board.*
- b. The study will evaluate the utilization of ophthalmic antibiotics in the Idaho Medicaid population over the past five years, specifically, the prescribing trends in the treatment of acute conjunctivitis.*
- c. The board suggested that a cost table be included in the Educational leaflet.*
- d. Will be presented at next meeting in July.*

3. Appropriate Treatment of Otitis Media –M. Mayne

- a. Intervention topic presented and accepted by the board.*
- b. The study will identify trends in antibiotic prescribing habits for children with a diagnosis of AOM and to provide information to prescribers regarding the current guidelines for the treatment of this condition.*
- c. Will be presented at next meeting in July.*

4. Outcomes Study: Sedative-Hypnotics – C. Owens

- a. *Outcomes study topic presented and accepted by the board.*
- b. *The study will determine outcomes attributable to inclusion of this class in the enhanced prior authorization program (EPAP).*
- c. *The board recommended specifically looking at chronic users and characterizing abuse potential of these agents in the Idaho Medicaid population.*
- d. *Will be presented at next meeting in July.*

4. The Impact of Medicare Part D on Idaho Medicaid – V. Culbertson

- a. A cost analysis was done on the top 25 drugs that are being used in the Medicaid population from 2005-2006. It was concluded that the top 15 drugs remained relatively constant. The Idaho Medicaid population still has a high mental health population.
- b. A statistical tool was presented that will help Idaho Medicaid better analyze drug utilization. This would identify changes in utilization of various drugs or drug classes. This would then highlight the need for future interventions.

MEDICAID UPDATE –T. Eide

- a. *P&T Committee will continue to meet every two months to do clinical reviews, but will only look at financials twice a year.*
- b. *Gabapentin will no longer require a Prior Authorization.*
- c. *There are now two non-preferred drugs for growth hormone..*
- d. *Rozerem, Ambien CR, and Sonata are still non-preferred.*
- e. *Many letters have been received requesting Zegrid be a preferred drug for PPI therapy. There are still no studies that have met the criteria for evidence based group for effectiveness of Zegrid. So this drug continues to be non-preferred.*
- f. *Detrol and Detrol LA are still non-preferred incontinence drugs.*
- g. *Crestor and Vytorin are still non-preferred statins.*
- h. *The only preferred drugs for Triptans are Imitrex, Amerge, and Maxalt.*
- i. *The minimally sedating antihistamines will only require patients to fail loratadine instead of other OTC therapy.*
- j. *New drugs that will require a prior authorization:*
 - *Exubera (inhale insulin)*
 - *(MAOI Patch)*
 - *Zelnorm*
 - *Amatiza*
 - *Miralax has come out OTC, Medicaid will not cover this anymore*

- k. *Deficit Reduction Act: The biggest change that will impact pharmacies is CMS will start using the average manufacturer price (AMP). The Federal Upper Limit (FUL) will base the price on the AMP. This will have a large impact on pharmacies as reimbursements may be lower.*
- l. *The state is involved in DURP 2. There are 15 states taking part in the DURP 2 process. Drugs for chronic constipation, newer drugs for neuropathic pain and combination drugs for Type II diabetes and hyperlipidemia are being reviewed.*
- m. *The mental health initiative has not had a lot of change since Medicare Part D. They send out educational leaflets to providers who are identified as prescribing high doses, duplicate therapy, or both. Peer consultations via telephone are offered for certain providers.*

OTHER BUSINESS

New Board Members:

- Dr. Mark Turner- Family Physician from Boise
- Janet Mayo- a pharmacist from Twin Falls area.

Medicaid is working on getting a pediatrician physician.

May 2006 NEWSLETTER articles

- ❖ Treatments for Peripheral Neuropathic Pain
- ❖ Migraine Headache Prophylaxis

Discussion:

Articles evaluated for inclusion in next DUR Discovery newsletter. Both articles approved without additions/corrections. Medicaid staff will forward information to include in the newsletter.

FUTURE MEETING DATES

July 12, Oct 18, and January 17, 2008

ADJOURNMENT

MEETING WAS ADJOURNED AT 3:00 PM