

Idaho Drug Utilization Review Program

DUR BOARD MEETING MINUTES

October 18, 2007

9:00 am

Ameritel Inn Table Rock Room, 7965 West Emerald
Boise, ID

Board Members: W. Baures, S. Cooper, G. Kadlec, J. Mayo, M. Olson-Fisher, J. Steiner, Mark Turner

DUR Staff: Vaughn Culbertson, Christopher Owens, Brooke Pugmire, Kathy Eroschenko, Christine Lee, Rebecca Holt

Medicaid Representatives: T. Eide, S. Gearhardt

Guests: Jennifer York (Idaho State University), Barbara Mason (Idaho State University), Russ Meyers (Eli Lilly), Felicia Fuller (Biogen Idec)

APPROVAL OF MINUTES (July 2007 Meeting)

The minutes of the July 2007 meeting were approved with corrections.

DUR OVERVIEW

1. Brief Overview of the DUR Program –C. Owens

- a. *Overview provided to orient new board members and pharmacy student. DUR history and activities were highlighted.*

2. Cost Overview of the DUR Program –V. Culbertson

- a. *Although the Idaho Medicaid population has always been largely pediatric, the influence of Medicare Part D has further accentuated this demographic group. Nevertheless, older patients, which are now those in 50-64 age group, tend to have the highest drug costs per patient.*
- b. *Drugs in the top 10 most costly therapeutic categories for Idaho Medicaid continue to include atypical antipsychotics, antidepressants, and anticonvulsants.*
- c. *Statistical Process Control (SPC) graphs were presented on three high cost drug classes. The SPC charts allow us to see when there is an unexplained rise in prescription costs. Since the DUR staff does not have access to drug rebate* amounts, all cost graphs/information presented at Board meetings represents drug costs before rebates.*

** (Medicaid receives a negotiated rebate on selected medications set by CMS as well the opportunity to contract for supplemental rebates).*

- d. *The last DUR newsletter included an article on Strategies to Reduce Medicaid Costs and a discussion of rebates. Cost tables in educational leaflets and newsletter articles will now include relative Medicaid costs.*

FOLLOW-UP REPORT

1. Proton-Pump Inhibitor Outcomes Study –B. Pugmire

- a. *Report presented and discussed. It was concluded that among patients denied a PPI that later had a GI bleed or ulcer only 28% were elderly and nearly 50% were not taking a high risk drug at the time. Approximately 50% appeared to meet PA criteria at the time of first denial. There are two possible explanations why patients who were denied PPI therapy had significantly more GI events than matched controls. One explanation is that some were eligible for PPI therapy but were inappropriately denied due to incomplete paperwork or coding. The other explanation would be that Prior Authorization criterion does not include all patients who may potentially benefit from PPI use. In addition, it was also pointed out that the number of adverse GI events may be an underestimate due to the methodology which excluded patients denied a PPI but later received one in attempts to only evaluate outcomes in those that never received PPI therapy which inadvertently may have excluded patients that had an event but received PPI treatment for it. It was suggested to change this step of the methodology and rerun the results.*
- b. *Medicaid would like to look at the same data but for the most recent year and will provide data from Heritage to complete the analysis. Data may need to be presented to P&T committee.*
- c. *It was suggested to compare the cost Medicaid is spending processing the prior authorizations to the actual costs of the medication as costs for these drugs have decreased while rebates have increased. This would help in decision whether to keep PA criteria.*
- d. *A board member asked what Medicaid does with the prior-authorizations after they approve or deny them. Medicaid responded that they store all of this data in a computer system.*

CURRENT INTERVENTION/OUTCOMES REPORTS

1. Antibiotic Use in Acute Uncomplicated Cystitis –B. Pugmire

- a. *Intervention presented and discussed. It was concluded that fluoroquinolone use in uncomplicated cystitis has increased over the past decade more than any other antibiotic class. Idaho Medicaid's cost for fluoroquinolones has decreased likely due to the availability of the generic drug ciprofloxacin.*

- b. *Despite the decrease in cost, there is concern for a resistance in our community. Many health care professionals are also concerned about a community resistance to fluoroquinolones.*
- c. *No additional follow-up was requested.*

2. Initial Treatment of Depression in Adults –B. Pugmire

- a. *Intervention presented and discussed. It was concluded that SNRI use in patients with newly diagnosed depression has increased in recent years. The majority of practioners think that they are a good first-line option particularly with patients with comorbid anxiety or pain.*
- b. *SSRIs were the most commonly used class of antidepressant in patients newly diagnosed with depression in 2006. 92% of surveyed practioners think that an SSRI is a reasonable first-line option.*
- c. *Nearly 60% of patients newly diagnosed with depression in 2006 did not have a claim for an antidepressant within 30 days. It was suggested that they may be receiving sample medications.*
- d. *Continuation of initial antidepressant therapy at 6 and 12 months after diagnosis was 40% and 26% respectively. The apparent response rates did not differ significantly between antidepressant drug classes.*
- e. *It was discussed that the many patients on antidepressants were not seeing a psychiatrist, but most likely a general practitioner.*
- f. *No specific follow-up was requested.*

3. Methadone Utilization –C. Owens

- a. *Study presented and discussed. It was reported that prior to implementation of EPAP criteria for long-acting (LA) opioids in October 2004, oxycodone, fentanyl, and MS Contin® brand of morphine sulfate made up more than 90% of the market share for the class in the Medicaid population and oxycodone and fentanyl were highly ranked among the most expensive drugs to Idaho Medicaid. In 2005, claims and costs for these agents appeared to have decreased dramatically as a result of their non-preferred status..*
- b. *The incidence of both opioid poisoning and hospitalized respiratory depression associated with LA opioid poisoning appeared to have increased for methadone in 2004 and in 2005. These trends declined to all-time lows in 2006 when a large percentage of elderly LA opioid patients were no*

longer on Idaho Medicaid. Overall, multiple opioid utilization has decreased since the EPAP for LA opioids went into effect in 2004.

- a. It was suggested that the Drug Utilization Review staff distribute again an updated educational leaflet to health care providers giving them information on the proper utilization of methadone.*
- b. A board member was interested in seeing Idaho's methadone usage compared to other states. The comment was made that Oregon, Idaho, and Washington were using Methadone. One state's preferred drug list only listed Methadone.*
- c. Report to be presented to the P&T committee in January.*

PROPOSED INTERVENTIONS/OUTCOMES STUDIES

1. Treatment of Depression in Pregnancy –R. Holt

- a. Intervention topic presented and accepted by the Board.*
- b. The study will characterize antidepressant utilization among pregnant women in the Idaho Medicaid population. Women with history of Medicaid activity prior to pregnancy will be separated from those with Medicaid during pregnancy only and differences in treatment will be characterized. Also to provide educational information to health care practitioners involved in the care of these women.*
- c. It was suggested that comorbid conditions be characterized.*
- d. The board suggested that we look at the ICD-9 codes to see if the delivery was complicated or uncomplicated.*
- e. It was also suggested that differences in treatment between permanent vs short-term clients be evaluated.*
- f. This intervention will be presented at the next DUR meeting in January 2008.*

2. ACEI/ARB and Statin Use in Childbearing Aged Women –C. Lee

- a. Intervention topic presented and accepted by the Board.*
- b. The study will evaluate ACEI, ARB, and statin prescribing trends in childbearing-aged women in the Idaho Medicaid population over the past fourteen years. Also, to provide educational information to healthcare providers involved in the care of these women.*
- c. The board suggested including ages 14-45.*

- d. *This intervention will be presented at the next DUR meeting in January 2008.*

3. Treatment of GERD –C. Owens

- a. *Study topic presented and accepted by the board.*
- b. *The study will characterize the initial pharmacologic treatment of patients with newly diagnosed GERD by identifying drug therapy within 30 days of diagnosis and to characterize changes in patients' acid suppression therapy. This intervention will also provide education to pharmacists and physicians about the different treatment options and approaches for GERD.*
- c. *Medicaid recommended separating the LPR diagnosis from the GERD diagnosis and having a survey question regarding use of bid PPI therapy in those with LPR.*
- d. *This intervention will be proposed at the next DUR meeting in January 2008.*

4. PPI Outcomes Follow-up –B. Pugmire

- a. *Outcomes study topic accepted by the Board due to request to evaluate additional data.*
- b. *The study will evaluate data from the most recent 12 months. Adjustment in the query will be made to include case patients initially excluded that may have had a PPI sometime after initial denial as long as an adverse GI event occurred first.*
- c. *This study will be presented at the next DUR meeting in January 2008.*

5. Inhaled Corticosteroid Outcomes –K. Eroschenko

- a. *Outcomes study topic suggested by Medicaid and accepted by the Board.*
- b. *The study will evaluate outcomes associated with inhaled corticosteroids and Advair PDLs. Switch rates as well as ER visits and exacerbations will be determined.*
- c. *This study will be presented at the next DUR meeting in January 2008.*

MEDICAID UPDATE –T. Eide

1. *Medicaid presented the current preferred drug list. This list can be found at: <http://www.healthandwelfare.idaho.gov/site/3355/default.aspx>. P&T recommendations became effective October 1, 2007.*

2. *A decision has been made on Medicaid's new claims, MMIS system. The pharmacy module vendor is ACS, Heritage. This system will include a functioning Pro DUR portion. The Medicaid Pharmacy will be able to talk directly with ACS and will not have to work through the main system vendor as they do now with EDS. Thompson will be the Decision support system. Unisis will be the main claims processor for Medicaid system.*
3. *Medicaid has applied twice for a transformation grant for the Medication Management Program. Medicaid will be exploring other avenues to make this program a reality.*
4. *The tamper resistant prescription pads that were to be implemented the first part of October, has been extended another six months. This will take effect in April of 2008.*

OTHER BUSINESS

May 2007 NEWSLETTER articles

- ❖ Antibiotic Use in Acute Uncomplicated Cystitis
- ❖ Pharmacologic Treatment of Depression in Adults
- ❖ Antibiotic Use in Acute Otitis Media

FUTURE MEETING DATES

January 17, 2008, April 17, 2008, July 10, 2008

ADJOURNMENT

MEETING WAS ADJOURNED AT 3:15 PM