

Idaho Drug Utilization Review Program

DUR BOARD MEETING MINUTES

July 16, 2009

9:00 am

Idaho Medicaid Offices
3232 Elder Street
Boise, ID

Board Members: W. Baures, P. Brown, G. Kadlec, J. Mayo, M. Olson-Fisher

DUR Staff: J. Adams, M. Biddle, V. Culbertson, R. Force, J. Holmes, K. McCurdy, C. Owens, B. Pugmire, K. Van Wyk

Medicaid Representatives: T. Eide, J. Gennrich

Guests: Stephanie Davis (Bristol-Myers Squibb), Brian Howell (Astra Zeneca), Kim Laubmeier (Bristol-Myers Squibb), Russ Meyers (Eli Lilly)

APPROVAL OF MINUTES

The minutes of the April 2009 meeting were approved.

CURRENT INTERVENTION/OUTCOMES REPORTS

1. Atypical Antipsychotic Dosing- V. Culbertson

- a. *A variety of dosing methods and calculations were presented and discussed. While all were valid ways of interpreting dosing data the value of the information depends on the question one wants answered. It was concluded that it is important to be critical of the way database and observational studies are researched and conducted. The research methods must be clearly explained in order to make accurate interpretations. If research is not explained well, interpretation is very difficult.*
- b. *It was stated that when research is difficult to interpret, it is useful to ask questions. Such questions may include for example for patients taking atypical antipsychotics: "What proportion of patients are receiving low dose atypicals?", "What time period?", "Are patients on only one atypical or multiple?", "Is it for any diagnosis or a specific diagnosis?" etc. Different dosing equations and different approaches help prove which methods and calculations look like they are providing the most accurate information.*

2. Use of Antidepressants in Children- B. Pugmire

- a. *Intervention was presented and discussed. It was concluded that pediatric antidepressant utilization in the Idaho Medicaid population has increased*

dramatically in the past 14 years. Currently, 4.5% of Idaho Medicaid children are receiving antidepressants, but only about 2% have a coded diagnosis of depression. Idaho Medicaid currently spends nearly \$1 million on antidepressants for over 5,000 children per year. SSRIs accounted for over half of 2008 antidepressant claims in the pediatric population.

- b. It was reported that the majority of 2008 prescribers of antidepressants in children were physicians in family/general practice. Nearly 25% of children with depression initially prescribed an antidepressant in 2008 did not have a subsequent fill, and over 25% of children that received an antidepressant in 2008 did not have an identifiable indication.*
- c. Medicaid suggested that a study on the number of adults on antidepressants could be done next to the study on children to see if the slopes may be similar. Medicaid noted that when SSRIs came out it was safer to give these agents to children than older agents such as the tricyclic antidepressants.*
- d. It was suggested to look further into those providers prescribing ADP to children by looking at the number of claims for ADP by each provider and breaking it down further by provider type..*
- e. Dr. Brown suggested that research be done to find out what percentage of children listed were getting any form of counseling. This was discussed and will be determined for the next meeting. However, due to a lack of pediatric mental health providers, many children/young adults may seek counseling from less traditional sources, such as church, society, etc.*

3. Use of Proton Pump Inhibitors with Clopidogrel- J. Holmes

- a. Intervention was presented and discussed. It was concluded that pharmacokinetic and retrospective outcomes studies are limited and have shown conflicting results regarding the interaction between PPIs and clopidogrel. No increases in secondary cardiovascular or cerebrovascular events were found in clopidogrel plus PPI users compared to users of clopidogrel alone.*
- b. The majority of providers and pharmacists were aware of the drug interaction between PPIs and clopidogrel and rate their concern as moderate-high. Methods of avoiding the interaction are varied among responding providers and pharmacists and surprisingly many do not discuss OTC use of PPIs in clopidogrel patients. Nearly all providers and pharmacists found the educational information useful to their practice.*
- c. It was stated that similar studies have been conducted with the patient population being more of the male gender; this study had more female than male patients. This may be of interest because studies have shown there are pharmacokinetic differences between genders.*

4. Opioid Use and Safety –B. Pugmire

- a. *Intervention was presented and discussed. High opioid utilization was defined as those with any of the following:*
 - i. *Short-acting opioids: ≥ 450 tabs within any 3 month period*
 - ii. *Long-acting opioids: ≥ 270 tabs within any 3 month period*
 - iii. *Fentanyl patch users: ≥ 45 patches within any 3 month period*
 - iv. *Multiple opioid users: ≥ 3 different opioid products within any 3 month period*

The rate of high opioid utilization in the Idaho Medicaid population has more than doubled in the past 15 years, currently sitting at about 6%. The proportion of high opioid users with an adverse event has tripled since 1994, and the majority of coded opioid-related adverse events were respiratory depression.

- b. *Most high opioid utilizers received their opioid prescriptions from multiple prescribers and many filled at multiple pharmacies. Most high opioid utilizers were filling other CNS depressants concomitantly.*
- c. *Most providers and pharmacists were aware of methadone's unique properties and are comfortable prescribing/dispensing it. Approximately $\frac{1}{2}$ of providers and $\frac{1}{4}$ of pharmacists have encountered a methadone-associated case of respiratory depression but have rarely seen QT prolongation. Nearly all providers and pharmacists found the methadone safety educational information useful.*
- d. *It was discussed that a future opioid project could be to possibly flag opioid patients going to multiple providers and contact those providers.*
- e. *It was suggested that an example of a pain contract be posted to the website for providers to pull and perhaps add to the newsletter as well*

5. Adherence and Outcomes with Atypical Antipsychotics- J. Holmes

- a. *Intervention was presented and discussed. It was concluded that tracking patients is more problematic due to the high proportion of Medicaid-Medicare cross-over patients. Non-adherence rates appear to be relatively high over one year (28%). The relapse rates average 35 events per quarter. Non-adherence related relapses may occur in up to 25% of cases. Non-adherence and relapse-related non-adherence may provide useful quality measures of antipsychotic therapy.*

PROPOSED INTERVENTIONS/OUTCOMES STUDIES

1. Promethazine Use in Children –B. Pugmire

- a. *Intervention topic presented and accepted by the Board.*
- b. *This study will evaluate promethazine prescribing in Idaho Medicaid children and potentially associated adverse events. It will also provide educational information regarding healthcare safety issues to healthcare providers involved in the care of these children.*

- c. The board felt that this topic has great educational value due to the amount of people who are unaware of black box warnings.*
- d. The board also felt the topic would be good to address the use of cough and cold medications in children and alternatives that can be used instead of promethazine such as ondansetron for nausea.*

2. Acetaminophen-Containing Prescription Drugs –B. Pugmire

- a. Intervention topic presented and accepted by the Board.*
- b. This study will evaluate high-dose acetaminophen use among Idaho Medicaid patients. It will also provide acetaminophen safety educational information to healthcare practitioners involved in the care of these patients.*
- c. Medicaid suggested that the study be narrowed to patients who are chronic users of acetaminophen, as opposed to looking at individual prescriptions.*

3. Atypical Antipsychotic Use-V. Culbertson

- a. Study topic presented and accepted by the board.*
- b. Previously, IDUR investigated non-adherence rates and associated relapse rates in an attempt to develop quality improvement measures that would be potentially useful in defining rational care. This proposal seeks to extend the efforts initiated last quarter and to continue development of quality measures for systematic monitoring of antipsychotic drug use. Ideas presented included:
 - i. Identifying non-adherent patients by looking at their history of relapse or non-adherence.*
 - ii. Looking at non-FDA approved uses /indications for atypical antipsychotics and identifying those patients or providers receiving or prescribing these medications.*
 - iii. Identifying patients on more than one atypical antipsychotic and the providers prescribing these agents.*
 - iv. Measuring adherence of these agents in patients diagnosed with bipolar disorder.*
 - v. Identifying the number of individuals diagnosed with schizophrenia that are managed by primary care without any psychiatric monitoring.**
- c. Medicaid was concerned that this study may interfere with Medicaid's academic detailing grant, but that dealing with retrospective data would help Medicaid's study.*
- d. The DUR staff suggested that Medicaid send them indicators with a clear definition of what Medicaid would like to have looked at in the study.*

4. Warfarin Drug Interactions and Major Bleeding Events–B. Pugmire

- a. *Study topic presented and will be postponed until a later meeting.*
- b. *This study will characterize warfarin utilization in the Idaho Medicaid population and determine the prevalence of warfarin-related major bleeding events. It will also examine the relationship between drug interactions and major bleeding events among patients receiving warfarin.*
- c. *It was decided that the DUR staff would check on the warfarin patient population and that further discussion on warfarin would be completed at the next quarterly meeting.*

5. Other project ideas

- a. Medicaid suggested looking into opioid safety concerns for this quarter.

6. August 2009 newsletter articles- B. Pugmire

- ❖ Use of Proton Pump Inhibitors with Clopidogrel
- ❖ Opioid Use and Safety
- ❖ Drug Information Services
- ❖ Non-FDA approved drug list

7. Annual Report and Pattern Analysis- V. Culbertson

- a. *This report showed the drug utilization trends over the year 2008. It was concluded that drug utilization trends changed very little over FFY08. The most commonly prescribed drugs did vary among MDs, PAs, and NPs. Most PAs and MDs were shown to prescribe more narcotic analgesics and antibiotics however; NPs were shown to prescribe more atypical antipsychotics than MDs. It was stated that it may be worthwhile to investigate drug cost by discipline and the differences among pharmacies in average cost per prescription. The report showed that four pharmacies averaged \$2000-3000 per prescription.*

OTHER BUSINESS

Medicaid Update- T. Eide

- a. *Medicaid started doing their academic detailing this month. They reported that this has been very well received and that a number of people are interested in learning more about future topics they will be detailing.*
- b. *Medicaid is anticipating being involved in re-evaluating reimbursements for single source drugs.*

FUTURE MEETING DATES

October 15, 2009; January 21, 2010; April 15, 2010

ADJOURNMENT

MEETING WAS ADJOURNED AT 3:00 PM