# Idaho DUR Committee Meeting Record

**Date:** April 14, 2011 **Time:** 9:00 a.m. – 3:00 p.m. **Location:** Idaho Medicaid, 3232 Elder Street, Conference Room DW

**Moderator:** Mark Turner, MD

**Committee Members Present:** Perry Brown, MD, Paul Cady, Pharm.D. Myrna Olson-Fisher, NP, and Mark Turner, M.D.

**Others Present**: Tami Eide, Pharm.D., Jane Gennrich, Pharm.D., Mark England, Pharm.D., William Milne, RPh, and Elise Heil, RPh.

**Committee Members Absent:** Suzette Cooper, Pharm.D. Wayne Barnes, RPh, Janet Mayo, Pharm.D.

| AGENDA ITEMS | PRESENTER | OUTCOME/ACTIONS |
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| **Committee Business** | | |
| ➢ *Call to order* | Mark Turner, MD | |
| ➢ *Approval of Minutes from January 2011* | Mark Turner, MD | Minutes approved. |
| ➢ *Follow-up Studies - updates* | Mark England, Pharm.D. | |
| o Long Acting Beta Agonist Inhalers, Lack of Prior Controller Use | | Letters were sent to 32 prescribers about 30 patients on 12/16/2010. As of 3/31/2011 - 9 responses have been received (28% response rate). |
| o Long Acting Beta Agonist Inhalers with high rescue inhaler use | | Letters were sent to 399 prescribers concerning 102 patients on 12/28/2010. As of 3/31/2011 – 119 responses have been received (30% response rate). |
| o Fentanyl patch frequency interval>72 hours | Jane Gennrich, PharmD. | Letters were sent to 60 prescribers concerning 44 patients on 12/28/2010. As of 3/31/2011 – 29 responses have been received (48% response rate).<br><br>Discussed q48h versus q72h dosing regimens from the therapeutic rationale and the cost effectiveness perspective. |

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| ➢ *Low Dose Quetiapine Utilization* | Tami Eide, PharmD. | Dr. Eide reviewed the use of low dose Seroquel® (quetiapine), an atypical antipsychotic agent. It is not FDA approved for insomnia and it is more costly than traditional hypnotics. It was reviewed in a DUR study for low dose (<300mg/day) use in April 2008 and educational leaflets were distributed then. Current use has increased and the total cost in the last year was $378,994.<br><br>Without current medical diagnoses available from Molina, the pharmacy staff cannot associate with actual diagnosis.<br><br>The DUR Board recommended implementing prior authorization on low dose Seroquel® doses < or = 100mg. |
| ➢ *Current Interventions*<br>o Tramadol with SSRIs or SNRIs – potential for Serotonin Syndrome | Jane Gennrich, PharmD.<br>Mark England, PharmD | The parameters of this review were presented and Serotonin Syndrome reactions were reviewed. The Serotonin Syndrome information sheet was presented and discussed.<br>Patients were selected if they had more than one tramadol fill, at least a 30 day overlap with the SSRI or SNRI, and had both a tramadol and an antidepressant claim within the most recent six weeks of data.<br>179 patient profiles were evaluated and letters were sent to 174 prescribers about 94 patients on 2/21/2011.<br>As of 3/31/2011, 39 responses have been received (22% response rate).<br><br>The DUR Board requested that all the comments be reported at the meeting from the response forms. The DUR Board also suggested the Serotonin Syndrome information sheet be sent to ER physicians.<br><br>The DUR Board recommended that pharmacies that dispensed tramadol and a SSRI/SNRI also receive the Serotonin Syndrome informational sheet.<br><br>A new separate response form for pharmacies needs to be created for the mailing. |
| o Thiazolidinedione Safety | Tami Eide, PharmD<br>Mark England, PharmD | The FDA warnings on Avandia® (and all rosiglitazone combination drugs) were reviewed.<br>Patients were selected for evaluation if there was a paid claim for a TZD within the last three months. 83 patients were evaluated.<br>Letters were sent to 65 prescribers about 63 patients on 3/22/2011.<br>As of 3/31/2011, 29 responses have been received (48% response rate). |
| o Proton Pump Inhibitors Long Term Continuous Use | Elise Heil,RPh<br>Mark England, PharmD. | Patients were evaluated if they had at least 8 claims for a PPI over the six month period. The multiple risks (e.g. risk of fracture, hypomagnesemia, enteric infections, community-acquired pneumonia) associated with long term PPI use were discussed and an Educational Informational Handout is going to be sent out with each letter.<br>The DUR Board recommended putting in a Hard Edit for Therapeutic Duplication as multiple patients were identified who are recieveing 2 or more PPIs concomitantly. |

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| ➢ *NIMH Study* | Tami Eide, PharmD | Dr. Eide presented the study that IDHW Pharmacy Department is becoming involved with and went over the 4 specific aims of the study. |
| ➢ *Working Lunch* | All committee members | Review of the slides of the P&T Recommendations for the Atypical Antipyschotics. |
| ➢ *Study Proposals for Next Quarter*<br>o Analysis of Auto Refill Practices | Tami Eide, PharmD.,<br>Elise Heil, RPh,<br>Jane Gennrich, PharmD.,<br>Mark England, PharmD. | Review the potential for stockpiling, continued fill of discontinued medications and increased cost and waste. A questionnaire / survey will be created to send out to all pharmacies from the DUR Board for evaluation of this practice. |
| o Atypical Antipsychotic: Impact | | Review the impact of P&T recommendations for diagnosis. |
| o Colchicine Usage | | Review Colcrys'® place in therapy for treatment of gout. |
| o High Dose utilization through multiple strengths of selected medications | | |
| • Oxycodone | | Six recipients received more than one strength of long acting oxycodone in the 1st quarter of 2011. The DUR Board recommended checking numbers for accuracy and no review needed at this time if the numbers are correct. |
| • Atypical antipsychotics | | 377 recipients received multiple doses of the same atypical antipsychotic in the 1st quarter of 2011. |
| o Injectable Atypical antipsychotics. | | Evaluate adherence rates and program integrity. The study responsibilities were outlined for the Medicaid Staff, MMA, DUR Board and P&T Committee. |
| o Synagis study for 2010 – 2011 season. | | The DUR Board would like to review patients who were denied Synagis® therapy during the 2010-2011 RSV season who would have been approved if Idaho Medicaid was still using the 2003 AAP therapeutic criteria. |
| o Repeat Tramadol study for the pharmacies – see comments above. | | Send out the Serotonin Syndrome informational handout to the dispensing pharmacies. |
| ➢ *ProDUR Quarterly Report* | Mark England, PharmD. | ProDUR interventions, edits and messaging for the previous quarter were presented and discussed. |
| ➢ *DUR Quarterly Newsletter* | Tami Eide, PharmD. | Topics for the DUR newsletter were discussed for the next issue. Topics include Serotonin Syndrome, Cost of Low Dose Seroquel® vs. Other Sedative-Hypnotic Agents for Insomnia, and Proton Pump Inhibitors. |

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| ➢ *Review of New Annual DUR Report Electronic Submission* | Tami Eide, PharmD. | Dr. Eide presented the background information for the report and gave an update on the differences from the previous report. |
| ➢ *Medicaid Update* | Tami Eide, PharmD. | Dr. Eide discussed the cost of drugs survey that recently went out to the pharmacies and the new reimbursement methodology as AWP will longer be available. |
| ➢ *Adjourn, 3:00 p.m.* | | The Next DUR Board Meeting will be held on July 21, 2011 from 9am-4pm at 3232 Elder Street. |