

Wyoming Drug Utilization Review



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Quality in the Spotlight

Cory Moss, Pharm.D.

The Institute of Medicine's October 30, 2002 report focuses on quality initiatives for government health care programs. Recommendations were made that the government should 'take the lead' in improving the safety and quality of health care treatment. Quality enhancement processes were outlined in the report focusing primarily on standardization of performance expectations and measures across six governmental health care programs. The six programs being looked at are: Medicare, Medicaid, the State Children's Health Insurance Program, the Veterans Health Administration, the Department of Defense TRICARE programs, and the Indian Health Service.

Standardized clinical performance measures should be issued by the Quality Interagency Coordination Task Force this year for five common health conditions, with seventeen conditions standardized by 2007. As a component of this standardization, a recommendation for the federal government to support the development of computerized clinical records to enhance quality was made.

Financial incentives were considered for physicians and hospitals who were able to improve

quality of care. Funding for a national health information infrastructure was looked at to help standardize the information available across the six governmental health care programs.

The six health care programs that were looked at account for over 40% of all health care dollars spent in the United States. The rationale behind this standardization is that improvements in these systems are likely to improve the rest of the health care system.

Corrigan JM, Eden J, Smith BM. *Leadership By Example: Coordinating Government Roles in Improving Healthcare Quality*. Committee on Enhancing Federal Healthcare Quality Programs. Institute Of Medicine. 2002 Oct 30.

Tieman, J. *Calling in the Feds*. Modern Healthcare. 2002 Nov 4: 1-6.

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The Institute of Medicine's Three Quality Reports

www.iom.edu

November 1999: "To Err is Human" Found that 44,000 to 98,000 Americans die each year as a result of medical errors. Widely referenced by quality experts and consumer advocacy groups.

March 2001: "Crossing the Quality Chasm: A New Health System for the 21st Century" Concluded that the healthcare system is "plagued by a serious quality gap" and called for eliminating handwritten clinical information by 2010 and re-focusing the healthcare system on treating chronic illnesses.

October 2002: "Leadership by Example: Coordinating Government Roles in Improving Health Care Quality" Argued that the federal government should lead the development of clinical standards for measuring care and proposed financial incentives for organizations that improve quality.

Valdecoxib MedWatch 2002 Safety Alert

Jodi Pollock, Pharm.D. Candidate

Bextra® (valdecoxib) is indicated for the relief of signs and symptoms of osteoarthritis, adult rheumatoid arthritis and for the treatment of primary dysmenorrhea. Bextra® was approved by the FDA on November 16, 2001. In postmarketing experience, rare spontaneous reports of hypersensitivity reactions and skin reactions have been received for patients treated with Bextra®. These cases have occurred in patients both with and without a history of allergic-type reactions to sulfonamides. Some of these cases were reported to be serious/life threatening. In order to pass on this postmarketing information to healthcare professionals, the following information has been added to the package insert:

CONTRAINDICATION: Bextra should be avoided by patients who have had previous allergic-type reactions to sulfonamide containing medications.

ADVERSE REACTIONS- Postmarketing Experience: The following reactions (found in the warnings section) have been identified and reported during the postmarketing experience use of Bextra®. These reactions have been chosen for inclusion either due to reporting frequency, possible causal relationship to Bextra®, their seriousness, or a combination of these factors. Since these reactions were reported on a voluntary basis and come from a population of uncertain

size, it is not possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

WARNINGS: Serious Skin Reactions and Anaphylactoid Reactions- serious skin reactions including exfoliative dermatitis, Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported in patients receiving Bextra®. These reactions have the potential to be life threatening. Bextra® should be discontinued immediately at first appearance of any skin rash or hypersensitivity reaction (anaphylactic reactions and angioedema). These cases have occurred in patients with and without a history of allergic-type reactions to sulfonamides.

If you become aware of any case(s) of the events described above, in patients treated with Bextra® (valdecoxib tablets), please report the event promptly. You may contact Pharmacia at 1-800-253-8600 extension 38244 or the FDA MedWatch program, by phone at 1-800-FDA-1088, or the Internet at <https://www.accessdata.fda.gov/scripts/medwatch/>. If you have any questions, please contact Pharmacia's Medical and Drug Information at 1-800-3223-4204.

¹ Jones JB, Wahba MM. 2002 Safety Alert – Bextra (valdecoxib tablets). MedWatch; November 13, 2002.

² Jones JB, Wahba MM. 2002 Safety Alert – Bextra (valdecoxib tablets). Pharmacia and Pfizer; November 13, 2002.

Information Needed For Appealing A Prior Authorization Decision

1. Briefly explain why the patient does not fit the standard criteria listed on the request form e.g. Why does the patient need to continue on PPI beyond 60 days in absence of approved diagnosis.
2. Provide relevant diagnostic history, previous hospitalizations and procedures, and previous medications.
3. Provide relevant laboratory data.
4. Other contributing factors.

Metoclopramide and Depression

Annie Naramore, Pharm.D. Candidate

Metoclopramide is indicated for relief of symptoms from acute and recurrent diabetic gastroparesis¹. Common manifestations such as nausea, vomiting, heartburn, anorexia, and persistent fullness after meals respond to treatment after different time periods¹. It has also been used in treatment of gastroesophageal reflux and for prevention of chemotherapy-induced and postoperative nausea and vomiting². Metoclopramide is also the drug used most frequently to stimulate lactation.

Mental depression has been reported with use of metoclopramide. Symptoms have occurred in patients with or without prior history of depression or other psychiatric disorders^{1,2}. Depression associated with metoclopramide ranges from mild to severe and may include suicidal ideation^{1,2,3}. In patients with history of depression, the expected benefits of metoclopramide therapy should outweigh the potential risks. Whether the risk of depression is increased when metoclopramide is used to initiate or maintain lactation

in immediate postnatal women is not known. The mechanism by which metoclopramide can induce depression is unknown. It may involve neurotransmitter properties such as antidopaminergic and cholinergic activity⁴.

The depression seems to be related to the dose and duration of administration. This suggests that dosage reduction could alleviate adverse effects of metoclopramide. If depression is noted, it is recommended that the dose should be decreased until symptoms resolve and then gradually increased until levels result in desired therapeutic action⁵. Gradual titration may result in a tolerance to the depressive effects of metoclopramide.

¹Facts and Comparisons 2002 p.1188

²Physicians' Desk Reference 2002 p. 2935

³Feder R: Metoclopramide and depression. J Clin Psychiatry 1987; 48(1): 38.

⁴www.pharmacyonesource.com

⁵Bottner RK, Tullio CJ: Metoclopramide and depression. Ann Intern Med 1985; 103: 482.

Cautions For Arthritis Drugs Pregnancy and Tuberculosis

Melissa Stahlecker, Pharm.D. Candidate

Rheumatoid arthritis is an autoimmune disease that is two to three times more frequent in women than men. Incidence peaks in the fourth to sixth decade, but may occur in childhood and in later life as well.¹ Current treatment guidelines recommend disease modifying anti-rheumatic drugs (DMARDs) within three months of diagnosis for most patients to try to prevent progression.² Leflunomide (Arava) and methotrexate carry a pregnancy category rating of X.³ Women of child-bearing age being treated with these agents should be evaluated for pregnancy before being prescribed these agents, and the risks of becoming pregnant while on these drugs should be periodically reinforced.

Infliximab (Remicade) carries the following black-box warning in its labeling: "Warning:

Tuberculosis (frequently disseminated or extrapulmonary at clinical presentation), invasive fungal infections, and other opportunistic infections have been observed in patients receiving infliximab. Some of these infections have been fatal. Evaluate patients for latent tuberculosis infection with a tuberculin skin test. Initiate treatment of latent tuberculosis infection prior to therapy with infliximab."³

¹Arnett FC. Rheumatoid Arthritis. In: Goldman L, Bennett JC. Cecil Textbook of Medicine. 21st ed. Philadelphia: W.B. Saunders Company; 2000. p. 1492-99.

²American College of Rheumatology. Guidelines for the management of rheumatoid arthritis: 2002 update. Arthritis and Rheumatism 2002;46(2):328-46.

³Drug facts and comparisons. St Louis: Facts and Comparisons; 2002.

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PRE-SORTED STANDARD
U.S. POSTAGE PAID
LARAMIE, WY 82071
PERMIT No. 1

RETURN SERVICE
REQUESTED

Oxycontin PA Criteria

Effective November 18, 2002, *Oxycontin* was placed on *Prior Authorization* if the prescribed dose exceeds 2 tablets/day, with a maximum of three different strengths per month.

The patient is required to have a cancer diagnosis for approval of an unlimited does of *Oxycontin*.

Wyoming Oxycontin Usage

(10/01/01 - 09/30/02)

Label Name	Number of RXs	Total Cost	Cost Per RX
Oxycontin 10MG Tablet	820	50,738	62
Oxycontin 20MG Tablet	1051	129,894	124
Oxycontin 40MG Tablet	496	119,162	240
Oxycontin 80MG Tablet	133	58,892	443
Oxycontin 160MG Tablet	1	844	844