Pharmacy Benefits Management-Medical Advisory Panel
E_z-Minutes

Volume 1. Issue 1 *May 2003*

Inside this issue:

Coming Soon! CE Satellite Programs!

1. Hypertension in VA (Program One) "Results of ALLHAT: The Largest HTN Trial Ever" Live- May 29th- 12:00-1pm ET; Rebroadcast on June 5th 11:00 am ET, June 11th 5:00pm ET, and July 1st at 3pm ET.
For more information: http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=16412

2. Clinical and Economic Impact of the VA Guidelines for Atypical Antipsychotics"- Sept/Oct 2003

Greetings!

Welcome to the first edition of the PBM-MAP Ez Minutes! The newsletter is intended to keep you well informed regarding the items discussed during the PBM-MAP meetings. The newsletter will contain the minutes that one can literally read in minutes as well as other "hot" items! So enjoy and read on and be sure to check the Web site at www.vapbm.org or vaww.pbm.med.va.gov for other breaking news.

Recent National PBM Reviews Postings on Web site

Criteria for Use
http://www.vapbm.org/PBM/criteria.htm
Adefovir
Clopidogrel
Leukotriene Inhibitor use in allergic rhinitis
Ramipril

Criteria for Nonformulary Use
http://www.vapbm.org/PBM/criteria.htm
Buprenorphine SL Tablets for Opioid Dependence
Ezetimibe
Implantable Leuprolide Delivery System Viadur
Ziprasidone IM

Drug Class Reviews
http://www.vapbm.org/PBM/reviews.htm
Luteinizing Hormone Releasing Hormone LHRH Agonist in Prostate Cancer

Drug Monographs
http://www.vapbm.org/PBM/drugmonograph.htm
Adefovir Dipivoxil
Aripiprazole –revised 2/03
Atomoxetine
Buprenorphone and Buprenorphone/Naloxone
Escitalopram
Ezetimibe
Montelukast in seasonal allergic rhinitis
Oxaliplatin
Ziprasidone

New Molecular Entities Reviews

- Adefovir-Not added to VA National Formulary (VANF), VISNs may add with restrictions.
- Aripiprazole-Not added to VANF or VISN Formularies
- Tegaserod-Not added to VANF or VISN Formularies
- Atomoxetine-Not added to VANF or VISN Formularies
- Ezetimibe-Not added to VANF or VISN Formularies-local availability by non-formulary waiver and/or by criteria

New Items

Buprenorphine SL Tablets for Opioid Dependence-Not added to VANF, VISNs may add with restrictions.

PBM Members

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Results of the National Tamsulosin Drug Use Evaluation

- **6 VA sites (n=332) were included**
- **66% of patients prescribed tamsulosin had appropriate indications according to the national criteria; 4% had potentially appropriate indications**
- **30% of patients were prescribed tamsulosin for reasons not consistent with the criteria**
- **On follow-up for patients prescribed tamsulosin**
  - **Over 25% of patients were not assessed for efficacy**
  - **~15% of patients remained on tamsulosin when it was documented to be ineffective.**
  - **~ 34% of patients continued on tamsulosin were not evaluated for side effects of the medication.**

COST COMPARISON

ALPHA-BLOCKER	USUAL DOSE RANGE for BPH	COST/MONTH[b]
VA National Formulary		
Doxazosin (1, 2, 4, 8mg tabs)	1-8mg qd[a]	$1.53-$2.81
Prazosin (1, 2, 5mg caps)	1-5mg bid[a] (2mg bid used in clinical trials)	$1.30-$2.67
Terazosin (1, 2, 5, 10mg tabs or caps)	1-10mg qd[a]	$1.49-$2.39
Non-Formulary		
Tamsulosin(0.4mg capsules)	0.4mg qd[c]	$22.48

[a] **Initial dose of 1mg should be given at bedtime. The dose may be increased every 2 to 4 weeks based on response**

[b] **Based on current Federal Supply Schedule or VA Contract Price**

[c] **Increased dose not found to be consistently more effective, however manufacturer information states dose may be increased to 0.8mg qd. If dose is increased, patient should be reassessed and dose decreased or discontinued if inadequate response since higher doses have been associated with increased side effects**

Summary of PBM-MAP Criteria for Non-Formulary Use of Tamsulosin in VA Patients with BPH

Consider tamsulosin if patient has or develops the following while on a VANF alpha-blocker	Consider tamsulosin in patients with BPH and HTN in the following situations
• Significant symptomatic hypotension • Significant orthostatic or postural symptoms; or at baseline • Syncope or near syncope symptoms • Significant adverse event (consider ↓ dose or trial of alternate alpha-blocker)	**Doxazosin/prazosin/terazosin monotherapy for HTN** • First consider adding another antihypertensive agent; if symptomatic ↓ BP despite lowest dose alpha-blocker, consider change to tamsulosin **Normotensive on antihypertensive regimen** • Adjust antihypertensive treatment upon initiation of a VANF alpha-blocker; if symptomatic ↓ BP despite adjustment of antihypertensive therapy, consider replacing alpha-blocker with tamsulosin

Refer to complete criteria for use at http://www.vapbm.org/criteria/tamsulosincriteria.pdf

RECOMMENDATIONS BASED ON TAMSULOSIN DUE

- **Emphasize selected circumstances where tamsulosin may be considered** (refer to summary of criteria above)
- **Recommend dose adjustment of the formulary alpha-blockers, when appropriate, to minimize adverse drug events before prescribing tamsulosin**
- **Adjust antihypertensive medications in patients with BPH and HTN prior to prescribing tamsulosin**
- **Emphasize appropriate follow-up on tamsulosin (especially patients on 0.8mg) to assess for efficacy and side effects (Note: two to four weeks may be necessary before patient response can be assessed) Implement national criteria in a timely fashion**
- **Tailor the method of implementation to the facility**
- **Consider provider education (appears more successful than other methods of implementation)**

ALLHAT STUDY

What do the national HTN Guidelines suggest? Hot off the press! JNC-VII –Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure—Click to find out.

express.pdf

The objective of the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) was to determine whether coronary heart disease and other cardiovascular events differ between diuretic based and alternative antihypertensive pharmacological treatment with an angiotensin-converting enzyme inhibitor, a calcium channel blocker, or an alpha-blocker. The ALLHAT hypertension study results indicate that less costly, traditional diuretics are more effective than newer medicines in preventing some forms of heart disease. Because of their superiority in preventing one or more major forms of CVD and their lower cost, thiazide-type diuretics should be the drugs of choice for initial treatment of HTN in most patients requiring drug therapy. For additional information click on **http://www.nhlbi.nih.gov/health/allhat/index.htm**.

Don't forget to view the satellite broadcast to learn more!

Monitoring Utilization of Short-Acting Nifedipine

Background: Short-acting nifedipine has been associated with a significant, dose-related increase in mortality in patients with myocardial infarction, unstable angina, or who are undergoing angiography. A review of the literature found short-acting nifedipine to precipitate ischemic events when given by the sublingual route for hypertensive urgencies/emergencies. In addition, short-acting nifedipine is not FDA approved for the treatment of hypertension. The NHLBI recommended short-acting nifedipine be used with great caution in patients with hypertension, angina, or myocardial infarction.

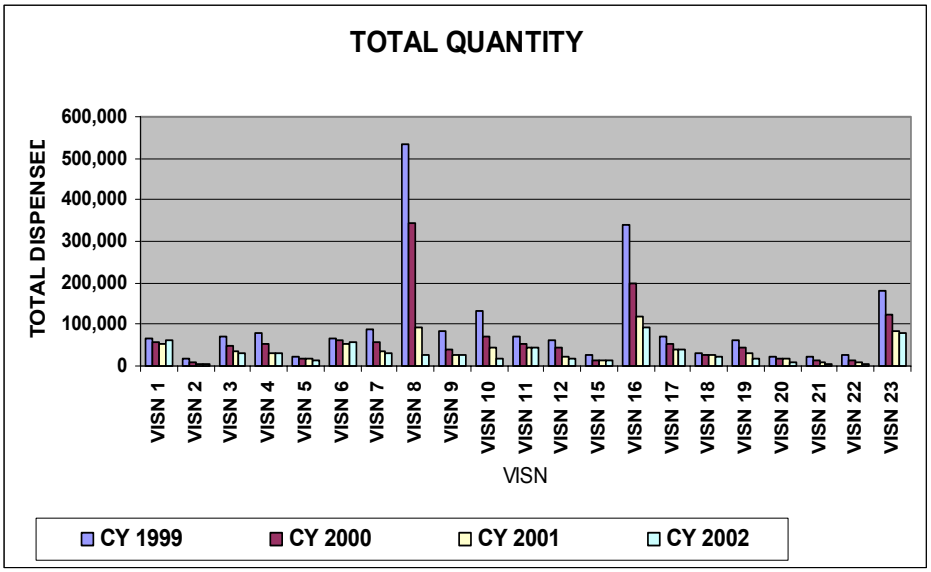
Action: Short-acting nifedipine is restricted to the following clinical situations:

1. Spinal cord injury patients to treat hypertension due to autonomic dysreflexia
2. Patients with hypertensive urgency requiring blood pressure reduction prior to anesthesia induction in the operating room
3. Patients with vasospastic angina in the cath lab

	1999	CY 2000	CY 2001	CY 2002
VISNs	TOTAL QTY	TOTAL QTY	TOTAL QTY	TOTAL QTY
1	64,236	55,246	53,650	60,134
2	17,254	9,818	3,826	4,096
3	69,334	49,935	35,295	29,592
4	79,334	54,595	30,462	31,730
5	21,573	19,370	18,963	13,015
6	66,253	63,516	52,792	58,829
7	88,733	55,462	35,463	31,561
8	535,415	344,415	91,325	25,036
9	82,420	40,621	25,273	27,046
10	132,411	70,273	45,005	17,717
11	72,421	51,886	45,466	43,428
12	61,202	44,896	21,734	18,031
15	24,890	13,790	14,090	14,996
16	338,667	200,032	116,964	93,879
17	68,767	53,571	40,654	37,590
18	31,623	27,528	24,399	20,468
19	59,813	42,474	30,633	17,767
20	23,923	18,422	15,462	9,870
21	21,350	15,298	8,652	5,368
22	27,332	13,126	10,681	6,495
23	182,743	125,417	82,511	79,853

Follow-up:

A utilization report by VAMC was disseminated 8/2000 with interventions recommended in those VISNs where utilization was substantially higher compared to other VISNs. Follow-up report 3/2001 showed decreased utilization through education and ongoing intervention, especially in those VISNs where initial use was high (See attached table) It was recommended to continue interventions in outlying VISNs and periodically monitor utilization.



Comments and Feedback or Questions about PBM-MAP E_Z -Minutes? Please e-mail:

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