

## Potential Topics for DUR targeted interventions

1. Asthma and Inhaled Steroids: The latest guideline expanded the potential role of inhaled steroids as opposed to the combination products like Advair. A sample for an intervention could be drawn from folks with multiple steroid bursts, frequent albuterol (getting more expensive) users, etc.
2. Singulair with no asthma diagnosis: We've seen a large utilization of Singulair for allergic rhinitis even when the literature says it's no better than loratadine, etc.
3. Rosiglitazone: potentially contact prescribers of rosiglitazone who have prescribed it in patients with cardiac risk factors.
4. Diabetics with No Metformin: new international guidelines say that everyone should be started on metformin at diagnosis. Perhaps we could look at newly diagnosed people or all diabetics. It's a cost effective med that may limit the need of other, more expensive products.
5. ESA's: I'm not sure what the coverage criteria is for ESA's, but with respect to the new dosing recommendations/warnings.
6. Femara (letrozole) for induction of ovulation: this was one I thought of and did a couple of years ago. There is a lot of use in the infertility sector of this drug for inducing ovulation. The Rx's can easily be found by looking at quantities and days supplies that don't equal; the typical cancer prevention dose is once daily. To stimulate ovulation, it's usually 2.5mg to 5mg daily for 5 days; basically look for tablet multiples of 5 that aren't 30.
7. Higher dose sedative hypnotics, e.g., zolpidem 20mg and ramelteon 16mg
8. Look at medication adherence on atypicals....studies show that even a 10 day variance in refills can have a negative impact on hospitalizations.
9. Review of patients post-MI and post-stent placement for use of beta-blockers, antiplatelet drugs, ACE's and statins
10. Beta-blocker therapy in CHF patients
11. Use of prophylaxis therapy for migraine, using frequent ER visits as a trigger
12. high use of albuterol in the absence of ICS or other asthma controller drugs in the pharmacy hx.
13. the use of combination steroid/long acting beta agonist products (Advair, Symbicort) when monotherapy with ICS would suffice
14. Medication adherence to HIV meds; data shows adherence rates of less than 90 or 95% leads to resistance with the HIV antivirals, so more important than other drug classes
15. Use of insulin without claims for glucometer test strips - are these patients testing their blood glucose on a regular basis
16. Use of meds without appropriate labs (see NCQA HEDIS measure) - example - ACE-I without Cr and Potassium, digoxin without digoxin level)
17. Edits for allowing more 100 days supply dispensing & how that can save cost.
18. Appropriate use of antibiotics. We continue to struggle with the HEDIS measures "appropriate treatment for children with URI" and "avoidance of antibiotic treatment in adults with acute bronchitis".