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Inter Valley Health Plan

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PROVIDER HIGHLIGHT: RIVERSIDE MEDICAL CLINIC

We are pleased to introduce **Provider Highlight** — a new regular feature to Info-Link — created to recognize the innovation and dedication of our valued provider partners in delivering quality patient care. In this issue, we're highlighting Riverside Medical Clinic's new medical building. We look forward to highlighting more of our partners in future issues, so if you have unique features that help enhance patient care and satisfaction, let us know. You could be our next Provider Highlight!



RIVERSIDE MEDICAL CLINIC

Years in planning and development, the doors to Riverside Medical Clinic's new \$27 million patient care campus are now open, offering a full complement of patient care services including the latest preventive and diagnostic radiology services, an expanded infusion center and room to accommodate 20+ new physicians over the next few years. The state-of-the-art facility exemplifies a deep commitment to meeting the community's growing health care needs and the guiding belief that the patient experience is the heart of the clinic. These convictions served as the inspiration for every detail of Riverside Medical Clinic, inside and out.

The clinic's patient-centered focus is evident in virtually every aspect of the facility, beginning with parking accommodations for 400 cars and a temperature-controlled breezeway to the building's main lobby. There, patients are greeted by an information concierge and enjoy spacious reception areas as well as a stunning two-story cascading water feature. The first level also features an optical center, medical boutique and the Main Place Café. To further enhance the patient experience, each floor features a centralized reception/patient accounts area. Patients will also be pleased at the addition of an acupuncturist to the clinic's team and the special yoga room offering a full schedule of classes.

Aesthetics are yet another aspect of Riverside Medical Clinic's patient-centered environment. The building features a mission-style design with wood and granite interiors, warmed by earthtones and fine art comprising textiles, wool tapestries, hand-appliquéd pieces, quilts and folk art from domestic and international sources. Additionally, great care was taken to provide the highest levels of accommodation for the disabled, along with intuitive wayfinding for all clinic visitors.

The new facility was purposefully designed to consolidate clinic departments and services previously in four separate buildings, allowing patients to better experience the multi-disciplinary team approach to medical care. Clinic facilities are also geared-up to meet the increased demand for preventive and diagnostic radiology with enhanced nuclear medicine capabilities, the addition of a PET Scan, upgraded MRI and the only 64-slice CT in the Inland Empire. In this way, Riverside Medical Clinic provides physicians with the facilities, resources and technologies required to continue at the vanguard of medicine. Another plus is that the new facility allows the clinic to be nationally competitive in recruiting talented physicians in all disciplines.

Riverside Medical Clinic is also a testament to energy conservation. The new facility features double-paned windows, high-efficiency heating and air conditioning systems, special lighting controls with occupancy sensors and landscaping that integrates drip irrigation and drought-tolerant native plants.

The result is a remarkable facility that blends energy savings and operational efficiency with dedicated service to the community, the finest in patient care and a meaningful patient experience.

SUPPORT & ASSISTANCE FOR FAMILY CAREGIVERS

Caring for family members or friends that are ill, frail or have dementia is rewarding; but can also be very stressful. Inter Valley Health Plan partners with Community Senior Services to provide support services to family caregivers.

Our staff of Gerontologists offer the following support and services free of charge for family caregivers who are caring for Inter Valley Health Plan members:

- **CASE MANAGEMENT AND IN-HOME ASSESSMENTS**
- **SUPPORT AND DISCUSSION GROUPS**
- **CAREGIVER WORKSHOPS**
- **GROUP RESPITE SERVICES**

Please refer your patients' caregivers to **(909) 593-7511** to talk with a Family Caregiver Support Program Representative.

Program funding provided by the San Bernardino County department of Aging and Adult Services and the Los Angeles Area Agency on Aging from funds made available under the Older Americans Act received by the Counties with additional funding provided by Inter Valley Health Plan.

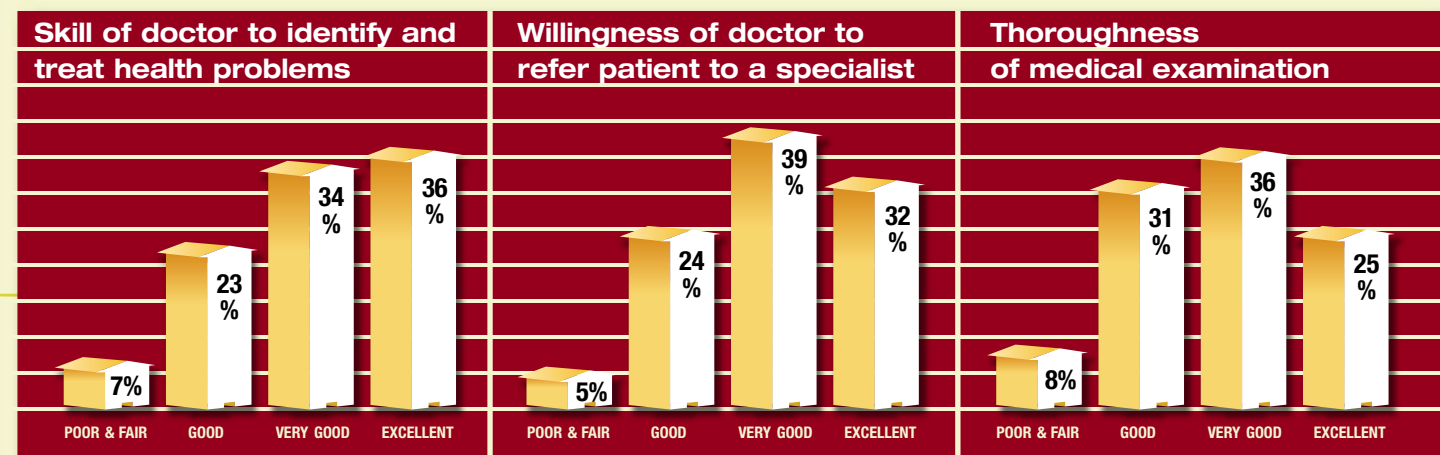


THANKS DOC!

The health plan recently completed a member satisfaction survey in April to measure access to care, quality of care, health plan services, and communication. An additional component to the survey was the evaluation of member responses by individual medical groups. Overall aggregate survey data shows member satisfaction to be exceptionally high and you deserve a big thank you for the results!

Below are results from a sampling of the survey questions where “Excellent” or “Very Good” were high overall.

EVALUATION OF FACTORS AFFECTING QUALITY OF HEALTH CARE 2007



The results **below** are areas where you can focus your efforts to **raise the percentages** of “Good” to “Very good” and “Very good” to “Excellent.”

EVALUATION OF COMMUNICATION AND SOCIAL SKILL OF MEDICAL PROVIDERS 2007



Inter Valley Health Plan thanks you for your hard work and your dedication to patients.

If you would like specific results for your medical group, please contact Provider Relations Manager, Michelle Hageman at **909-623-6333 ext 208**.

PHARMACY UPDATE: GENERIC SIMVASTATIN (ZOCOR®)

HMG-COA REDUCTASE INHIBITORS

The HMG-CoA reductase inhibitors are the most frequently used medications by members of Inter Valley Health Plan. These drugs, also known as Statins, act by inhibiting the rate-limiting enzyme HMG-CoA in the de novo production of cholesterol. Several studies have proven that statins manage the imbalance of lipids and reduce the risk for cardiovascular events. There are six Statin drugs available: Simvastatin (Zocor®), Fluvastatin (Lescol®), Lovastatin (Mevacor®), Pravastatin (Pravachol®), Atorvastatin (Lipitor®), and Rosuvastatin (Crestor®).

COST EFFECTIVE / EFFICACIOUS SIMVASTATIN (ZOCOR)

One of the most commonly prescribed medications has recently been made available in generic form, Simvastatin (Zocor). The addition of generic Simvastatin is exciting news because it is a cost-effective and efficacious alternative for members of Inter Valley Health Plan.

The cost of Simvastatin for a 30-day supply is \$19.25 compared to Pravastatin \$33.21 and Lovastatin \$19.98. The maximum potential LDL-cholesterol lowering of Simvastatin is 45-50%, Pravastatin is 35-45%, and Lovastatin is 35-45%. The brand medications are limited under the formulary. Most generic medications are covered under the Plan Formulary. Brand name drugs like Lipitor can be costly for patients because of the high co-pay. It costs the plan \$97.95 for a 30-day supply, Crestor's cost is \$88.84. Simvastatin is now the recommended generic for lowering elevated LDL-cholesterol levels as it is cost effective and efficacious.

ADDITIONAL INFORMATION

Physicians are requested to use their best judgment in deciding which statin to use to get their patients to the recommended LDL goals. For any questions, please call Inter Valley Health Plan's Pharmacy Call Center at **800-523-3142**.

Drug Name	Drug Strengths	IVHP Total Cost per 30 Days
SIMVASTATIN		
Simvastatin	Tablets: 5mg, 10mg, 20mg, 40mg	\$19.25
Zocor	Tablets: 5mg, 10mg, 20mg, 40mg, 80mg	NF
FLUVASTATIN		
Lescol	Capsules: 20mg, 40mg	\$77.44
Lescol XL	Tablets, 24-h: 80mg	NF
LOVASTATIN		
Lovastatin	Tablets: 10mg, 20mg, 40mg	\$19.98
Mevacor	Tablets: 10mg, 20mg, 40mg	NF
Altoprev	Tablets, 24-h: 10mg, 20mg, 60mg	NF
PRAVASTATIN		
Pravastatin	Tablets: 10mg, 20mg, 40mg, 80mg	\$33.21
Pravachol	Tablets: 10mg, 20mg, 40mg	NF
ATORVASTATIN		
Lipitor	Tablets: 10mg, 20mg, 40mg, 80mg	\$97.95
ROSUVASTATIN		
Crestor	Tablets: 5mg, 10mg, 20mg, 40mg	\$88.84

Drug	Percentage of LDL-C Reduction				
	<25%	25-35%	35-45%	45-50%	>50%
Simvastatin	5mg	10mg to 20mg	40mg	80mg	—
Fluvastatin	20mg	40mg to 80mg	—	—	—
Lovastatin	10mg	20mg to 80mg	80mg	—	—
Pravastatin	10mg	20mg to 40mg	80mg	—	—
Atorvastatin	—	10mg	20mg	40mg	80mg
Rosuvastatin	—	—	5mg	10mg	20mg to 40mg

Only physicians can evaluate the effectiveness of a medication for each individual.

Lexi-Comp Inc. 2007.

NF = Non-formulary

Almost 100 million prescriptions for proton pump inhibitor (PPIs) were written in the U.S. in 2004.¹ With such widespread use of these agents, it is important to be aware of information that may affect therapeutic outcomes and reduce costs.

PRN OR "ON-DEMAND" USE OF PPIs

Up to 20% of people in industrialized countries may have symptoms of Gastro Esophoyea/Reflex Disease (GERD). Around 60% of cases are nonerosive esophagitis, and around 25% are classified as mild erosive esophagitis.² These patients may be candidates for "on-demand" use of PPIs.⁴

On-demand use of PPIs for GERD involves the patient starting therapy when symptoms occur and discontinuing therapy when symptoms resolve. Typically, on-demand therapy begins after an initial, successful, four to eight week course of PPI therapy is completed. On-demand therapy is in contrast to intermittent therapy, where short courses of treatment are prescribed for a predefined number of days.⁴

PPIs aren't FDA approved for on-demand use. But patients are already doing it.⁴ There's evidence that patients prescribed long-term PPI therapy only take their doses about half of the time.⁴

And despite the fact that antacids and H2 blockers may appear to be pharmacokinetically more appropriate for on-demand treatment of GERD symptoms, randomized, placebo-controlled trials have demonstrated the effectiveness of PPIs used in this fashion.⁴

A review of trials of on-demand PPI therapy compared to placebo showed that about eight out of ten patients with nonerosive esophagitis were willing to continue on-demand therapy.⁵ Results from a trial comparing on-demand esomeprazole and continuous lansoprazole showed that patients taking on-demand therapy were slightly more satisfied.² Studies in patients with more severe esophagitis showed higher relapse rates with on-demand therapy, but similar satisfaction for on-demand therapy compared to continuous therapy.²

For patients with nonerosive esophagitis, studies show that on-demand therapy results in about 0.3 PPI doses taken per day. While a study of patients with nonerosive and mild erosive esophagitis showed that patients used around 0.3 doses per day, a study in patients with mild to moderate erosive esophagitis showed consumption of around 0.7 doses per day. That's not much different than once daily dosing.^{4,6}

In light of the available evidence, on-demand therapy should only be considered for patients with nonerosive GERD and mild erosive esophagitis.^{2,4,6} Patients with Barrett's esophagus, which is associated with severe GERD, are not candidates for on-demand treatment.⁷

Considering the fact that billions of dollars are spent yearly on treatment and diagnosis of GERD, with almost half of that on drug therapy, clinically effective strategies to reduce drug costs for GERD are worth considering.⁴ Studies have demonstrated cost-effectiveness of the on-demand dosing strategy for GERD symptoms.⁴

No PPI has been proven more clinically effective than another for symptom relief or healing of GERD-related esophagitis.^{8,9} PPIs relieve GERD symptoms and heal esophagitis in around 80% of patients.⁷ There is no clear evidence to support use of a

particular PPI for on-demand therapy.² No studies have been done, but the commercially available buffered omeprazole powder (Zegerid) could theoretically relieve symptoms more quickly than the delayed-release PPI dosage forms.⁴



USING PPIs WITH H2 BLOCKERS

Although it may seem like duplicate therapy, some patients are being prescribed both a PPI and an H2 blocker for GERD. This makes sense if the agents are scheduled appropriately. The half-life of PPIs currently on the market is about one to two hours, which means PPIs given once daily will be almost gone by the end of the day. And PPIs don't provide continuous acid suppression even with twice daily dosing. Nighttime acid breakthrough (pH below 4 for more than 60 consecutive minutes in patients on twice daily PPI therapy) occurs in over 70% of patients.⁸ So although symptom relief is achieved in almost two-thirds of GERD patients on once-daily PPIs, others will require additional acid suppression.⁸

Nighttime acid secretion is largely mediated by histamine.⁹ Also, most people don't eat a meal (which is required for the best effect from a PPI) right before bedtime, so it's logical that an H2 blocker given at bedtime would be useful for nighttime acid breakthrough.¹¹ Adding an H2 blocker before bedtime to a twice-daily PPI regimen works better than adding another dose of a PPI at bedtime.^{9,11} A small, observational study showed that in GERD patients on twice-daily PPIs, an H2 blocker at bedtime improved nighttime symptoms in about 75% of patients. All patients included in the study had taken the H2 blocker for at least a month, and those who had symptom improvement reported taking their doses more than 80% of the time.³ Other small studies have shown mixed results, but keep in mind that tolerance to H2 blockers may be a factor in the failure of this regimen.^{9,11} It has been suggested that H2 blockers might be useful at bedtime when taken only as needed (after a late, heavy meal, for example).¹⁰

Besides being more clinically effective, adding a bedtime dose of an H2 blocker to a twice-daily PPI regimen is also more cost-effective than adding a bedtime dose of a PPI. H2 blockers range in cost from around \$1.00 per dose to much less. Prescription PPIs generally cost more than \$3.00 per dose.¹²

Before adding an H2 blocker, double check that PPI therapy is being optimized. First of all, be sure the PPI is being taken 30 to 60 minutes before a meal.⁷ For patients on a once-daily PPI dose, schedule it before dinner instead of before breakfast.⁷ Or, split the PPI dose in half, giving it twice daily before breakfast and dinner for more prolonged acid control.^{11,13}

Also, continue to remind patients about nondrug measures to alleviate the symptoms of GERD. To help prevent nighttime symptoms, tell patients not to eat for two to three hours before going to bed. Other things that may be worth a try include elevation of the head of the bed by four to six inches, decreasing consumption of alcoholic beverages, smoking cessation, weight loss, and avoidance of coffee, chocolate, and peppermint.^{7,14}

CONCLUSION

Optimizing use of PPIs is important from both a clinical and pharmacoeconomic perspective. On-demand PPI therapy may be an alternative to continuous long-term therapy for patients with nonerosive GERD and mild erosive esophagitis (Evidence Level B; nonquantitative systematic review).^{2,4,6} It may save money and improve satisfaction with treatment. And although prescribing both an H2 blocker and a PPI concurrently may raise eyebrows, it can be an effective strategy, at least in the short term, for preventing nighttime acid breakthrough symptoms when doses of both drugs are scheduled appropriately (Evidence Level B; lower quality RCT).¹¹ Remind patients with nighttime symptoms to take their PPI 30 to 60 minutes before a meal, and the H2 blocker at bedtime.

Prilosec is the preferred PPI on the Plan formulary. Protonix is available through step therapy.

References on back page



KUDOS CORNER

Inter Valley Health Plan would like to recognize the following Provider Groups and/or Hospitals for successfully passing their audits of delegated functions with a score of 95% or above:

**POMONA VALLEY HOSPITAL
MEDICAL CENTER**
Claims Processing Audit

VISION SERVICE PLAN
Claims Processing Audit

SAN BERNARDINO MEDICAL GROUP
Utilization Management Audit

RIVERSIDE MEDICAL CLINIC
Utilization Management Audit

***Congratulations to all and
keep up the good work.***

PHARMACIST'S LETTER/PREScriBER'S LETTER 2007;23(3):230307 REFERENCES

1. Anon. Commonly requested therapeutic class and product information. IMS Health. www.imshealth.com/ims/portal/front/articleC/0,2777,6599_18731_77056778,00.html. (Accessed January 11, 2007).
2. Labenz J, Malfertheiner P. Treatment of uncomplicated reflux disease. *World J Gastroenterol* 2005;11:4291-9.
3. Rackoff A, Agrawal A, Hila A, et al. Histamine-2 receptor antagonists at night improve gastroesophageal reflux disease symptoms for patients on proton pump inhibitor therapy. *Dis Esophagus* 2005;18:370-3.
4. Metz DC, Inadomi JM, Howden CW, et al. On-demand therapy for gastroesophageal reflux disease. *Am J Gastroenterol* 2006;101:1-12.
5. Moayyedi P, Talley NJ. Gastro-oesophageal reflux disease. *Lancet* 2006;367:2086-100.
6. Goh KL. "On-demand" therapy for gastroesophageal reflux disease: are current proton pump inhibitors good candidates? *J Gastroenterol Hepatol* 2006;21:S115-8.
7. DeVault KR, Castell DO. Updated guidelines for the diagnosis and treatment of gastroesophageal reflux disease. *Am J Gastroenterol* 2005;100:190-200.
8. Thompson CA. First federal comparative effectiveness review examines GI disorder. *Am J Health-Syst Pharm* 2006;63:302.
9. Pan T, Wang YP, Liu FC, Yang JL. Additional bedtime H2-receptor antagonist for the control of nocturnal gastric acid breakthrough: a Cochrane systematic review. *Chin J Dig Dis* 2006;7:141-8.
10. Cheung TK, Wong BC. Proton-pump inhibitor failure/resistance: proposed mechanisms and therapeutic algorithm. *J Gastroenterol Hepatol* 2006;21:S119-24.
11. Ang TL, Fock KM. Nocturnal acid breakthrough: clinical significance and management. *J Gastroenterol Hepatol* 2006;21:S125-8.
12. Product information. Drugstore.com. www.drugstore.com. (Accessed February 12, 2007).
13. Katz PO, Castell DO, Chen Y, et al. Intra-gastric acid suppression and pharmacokinetics of twice-daily esomeprazole: a randomized, three-way crossover study. *Aliment Pharmacol Ther* 2004;20:399-406.
14. Anon. Heartburn. American Gastroenterological Association. www.gastro.org/wmspage.cfm?parm1=848#Tips. (Accessed February 13, 2007).

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EDITOR'S NOTE: We value your opinion. If you have any comments on this issue or have a topic suggestion for future issues, please contact Cyndie O'Brien at (909) 623-6333 or e-mail cobrien@ivhp.com.



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