

## WEST VIRGINIA Departrnent of Health (4) Hunian Resources BUREAU FOR MEDICAL SERVICES

$2^{\text {nd }}$ Quarter Summary of Activities for WV BMS' RetroDUR Committee by the Marshall Coalition

September 2022

## Lock-In Warning Letters sent to Patients and Providers



June<br>Patients - 2<br>Providers - 3<br>Total Letters - 5

## LOCK-IN LETTERS MAILED



| CLINICAL INTERVENTION LETTERS MAILED | APR | MAY | JUN |
| :--- | :---: | :---: | :---: |
| Rx of opioid and Benzodiazepine | 43 | 60 | 88 |
| Dx of GERD w/PPI Therapy >90 days | 55 | 49 | 33 |
| Dx of DM w/o ACE or ARB | 6 | 7 | 7 |
| Dx of ASCVD w/o Statin | 6 | 3 | 4 |
| Rx of GLP-1 Agonist and DPP-4 inhibitor | 0 | 0 | 0 |
| Dx of CHF w/NSAIDS | 13 | 13 | 14 |
| Dx of CHF w/Select Drugs | 0 | 2 | 0 |
| Dx of H. Pylori w/PPI Therapy >14 days | 2 | 0 | 0 |
| Dx of HFrEF w/Diltiazem or Verapamil | 0 | 0 | 3 |
| Dx of CHF w/TZDs | 3 | 9 | 0 |
| Dx of Diabetes and HFrEF w/o SGLT2 Inhibitor | 0 | 0 | 0 |
| Dx of CHF w/ Dronedarone | 45 | 54 | 40 |
| MME >=50 w/o Naloxone | 7 | 2 | 13 |
| Diabetes and Heart Failure w/o Statin | 18 | 17 | 16 |
| Hepatitis C Dx w/o Treatment | $\mathbf{2 0 4}$ | $\mathbf{2 1 9}$ | $\mathbf{2 2 3}$ |
| TOTALS |  |  |  |

## April Clinical Intervention Feedback

| CLINICAL INTERVENTION | USEFUL | MADE <br> CHANGES | NO CHANGES | NO LONGER A PATIENT |  | NOTICE NOT USEFUL | TOTAL FAXES RECEIVED |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Rx of Opioid and Benzodiazepine | 5 |  | 7 | 1 |  |  | 13 |
| Dx of GERD w/PPI Therapy > 90 days | 3 |  | 6 |  |  | 1 | 8 |
| Dx of DM w/o ACE or ARB |  |  |  |  |  |  |  |
| Dx of ASCVD w/o Statin |  |  |  |  |  |  |  |
| Rx of GLP-1 Agonist and DPP-4 Inhibitor |  |  |  |  |  |  |  |
| Dx of CHF w/NSAIDS | 2 |  |  | 1 |  |  | 2 |
| Dx of CHF w/Select Drugs |  |  |  |  |  |  |  |
| Dx of H. Pylori w/PPI Therapy>14 days |  |  | 1 |  |  |  | 1 |
| Dx of HFrEF w/Diltiazem or Verapamil |  |  |  |  |  |  |  |
| Dx of CHF w/TZDs |  |  |  |  |  |  |  |
| Dx of Diabetes and HFrEF w/o SGLT2 Inhibitor | 1 |  |  |  |  |  | 1 |
| Dx of CHF w/ Dronedarone |  |  |  |  |  |  |  |
| MME >=50 w/o Naloxone | 7 | 3 | 2 |  |  |  | 11 |
| Diabetes w/o Statin |  |  | 2 |  |  |  | 2 |
| Warning | 2 |  | 1 | 1 |  |  | 3 |
| Totals | 20 | 3 | 19 | 3 |  | 1 | 41 |

May Clinical Intervention Feedback

| CLINICAL INTERVENTION | USEFUL | MADE CHANGES | $\begin{gathered} \text { NO } \\ \text { CHANGES } \end{gathered}$ | NO LONGER A PATIENT | $\begin{aligned} & \text { NEVER } \\ & \text { WAS A } \\ & \text { PATIENT } \end{aligned}$ | NOTICE NOT USEFUL | TOTAL FAXES RECEIVED |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Rx of Opioid and Benzodiazepine | 4 |  | 2 |  |  | 1 | 5 |
| Dx of GERD w/PPI Therapy >90 days | 3 |  | 2 |  | 1 |  | 6 |
| Dx of DM w/o ACE or ARB |  |  |  |  |  |  |  |
| Dx of ASCVD w/o Statin |  |  |  |  |  |  |  |
| Rx of GLP-1 Agonist and DPP-4 Inhibitor |  |  |  |  |  |  |  |
| Dx of CHF w/NSAIDS | 2 |  | 1 |  |  |  | 2 |
| Dx of CHF w/Select Drugs |  |  |  |  |  |  |  |
| Dx of H. Pylori w/PPI Therapy>14 days |  |  |  |  |  |  |  |
| Dx of HFrEF w/Diltiazem or Verapamil |  |  |  |  |  |  |  |
| Dx of CHF w/TZDs |  |  |  |  |  |  |  |
| Dx of Diabetes and HFrEF w/o SGLT2 Inhibitor |  |  |  |  |  |  |  |
| Dx of CHF w/ Dronedarone |  |  |  |  |  |  |  |
| MME >=50 w/o Naloxone | 4 |  | 1 |  |  | 1 | 5 |
| Diabetes w/o Statin |  |  |  |  |  |  |  |
| Warning | 1 |  |  |  |  |  | 1 |
| HEP C Fax received | 1 |  | 6 |  |  |  | 1 |
|  |  |  |  |  |  |  |  |
| TOTALS | 15 |  | 12 |  | 1 | 2 | 20 |

June Clinical Intervention Feedback

| CLINICAL INTERVENTION | USEFUL | MADE CHANGES | $\begin{gathered} \text { NO } \\ \text { CHANGES } \end{gathered}$ | NO LONGER <br> A PATIENT |  | NOTICE NOT USEFUL | TOTAL FAXES RECEIVED |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Rx of Opioid and Benzodiazepine | 2 | 3 | 4 | 1 |  | 2 | 9 |
| Dx of GERD w/PPI Therapy >90 days |  | 0 |  |  |  |  |  |
| Dx of DM w/o ACE or ARB |  | 0 |  |  |  |  |  |
| Dx of ASCVD w/o Statin |  | 0 |  |  |  |  |  |
| Rx of GLP-1 Agonist and DPP-4 Inhibitor |  | 0 |  |  |  |  |  |
| Dx of CHF w/NSAIDS | 1 | 1 |  |  |  |  | 1 |
| Dx of CHF w/Select Drugs |  | 0 |  |  |  |  |  |
| Dx of H. Pylori w/PPI Therapy>14 days |  | 0 |  |  |  |  |  |
| Dx of HFrEF w/Diltiazem or Verapamil |  | 0 |  |  |  |  |  |
| Dx of CHF w/TZDs |  | 0 |  |  |  |  |  |
| Dx of Diabetes and HFrEF w/o SGLT2 Inhibitor |  | 0 |  |  |  |  |  |
| Dx of CHF w/ Dronedarone |  | 0 |  |  |  |  |  |
| MME >=50 w/o Naloxone | 3 | 3 | 1 |  |  |  | 3 |
| Diabetes w/o Statin |  | 0 |  |  |  |  |  |
| Warning |  | 0 | 1 |  |  |  | 1 |
| HEP C Fax received | 2 | 2 |  | 1 |  |  | 3 |
|  |  | 0 |  |  |  |  |  |
| TOTALS | 8 | 9 | 6 | 2 |  | 2 | 17 |

## Provider

 CommentsWill assess and discuss at future visit.

## Severe esophagitis on EGD 12/21

This patient was prescribed Naloxone in 2020 and got from Walgreens. She has naloxone and has never needed to use it.

Naloxone prescribed for patient previously, but I will prescribe it again.

Hepatitis C Dx w/o Treatment - Each patient failed to show up to follow-up

Saw patient in MFM for pregnancy. She cancelled her second PPV visit with us.

Patient has not been seen in a long time and was immediately sent to the ER.

The patient is not consistent with appointments and labs at this time. I am continuing to evaluate the patient for treatment.

Patient dosage was changed to oxycodone 10 mg . Patient can not take Tylenol. Patient changed to Bypass pharmacy and did not like it so he changed to Beckley Pharmacy with a change of pharmacy consent form.

HEPC - each patient did not show up to follow-up
Naloxone is available in patients home and spouse has been trained to use it.
Thanks, but patient has rotator cuff issues but can't have surgery due to recent dx of primary lung cancer. He is in major pain and anxiety.

The patient has adenocarcinoma of the salivary gland.

Both patients have been on 2 medications for a long time and didn't have any adverse effects.

## Provider

 CommentsMy patient was treated for HEPC C with Epclusa $\times 12$ weeks.
This patient is being tapered from oxycodone-acetaminophen.

Will assess and discuss at future visit.

Severe esophagitis on EGD 12/21
This patient was prescribed Naloxone.

This Hep C patient failed to show at follow-up
Saw patient in MFM for pregnancy. She cancelled her second PPV visit with us.
The patient has not been consistent with appointments and labs at this time.

Patient dosage was changed to oxycodone 10 mg .
Patient did not show up for HEPC followup.
Naloxone is available in patients home and spouse has been trained to use it.
This patient has been on 2 medications for a long time and didn't have adverse effects.
My patient was treated for HEPC with Epclusa $\times 12$ weeks.

This patient is no longer under my care.

## Provider Comments

Opioid and Benzo - Thank you for doing this! Although I didn't make any changes today, I made a note to discuss with her regarding her Pain RX from ED and use of prescribed benzos.

He got 10 oxy in May x 1. Are we no longer allowed to treat panic and acute pain?

O \&B Thank you!

ASCVD w/o Statin- patient is on Atorvastatin 20 mg daily

MME>50 w/o naloxone - patient a nursing home resident under close nursing care.

O \& B Patient stable on current regimen
$O \& B$ Patient has terminal cancer

Hep C Patient showed self resolution from lab work collected 3-22-22

O\&B as always, I evaluate and treat patients with their best interest in mind. I am aware of all meds and issues the patient has. This is time consuming and has little value, but I understand the issue.

Opioid and Benzo Patient has had trouble getting Fentanyl patch from her pharmacy and her pharmacy has sent her to other ones to fill.

HEP C - although HCV antibody was positive, his viral load was not detected meaning he has cleared the virus.

## RETURNED LETTER COUNT

| APRIL | 7 | $3.43 \%$ |
| :--- | :---: | :---: |
| MAY | 45 | $20.5 \%$ |
| JUNE | 27 | $12.1 \%$ |
| TOTAL | 79 | $12.2 \%$ |

## April - June CALLS

PHARMACISTS
DUR HOTLINE CALLS RECEIVED

PRESCRIBERS
0

PATIENT CALLS

## REVIEW COUNTS TOTAL PATIENTS

| APR-JUN | Reviews | Letters | Lockin |  | Reviews | Letters | Lockin |  | Reviews | Letters | Lockin | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 41 | 37 |  |  | 50 | 42 |  | 0 | 75 | 50 | 0 | 0295 |
|  | 37 | 28 |  |  |  |  |  |  | 3 | 0 |  | 68 |
|  | 54 | 45 |  |  | 56 | 51 |  | 0 | 56 | 43 |  | 305 |
|  | 44 | 33 |  | 0 | 52 | 44 |  | 0 | 64 | 60 | 0 | 0297 |
|  | 54 | 42 |  | 0 | 52 | 46 |  | 0 | 79 | 63 | 0 | 0336 |
|  | 53 | 43 |  |  |  |  |  |  |  |  |  | 96 |
|  | 44 | 30 |  |  | 57 | 50 |  |  | 1 | 0 |  | 182 |
|  | 50 | 39 |  |  | 49 | 40 |  | 0 | 68 | 52 |  | 298 |
| Grand Total | 377 | 297 |  | 0 | 316 | 273 |  | 0 | 346 | 268 | 0 | 1877 |

## Clinical Intervention Reviews



## 2022 2nd QUARTER <br> Newsletter

Posted on BMS Website


WEST VIRGINIA
Department or
Health 4. Human

Resources
BUREAU FOR MEDICAL SERVICES

