



# HEALTH INFORMATION *designs*



**West Virginia  
Department of Health and Human  
Resources**

**Bureau for Medical Services  
Drug Utilization Review Board**

February 28, 2018

## Fourth Quarter 2017

- **Profiles Reviewed: 1,243**
- **Cases Identified: 977**
- **Letters Mailed**
  - **Prescribers: 1,293**
  - **Pharmacies: 1,115**
- **Responses**
  - **Prescribers: 193 (15%)**
  - **Pharmacies: 174 (15%)**

## First Quarter 2018

- **Profiles Reviewed: 1,231**
- **Cases Identified: 914**
- **Letters Mailed**
  - **Prescribers: 1,200**
  - **Pharmacies: 1,059**
- **Responses**
  - **Prescribers: 159 (13%)**
  - **Pharmacies: 216 (20%)**



# First Quarter 2018: Lock-In (LI)

Quarter)	4 <sup>th</sup> Quarter	(4 <sup>th</sup>
• Profiles Reviewed:	181	(202)
• Total Cases:	136	(136)
• Case Rate:	75%	(67%)
• Warning Cases: (92)	92	
• Initial LI Cases: (4)	8	
• Cases Continued in LI: (25)	21	



# First Quarter 2018: January RDUR Criteria

- **Controlled substances**
  - Lock-in Reviews
- **Drug-Disease Interactions**
  - Anticholinergic medications contraindicated in disease state
- **Drug-Drug Conflicts:**
  - Febuxostat contraindicated with select drug
- **Non-Compliance**
  - Underutilization of antidepressants\*



# First Quarter 2018: February RDUR Criteria

- **Controlled substances**

- Lock-in Reviews

- **Drug-Disease Interactions**

- Use of contraceptive agents/estrogens in patients with nicotine dependence

- **Non-Compliance**

- Underutilization of antidepressants\*
- Underutilization of lipid lowering agents



# First Quarter 2018: March RDUR Criteria

## ○ **Controlled substances**

- Lock-in Reviews

## ○ **Drug-Disease Interactions**

- Metformin use in patients with reduced renal function

## ○ **Drug-Drug Conflicts:**

- Duplicate antiulcer therapy
- Oxycodone with moderate or strong CYP 3A4 inducers
- Additive sedation with skeletal muscle relaxants and opioid analgesics

## ○ **Overutilization**

- High total daily morphine equivalent dosing



# First Quarter 2018

## Educational Intervention:

- **Patients with regular (90 consecutive days) concomitant use of an opioid analgesic and benzodiazepine**
  - **Letter sent to all prescriber's with patients receiving concomitant therapy with a benzodiazepine and an opioid analgesic. If there are different prescribers for each product, both prescribers received a letter**
    - Claims filtered by patients receiving both a benzodiazepine and an opioid for 3 consecutive 30 day periods (90 days)
  - **Letter sent to prescribers containing a list of all of the their patients meeting this criteria**
    - Prescriber Letters Sent: 916
    - Number of Patients Identified: 1,631



# First Quarter 2018

## Educational Intervention:

- **Patients with a history of opioid or benzodiazepine poisoning that is currently receiving a medication in the same class**
  - **Letter sent to prescribers containing a list of all of the their patients meeting this criteria**
    - Claims filtered by:
      - Patients with a history of benzodiazepine poisoning and are currently (within last 45 days) receiving a benzodiazepine
      - Patients with a history of opioid poisoning and are currently (within last 45 days) receiving an opioid
  - **Letter sent to prescribers containing a list of all of the their patients meeting this criteria**
    - Prescriber Letters Sent: 85
    - Number of Patients Identified: 87
      - 55 Patients due to opioid, 32 patients due to benzodiazepine





# Distribution of Cases

	1 <sup>st</sup> Quarter 2018		4 <sup>th</sup> Quarter 2017
<b>Drug-Disease Interactions</b>	143	16%	28%
<b>Drug-Drug Conflict</b>	221	24%	22%
<b>Over-utilization</b>	191	21%	16%
<b>Non-compliance</b>	357	39%	25%
<b>Clinical Appropriateness</b>	2	0.2%	9%

- **Drug-Disease Interactions:** Patients receiving a drug that may worsen or precipitate a medical condition.
- **Drug-Drug Conflict:** Patients receiving two or more drugs that may interact and produce unpredictable and undesirable effects.
- **Over-utilization:** Patients taking medications in apparently excessive doses or for excessive lengths of time.
- **Non-compliance:** Patients not taking medication according to directions, resulting in possible sub-therapeutic response.
- **Clinical Appropriateness:** Patients who are taking medications for treatment of a disease for which the medication is not standard of care.



# 1<sup>st</sup> Quarter 2018: Evaluation Responses

	<b>4<sup>th</sup> Quarter 2017</b>	<b>1<sup>st</sup> Quarter 2018</b>
<b>Extremely Useful</b>	28 (17%)	36 (27%)
<b>Useful</b>	52 (32%)	39 (30%)
<b>Somewhat Useful</b>	43 (26%)	10 (8%)
<b>Neutral</b>	10 (6%)	27 (20%)
<b>Not useful</b>	30 (18%)	20 (15%)



# Proposed Targeted/Educational Interventions

- **Patients on PPI therapy without appropriate diagnosis**
  - Letter would be sent to prescriber with patient profiles and education on risks of long-term PPI use.
- **Patients on twice daily dosing of PPI therapy**
  - Letter would be sent to prescriber with patient profiles and education appropriate PPI dosing and on risks of long-term PPI use.
- **Underutilization of antipsychotics**
  - Letter would be sent to prescriber alerting them to potential underutilization.
- **Therapeutic duplication of sedative/hypnotic agents**
  - Letter would be sent to prescriber with patient profiles of patients receiving multiple different sedative/hypnotic agents at once.



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# *Questions?*

