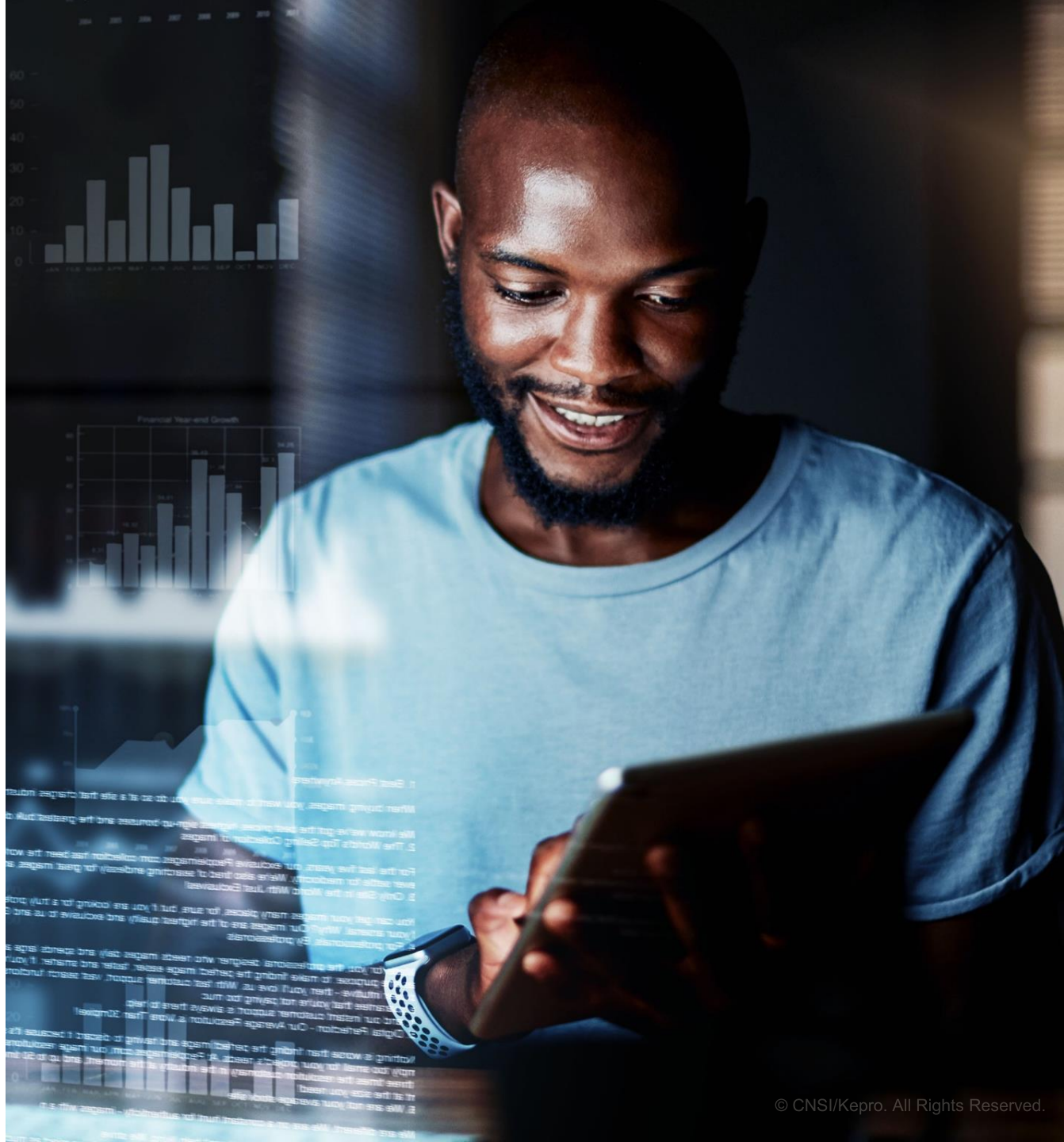
Acentra HEALTH

WEST VIRGINIA DRUG UTILIZATION REVIEW BOARD MEETING

May 22, 2024

Acentra HEALTH

- **Chip Shook, PMP, CSM**
  Executive Director of Pharmacy Management
- **Cory Chambliss**
  Operations Director
- **Scott Donald, PharmD**
  Director of Clinical Services
- **Alena Mitchell, PharmD**
  Clinical Account Manager



RDUR Patient Reviews

	Target Intervention	Profiles Reviewed	Letters Sent	Response Rate
Jan	Enhanced respiratory depression	596	858	4%
Feb	Multiple cardiovascular risk factors	599	550	5%
Mar	Exacerbation of congestive heart failure	451	494	1%

RDUR Patient Reviews

January 2023:

Enhanced respiratory depression

Drugs included:

- Antihistamines
- Benzodiazepines
- GABA analogs
- Opioids
- Orexin receptor antagonists
- Skeletal muscle relaxants
- Tricyclic antidepressants

Concurrent use of [selected drug A] and [selected drug B] may produce or enhance a significant degree of respiratory depression. Patients should be monitored for signs of respiratory depression that may be greater than otherwise expected. A dosage decrease of may be necessary.

RDUR Patient Reviews

February 2023:

Multiple cardiovascular risk factors

Drugs included:

- Abiraterone
- Abrocitinib
- Apalutamide
- Avanafil
- Bedaquiline
- Beta blockers
- Binimetinib
- Calcium channel blockers
- Cardiac glycosides
- Cardiometabolic antipsychotics
- Cilostazol
- CNS stimulant
- COX-2 inhibitors
- Dronedarone
- Fintepla
- Ivabradine
- Lacosamide
- Levomilnacipran
- Mavacamten
- Metformin
- Minoxidil
- Niriparib
- NSAIDS
- Nuedexta
- Ospemifine
- Pregabalin
- Romosozumab
- Thiazide diuretics
- Thiazolidinediones
- Tricyclic antidepressants
- Tyrosine kinase inhibitors
- Varenicline

Use of [selected drug A] is cautioned/contraindicated in patients with [identified cardiovascular disease], due to the increased cardiovascular risk of its side effect profile.

RDUR Patient Reviews

March 2023:

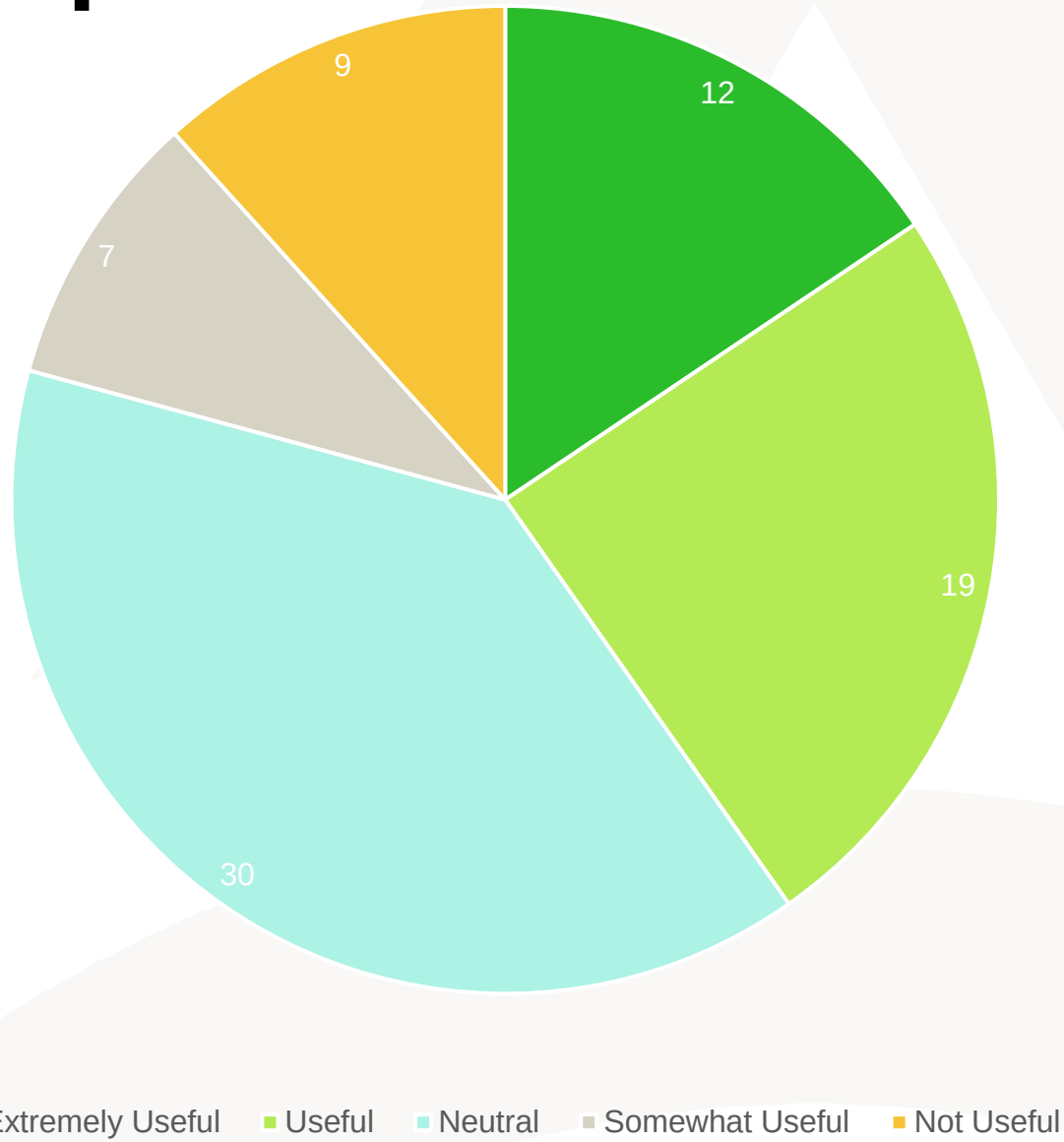
Exacerbation of congestive heart failure

Drugs included:

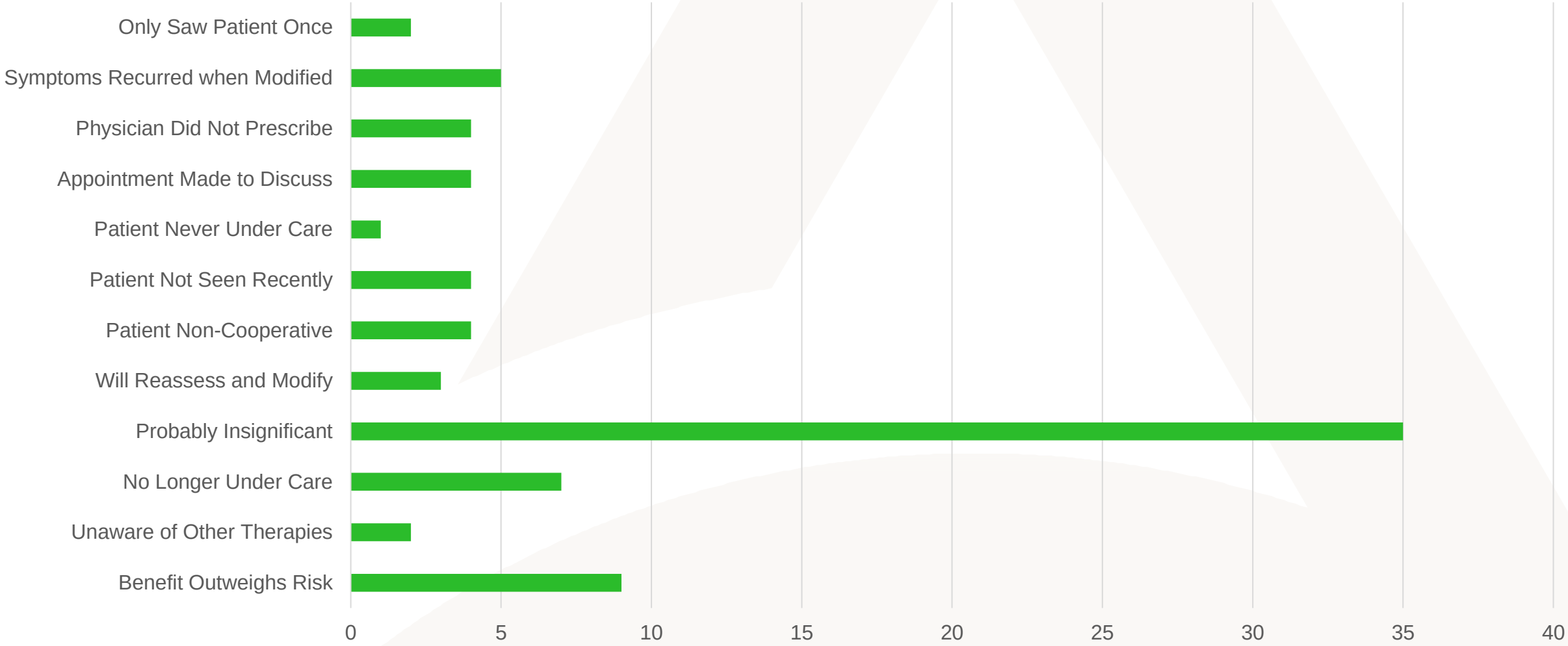
- Abiraterone
- Amantadine IR
- Cilostazol
- Digoxin
- Diuretics
- Metformin
- Minoxidil
- Non-DHP calcium channel blockers

[Selected drug A] may exacerbate congestive heart failure due to fluid retention.

Prescriber Response



Prescriber Response



Prescriber Response

- This patient is aware of the risks and has an appointment to discuss her conditions/medications.
- Patient is aware of interactions and will notify me if it becomes an issue.
- Prescriber monitors PDMP monthly; so we are aware of other controlled substance prescriptions.
- I was unaware of the cyclobenzaprine.
- Will have this patient stop ibuprofen if she is still taking it.
- I reviewed the use of stimulants given the cardiac history. Patient has a smart watch to monitor his heart.
- Will monitor the combined use of meds and suggest a taper of pain meds when able.
- Will be discussed with the patient on her next appointment.

RDUR Population Health Interventions

Dear PRESCRIBER:

The goal of this quality management program is to assist you in caring for your patients receiving PPIs. This program is based on evidence-based treatment recommendations designed to assist you in maximizing patient outcomes and promoting patient safety.[1-1] Studies have questioned the long-term safety of PPI use.

Safety concerns with PPIs: Available data indicate long-term use of PPI therapy is associated with vitamin and mineral malabsorption (calcium, iron, magnesium, and vitamin B12) and an increased risk of fractures, bacterial (two-fold increase in risk of clostridium difficile-associated diarrhea) and parasitic infections and other potential gastrointestinal issues. Moreover, a recent study has suggested an association between the long-term use of PPIs and chronic kidney disease, while other studies have suggested an association with the risk of developing dementia in the elderly.[5-9]

Patient selection criteria for use of PPI therapy longer than 8 weeks of a PPI within 120-day timespan with a diagnosis of peptic ulcer disease (PUD).
According to pharmacy and medical claims, your patient has a history of PUD and has been receiving a proton pump inhibitor (PPI) for longer than 8 weeks. Currently H. pylori testing is recommended in all patients with a history of, or active PUD. Treatment for H. pylori has been shown to decrease the incidence of ulcer recurrence greater than acid suppression alone. If your patient has not already been empirically treated for H. pylori, please consider testing and treating if positive, and then if applicable discontinue the PPI.

- Exclude patients with diagnosis of H. pylori as the cause of disease.
- Exclude patients with long term NSAID or aspirin therapy with > 30 days concurrent therapy.

Consider utilizing a taper regimen to discontinue PPI: Sudden discontinuation of PPIs may cause a profound rise in gastric acid output, a phenomenon known as rebound gastric acid hypersecretion. One strategy to mitigate against rebound gastric acid hypersecretion symptoms is to taper, as opposed to abrupt discontinuation. Because there is not a well-defined time frame for the duration of rebound symptoms, it is important to set realistic expectations for what the patient may experience while discontinuing his/her PPI and to stress the importance of lifestyle modifications during and after tapering.[10,11] Counseling patients in advance that symptoms may seem to recur in the short term but this does not necessarily indicate the need for long-term PPI use, may mitigate patients' concerns during the initial discontinuation/tapering period. Refer to Table 1 for more information on tapering regimens.

Lock-In Interventions

Month	Reviewed	Warning Letter	Locked In
Jan	150	7	0
Feb	150	9	2
Mar	150	15	0

2024 First Quarter Newsletter

FDA-Approval Spotlight

Zurzuvae (zuranolone) for the Treatment of Postpartum Depression

2024 Guideline Update

AHA/ACC: Diagnosis and Management of Atrial Fibrillation

Legislative News

Updates in DEA Re-Scheduling