



SCHOOL OF PHARMACY

## Quarterly February 2022

Summary of Activities for WV BMS' RetroDUR Committee  
by the [Marshall Coalition](#)



# Lock-In Warning Letters to Patients and Providers

## OCTOBER

Patients - 4

Providers – 8

Total Letters – 12

## NOVEMBER

Patients – 3

Providers – 5

Total Letters - 8

## DECEMBER

Patients – 1

Providers – 1

Total Letters - 2

Letters Mailed

# LOCK-IN LETTERS



OCTOBER

0

NOVEMBER

0

DECEMBER

0

<b>CLINICAL INTERVENTION LETTERS</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Rx of opioid and Benzodiazepine	48	32	60
Dx of GERD w/PPI Therapy >90 days	30	32	46
Dx of DM w/o ACE or ARB	8	3	2
Dx of ASCVD w/o Statin	3	10	4
Rx of GLP-1 Agonist and DPP-4 inhibitor	0	0	0
Dx of CHF w/NSAIDS	12	9	15
Dx of CHF w/Select Drugs	0	0	0
Dx of H. Pylori w/PPI Therapy >14 days	0	4	2
Dx of HFrEF w/Diltiazem or Verapamil	5	3	3
Dx of CHF w/TZDs	0	2	1
Dx of Diabetes and HFrEF w/o SGLT2 Inhibitor	5	3	3
Dx of CHF w/ Dronedarone	0	0	0
MME >=50 w/o Naloxone	0	0	46
Diabetes w/o Statin	0	0	25
Hepatitis C Dx w/o Treatment	0	0	20
<b>TOTALS</b>	<b>111</b>	<b>98</b>	<b>227</b>

# RETURNED LETTER COUNT

OCTOBER	8	7.2%
NOVEMBER	21	21.4%
DECEMBER	22	9.6%
<b>TOTAL</b>	<b>51</b>	<b>12.7%</b>



# October Clinical Intervention Feedback

Clinical Intervention	Useful	Made Changes	No Changes	No longer a patient	Never was a patient	Notice not Useful	Total Faxes Received
Rx of opioid and Benzodiazepine	6	2				1	9
Dx of GERD w/PPI Therapy >90 days	1	2	1				3
Dx of DM w/o ACE or ARB							
Dx of ASCVD w/o Statin					1		1
Rx of GLP-1 Agonist and DPP-4 inhibitor							
Dx of CHF w/NSAIDS	2	1					2
<b>TOTALS</b>	<b>9</b>	<b>5</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>15</b>

# November Clinical Intervention Feedback

Clinical Intervention	Useful	Made Changes	No Changes	No longer a patient	Never was a patient	Notice not Useful	Total Faxes Received
Rx of opioid and Benzodiazepine	5	4				1	9
Dx of GERD w/PPI Therapy >90 days	1		1				1
Dx of DM w/o ACE or ARB	1		1				1
Dx of ASCVD w/o Statin							
Rx of GLP-1 Agonist and DPP-4 inhibitor							
Dx of CHF w/NSAIDS	2		2				3
Dx of HFrEF w SGLT2	2						2
<b>TOTALS</b>	<b>11</b>	<b>4</b>	<b>4</b>			<b>1</b>	<b>16</b>

## December Clinical Intervention Feedback

Clinical Intervention	Useful	Made Changes	No Changes	No longer a patient	Never was a patient	Notice not Useful	Total Faxes Received
Rx of opioid and Benzodiazepine	8	2	6			2	15
Dx of GERD w/PPI Therapy >90 days	1	1					1
Dx of DM w/o ACE or ARB	1	1					1
Dx of ASCVD w/o Statin	2						2
Rx of GLP-1 Agonist and DPP-4 inhibitor							
Dx of CHF w/NSAIDS	2		2				3
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 HFEF w/SGLT2 Inhibitor	2						2
Dx of CHF w/ Dronedarone							
MME>=50 W/O Treatment	1		3				4
Dx of HEP-C w/o Treatment	3	2					3
<b>TOTALS</b>	<b>20</b>	<b>6</b>	<b>11</b>			<b>2</b>	<b>31</b>

# PROVIDER COMMENTS HEP-C



• "Referred for treatment in 11/21. Pt never called office back to schedule appt. Lost to follow up."

• "Thanks for update. Patient was referred but did not get TX. Discussed with him and he agreed to go."

• "Saw patient one time, ordered labs to update HCV status and patient never returned."

• "I am very well aware of Hep C and treatment as I have been treating Hep C since 2016. However, as I have yet to figure out how to get patients to show up for appointments any assistance there would be appreciated."

• "Patient was referred to infectious disease."

# PROVIDER COMMENTS

- “PCP is Johnny Walker. Please send to PCP from now on.”
- “We planned to add this to her regimen but has not followed up in the CHF clinic at CAMC.”
- “Thank you.”
- “Patient has had several surgical extractions at once and Norco is protocol for pain management at limited quantity.”
- “I called the patient and advised to stop taking Mobic because of history of heart failure. Patient said she only took occasionally, but I told her we can give her Cymbalta for multiple joint aches and discussed lifestyle changes she can make to alleviate joint pain.”
- “In context, this was a single dose of Percocet and Ativan for a procedure in the office. I think if there are notices sent one should understand the single dose Ativan given before surgery, notices risk lightened after recurrent dosing.”





PROVIDER COMMENTS

- “Patient is stable.” Discontinued current regimen. Will continue to monitor.”
- “Have discussed tapering medication with patient with plans to attempt taper.”
- “Continue meds and follow up with GI.”
- “Unfortunately, no other symptoms. Chronic pancreatitis with possible pancreatic severe gastritis and underlying psychosis.”
- “Patient is on less than 50 MME – taking 7.5 BID. She is taking Xanax 1 mg daily in am. She has been on the medications for a long time and no adverse effect.”
- “Rx Given: Norco 5/325 @q6, no other opioids given @ time of rx 12/30/22.”
- “Send to patients PC, only seen in hospital.”
- “I do recognize that patient has >50 MME. She is being tapered. She has multiple bulging disc of lumbar spine and has seen two neurosurgeons. Failed physical therapy. Not a surgical candidate per both neurosurgeons. Referred to pain management clinic. Patient has naloxone. She has no access to her pain meds. Continues to treat this patient also has mental health problems, w/o access to mental health care. “
- “Will taper medication”
- “Patient at NH now.”



# DUR HOTLINE CALLS RECEIVED



## OCTOBER – DECEMBER CALLS



PHARMACISTS

6



PRESCRIBERS

0



PATIENT CALLS

14



**TOTAL CALLS**

**20**



# 2021 4<sup>TH</sup> QUARTER Newsletter

Posted on BMS  
Website



# Proposed New Clinical Interventions

- Please Rank the order you would like to see the following Black Box Warnings implemented.
- Please add your own recommendations

Medication	Disease
<b>Febuxostat</b>	Cardiovascular Events
<b>Fluroquinolones</b>	Tendon Rupture, Tendonitis
<b>Celecoxib</b>	MI, Stroke, Hx of CABG
<b>Codeine</b>	Less than 12 years old

# Proposed Continuation of Review for trending purposes

- Antipsychotics in pediatric patients, total, stratified by age groups
- Number of patients on more than 5 prescriptions and on more than 10 prescriptions
- Total number of patients on insulin, stratified by age groups

