

Quarterly May 2022  
Summary of Activities for  
WV BMS' RetroDUR  
Committee  
by the **Marshall Coalition**





# Lock-In Warning Letters sent to Patients and Providers

## January

Patients - 1

Providers – 2

Total Letters –3

## February

Patients – 6

Providers – 10

Total Letters - 16

## March

Patients – 2

Providers – 5

Total Letters - 7

# LOCK-IN LETTERS MAILED

January

0

February

0

March

0



<b>CLINICAL INTERVENTION LETTERS MAILED</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>
Rx of opioid and Benzodiazepine	52	49	43
Dx of GERD w/PPI Therapy >90 days	23	66	67
Dx of DM w/o ACE or ARB	2	2	4
Dx of ASCVD w/o Statin	5	8	3
Rx of GLP-1 Agonist and DPP-4 inhibitor	0	0	0
Dx of CHF w/NSAIDS	5	16	20
Dx of CHF w/Select Drugs	0	0	0
Dx of H. Pylori w/PPI Therapy >14 days	0	5	1
Dx of HFrEF w/Diltiazem or Verapamil	2	1	2
Dx of CHF w/TZDs	0	0	5
Dx of Diabetes and HFrEF w/o SGLT2 Inhibitor	1	5	5
Dx of CHF w/ Dronedarone	0	0	0
MME >=50 w/o Naloxone	11	53	84
Diabetes and Heart Failure w/o Statin	12	10	9
Hepatitis C Dx w/o Treatment	17	18	22
<b>TOTALS</b>	<b>130</b>	<b>233</b>	<b>265</b>

# January- March 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		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	3			1			3
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	6	3	2				10
Diabetes w/o Statin			2				2
Warning letter	2		1	1			3
<b>Totals</b>	<b>19</b>	<b>3</b>	<b>19</b>	<b>3</b>		<b>1</b>	<b>41</b>

# PROVIDER COMMENTS

## Clinical Intervention

- Naloxone is available in patient's home and spouse has been trained to use it.
- Naloxone - This patient has RA, ankylosing spondylitis, chronic kidney disease, h/o tb treatment and is not a candidate for traditional RA treatment. Plaquenil ineffective. On oxy for pain relief.
- Naloxone was given a scrips for Narcan nasal spray she has previously refused.
- Found this notice for Naloxone useful, thank you.
- Not standard practice in pediatrics.
- 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.
- 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.
- This patient is being tapered from oxycodone-acetaminophen.
- Patient no longer on this treatment for opioid and benzo
- I am working with patient to wean off opioid/benzo.
- I do not currently have her on any NSAIDs.
- Her GERD symptoms recurred so we decided to continue.
- When treating patients with multiple chronic conditions and attempting to help them with pain control etc., it begins to become difficult. Many medications help them in one way and then hurt them in another. This information is helpful and will be reviewed with patient. Thank you.



**As a Medicaid-directive initiative we continue to identify patients who have a Hep C diagnosis but do not appear to have been treated based on Medicaid records.**



## **HEPATITIS-C PROVIDER COMMENTS**

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HEPC - each patient did not show up to follow-up.

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HEPC- patient was referred to GI for treatment in 2/22. The GI provider has not been able to reach her by phone to schedule appt. My office has also made several attempts to reach her, and she has not responded to calls or messages.

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HEPC- this patient is no longer under my care.

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HEPC - patient started Eplusa 3/22/22.

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HEPC- My patient was treated for HEPC C with Eplusa x 12 weeks. He is in remission.

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HEPC - There was concern for ongoing illicit drug use. Recommended urine drug testing monthly x 6 and return visit scheduled.

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HEPC - This patient is no longer under my care. Infections disease at Wheeling Medical Park is following his HEPC.

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HEPC - This patient is no longer under my care, but I would love to treat him if he comes back.

# RETURNED LETTER COUNT

JANUARY	18	13.8%
FEBRUARY	29	12.4%
MARCH	34	12.8%
<b>TOTAL</b>	<b>81</b>	<b>12.8%</b>



# DUR HOTLINE CALLS RECEIVED

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## January – March CALLS

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PHARMACISTS	4
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PRESCRIBERS	0
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PATIENT CALLS	30
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<b>TOTAL CALLS</b>	<b>34</b>
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# REVIEW COUNTS TOTAL PATIENTS

REVIEWS	Jan	Feb	Mar	Total Pts Reviewed
CLINICAL TOTAL	423	272	437	1132
Dx of ASCVD w/o Statin	16	15	19	50
Dx of CHF w/Dronedarone		1		1
Dx of CHF w/NSAIDS	15	4	29	48
Dx of CHF w/TZDs	1			1
DX of Diabetes w/o Statin	52	26	25	103
Dx of DM w/o ACE or ARB	9	10	10	29
Dx of GERD w/PPI Therapy >90 Days	59	34	89	182
Dx of H.Pylori w/PPI Therapy >14 Days	3	1	7	11
Dx of HEPC w/o Treatment	93	61	88	242
Dx of HFrEF w/Diltiazem or Verapamil	3	4	2	9
Dx of HFrEF w/o SGLT2 Inhibitor	13	12	18	43
MME >=50 w/o Naloxone RX	85	45	85	215
Rx of Opioid & Benzodiazepine	74	59	65	198
LOCK IN TOTAL	2	3	9	14
Lock-In Program	2	3	9	14
Grand Total	425	275	446	1146

# PERCENTAGE OF LETTERS SENT

LETTERS	Jan	Feb	Mar	Total Patients w/Letters	METRIC LETTER RATE
<b>CLINICAL</b>	374	235	365	974	86%
Dx of ASCVD w/o Statin	11	9	16	36	72%
Dx of CHF w/Dronedarone		1		1	100%
Dx of CHF w/NSAIDS	15	4	26	45	94%
Dx of CHF w/TZDs	1			1	100%
DX of Diabetes w/o Statin	51	24	25	100	97%
Dx of DM w/o ACE or ARB	7	7	7	21	72%
Dx of GERD w/PPI Therapy >90 Days	49	30	72	151	83%
Dx of H.Pylori w/PPI Therapy >14 Days	3	0	5	8	73%
Dx of HEPC w/o Treatment	93	59	81	233	96%
Dx of HFrEF w/Diltiazem or Verapamil	3	4	2	9	100%
Dx of HFrEF w/o SGLT2 Inhibitor	13	11	18	42	98%
MME >=50 w/o Naloxone RX	82	45	74	201	93%
Rx of Opioid & Benzodiazepine	46	41	39	126	64%
LOCK	1	1	6	8	57%
Lock-In Program	1	1	6	8	57%
Grand Total	375	236	371	982	86%
MONTHLY TOTAL LETTER RATE	88%	86%	83%	86%	

# Antipsychotic Prescribing to Children, 2022 (JAN - APR)

Number of Children Receiving an Antipsychotic Rx, by Calendar Year*			
Age Groups	2020	2021	2022
<12	873	808	518
12 to 14	870	826	554
15 to 17	1000	1013	675
Total Patients	2743	2647	1747

\*For 2022, period is 01 JAN-30APR.

## Male Patients w/ an Rx for Risperidol, Calendar Year 2022\*.

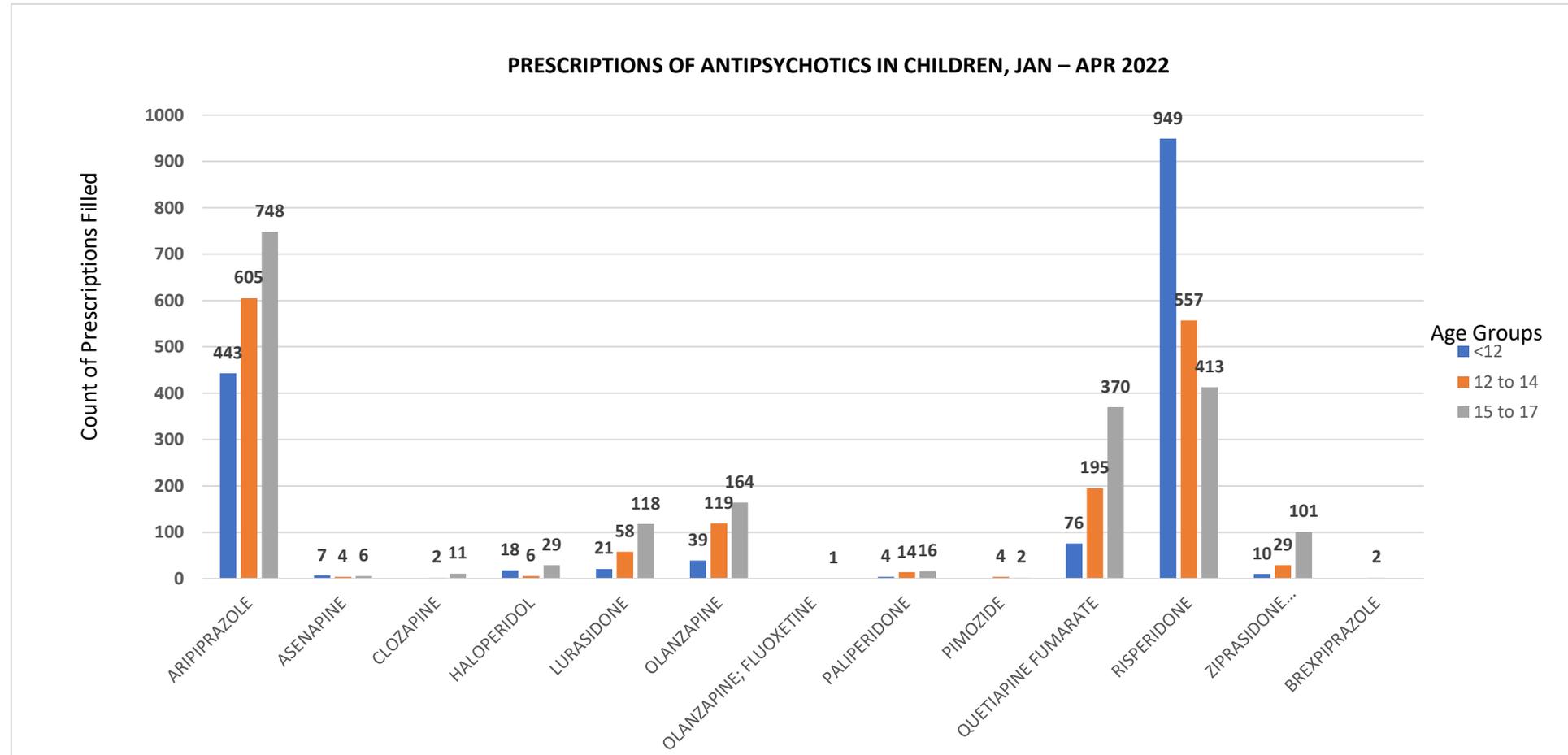
Age Groups	Pt. Count
<12	233
12 to 14	125
15 to 17	101

\*For 2022, period is 01 JAN-30APR.

# Antipsychotic RX Count 2022

<b>Sum of AntiPRxs</b>	<b>Column Labels</b>			
<b>Row Labels</b>	<b>&lt;12</b>	<b>12 to 14</b>	<b>15 to 17</b>	<b>Grand Total</b>
ARIPIPIRAZOLE	443	605	748	1796
ASENAPINE	7	4	6	17
CLOZAPINE		2	11	13
HALOPERIDOL	18	6	29	53
LURASIDONE	21	58	118	197
OLANZAPINE	39	119	164	322
OLANZAPINE; FLUOXETINE			1	1
PALIPERIDONE	4	14	16	34
PIMOZIDE		4	2	6
QUETIAPINE FUMARATE	76	195	370	641
RISPERIDONE	949	557	413	1919
ZIPRASIDONE HYDROCHLORIDE	10	29	101	140
BREXPIPIRAZOLE		2		2
<b>Grand Total</b>	<b>1567</b>	<b>1595</b>	<b>1979</b>	<b>5141</b>

# RX of Antipsychotics in Children, Calendar Year to Date 2022



# Top 5 RX for Antipsychotics 2020-2022

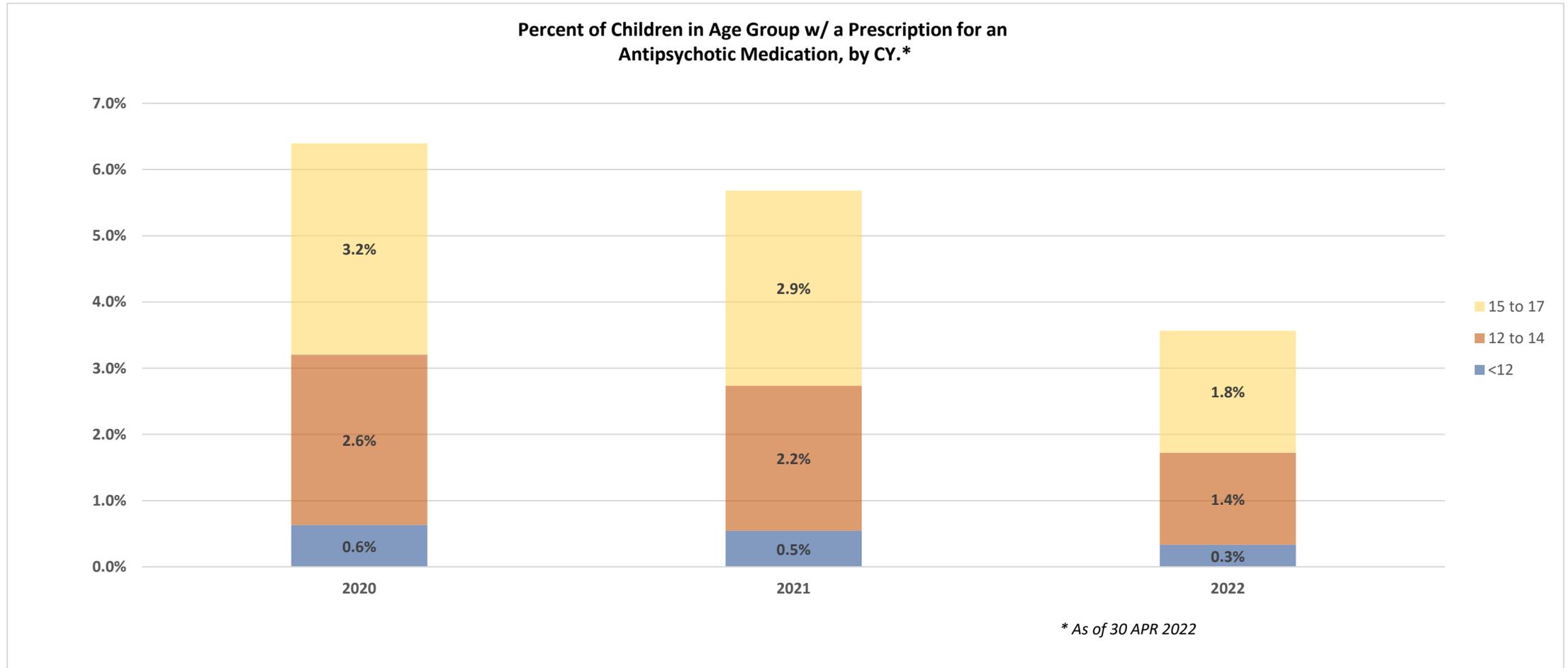
TOP 5 PRESCRIPTIONS FOR ANTIPSYCHOTICS FILLED					
2020		2021		2022 (JAN-APR)	
Drug	Rx's	Drug	Rx's	Drug	Rx's
RISPERIDONE	6027	RISPERIDONE	5414	RISPERIDONE	1919
ARIPIPRAZOLE	5447	ARIPIPRAZOLE	4883	ARIPIPRAZOLE	1796
QUETIAPINE	1992	QUETIAPINE	1968	QUETIAPINE	641
OLANZAPINE	678	OLANZAPINE	690	OLANZAPINE	322
ZIPRASIDONE	544	ZIPRASIDONE	505	LURASIDONE	197

# PATIENTS ON ANTIPSYCHOTICS BY AGE GROUP

Patient Population by Age Group by Calendar Year*			
Age Groups	2020	2021	2022
<12	137910	149078	155367
12 to 14	33836	37651	39865
15 to 17	31349	34391	36639
Total Patients	203095	221120	231871

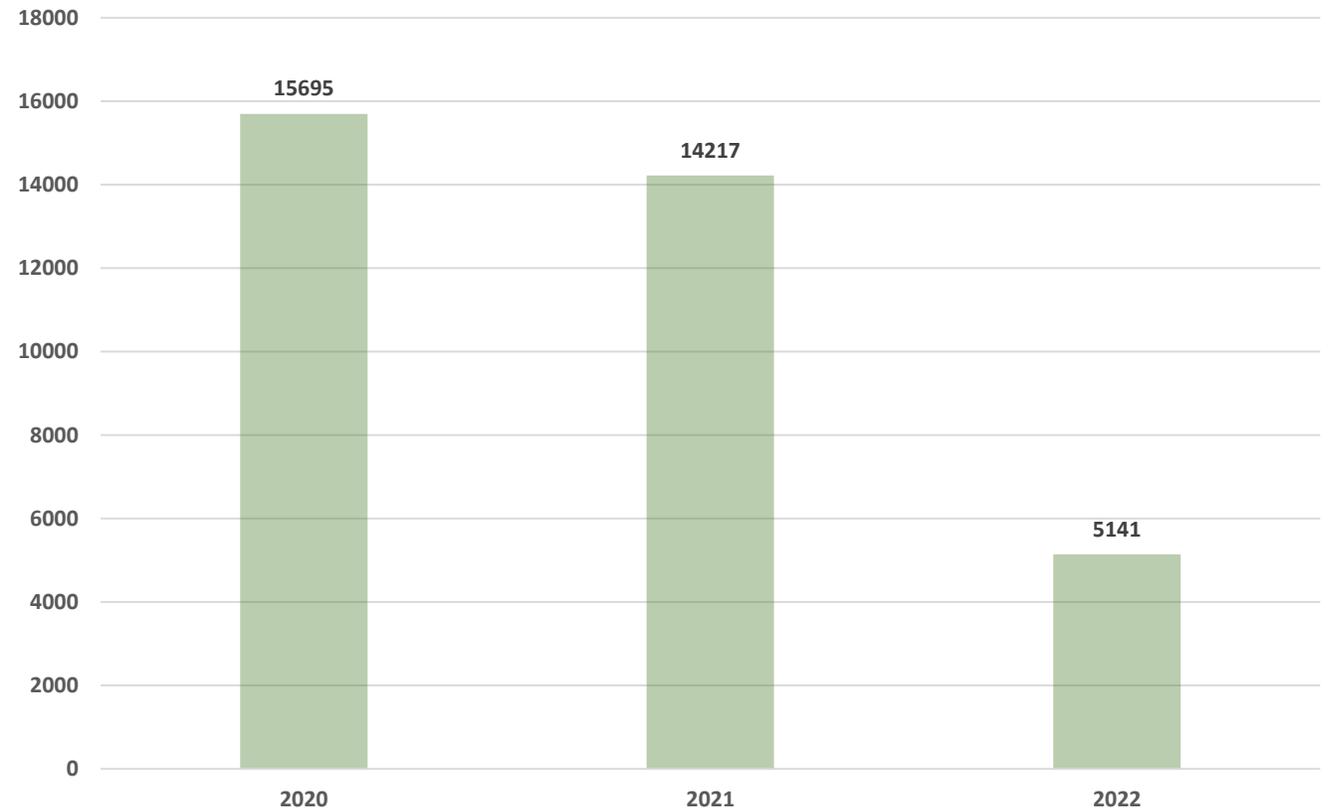
\*Active Members; age as of 01 JAN.

# Pediatric/ Antipsychotic Age Group



# Sum of AntiPRxs

Count of Prescriptions to Children for an Antipsychotic Medication, by  
CY.\*



\* As of 30 APR 2022

# 2022 1<sup>st</sup> QUARTER Newsletter

Posted on BMS Website

