



HEALTH INFORMATION *designs*



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

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

November 18, 2015

Second Quarter 2015

○ Profiles Reviewed	2,078	
○ Cases Identified	1,628	
○ Letters Mailed		
○ Prescribers	2,700	
○ Pharmacies	2,076	
○ Responses		
○ Prescribers	318	11.7%
○ Pharmacies	391	18.8%



Second Quarter 2015

- **Long-term controllers of asthma**
- **Antipsychotics & mood stabilizers**
- **Controlled substances**
- **Suboxone / subutex / zubsolv**
- **NSAIDs**
- **BZDs anxiolytics / non-BZDs sedatives**
- **Pregnancy alerts**
- **Antipsychotics & narcotics**
- **Antidepressants & sedatives**
- **Tizanidine & CNS depressants**
- **Mirtazapine & sedative/hypnotics**
- **Skeletal muscle relaxants & narcotics / opioids**



Third Quarter 2015

○ Profiles Reviewed	1,314	
○ Cases Identified	1,157	
○ Letters Mailed		
○ Prescribers	1,412	
○ Pharmacies	1,324	
○ Responses		
○ Prescribers	74	5%
○ Pharmacies	463	35%



Third Quarter 2015

- **Lipid lowering agents**
- **Simvastatin & amlodipine**
- **Simvastatin & diltiazem**
- **Hydrocodone & 3A4 inhibitors**
- **Oxycodone & 3A4 inducers**
- **Controlled substances**
- **Quetiapine**
- **Tramadol & 3A4/2D6 inhibitors**
- **Clopidogrel**
- **Antipsychotics & antidepressants**
- **Effient**
- **Pradaxa**
- **Brilinta**
- **Eliquis**



Second Quarter 2015

Distribution of Cases

- **Drug–Disease Interactions: 22.1%**
 - Patients receiving a drug that may worsen or precipitate a medical condition.
- **Drug–Drug Conflict: 15.8%**
 - Patients receiving 2 or more drugs that may interact and produce unpredictable and undesirable effects.
- **Over-utilization: 13.9%**
 - Patients taking medications in apparently excessive doses or for excessive lengths of time.
- **Non-compliance: 5%**
 - Patients not taking medication according to directions, resulting in possible sub-therapeutic response.
- **Clinical Appropriateness: 43.1%**
 - Patients who are taking medications for treatment of a disease for which the medication is not standard of care.



Third Quarter 2015

Distribution of Cases

- **Drug–Disease Interactions: 14%**
 - Patients receiving a drug that may worsen or precipitate a medical condition.
- **Drug–Drug Conflict: 25%**
 - Patients receiving 2 or more drugs that may interact and produce unpredictable and undesirable effects.
- **Over-utilization: 15%**
 - Patients taking medications in apparently excessive doses or for excessive lengths of time.
- **Non-compliance: 21%**
 - Patients not taking medication according to directions, resulting in possible sub-therapeutic response.
- **Clinical Appropriateness: 25%**
 - Patients who are taking medications for treatment of a disease for which the medication is not standard of care.



Second Quarter 2015

Evaluation

- **Extremely useful** **62**
- **Useful** **64**
- **Somewhat useful** **15**
- **Neutral** **37**
- **Not useful** **34**



Third Quarter 2015

Evaluation

- **Extremely useful** **19**
- **Useful** **23**
- **Somewhat useful** **10**
- **Neutral** **23**
- **Not useful** **12**



Proposed Educational Interventions

- **Anti-psychotic Medication Use in Pediatric Population (3,949 recipients)**

- January to June 2015

- **Criteria 3179**

- The effects of prolonged use of atypical antipsychotics in pediatric patients are unknown. Preliminary evidence suggests that pediatric patients experience more prevalent and severe adverse effects than those reported in adults (e.g., weight gain, extrapyramidal side effects, and insulin resistance). If therapy with these agents is clinically necessary, use the lowest dose and observe patients closely for adverse events. If adverse effects cannot be controlled, consider switching, if clinically possible, to a second generation antipsychotic with a more favorable adverse effect profile.

Criteria #	Drugs Covered	Total # of Pediatric Patients on SGA	Average Hits on Criteria	Total # RXs	Total Claims Cost
3179	All Atypical Antipsychotics used in Pediatric Patients	3,494	1118	67,093	\$54,349,610.26



Proposed Educational Interventions

- Co-administration of Sedatives/Hypnotics and Benzodiazepines (4,041 recipients)
 - January to June 2015
- Criteria 3466
 - Therapeutic duplication of sedative/hypnotics may be occurring. Concurrent use of these agents may result in excess sedation and/or other adverse effects.



Proposed Educational Interventions

- Co-administration of Stimulants and Benzodiazepines (2,041)
 - January to June 2015
- Criteria 2783
 - The stimulant is contraindicated in patients with agitated states, as the drug may aggravate the condition.



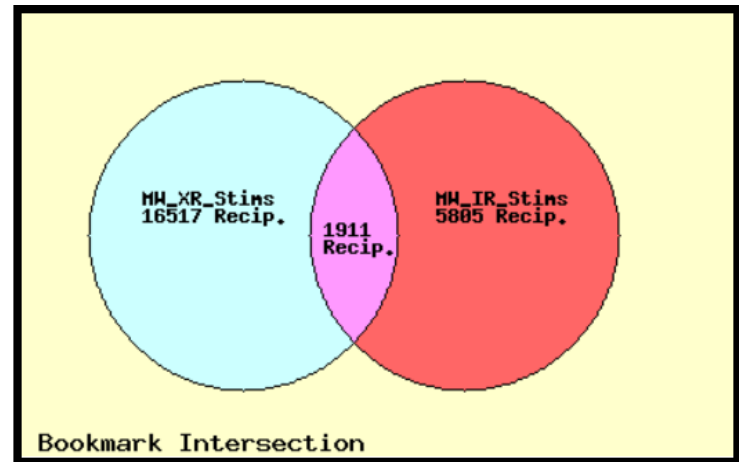
Proposed Educational Interventions

- **Co-administration of Opioids and Benzodiazepines (20,212 recipients)**
 - January to June 2015
- **Criteria 5356**
 - The co-administration of opioids and benzodiazepines should be done with caution. The concurrent use of these agents may result in respiratory depression, hypotension, profound sedation, or coma. If concurrent administration is clinically warranted, consider dosage reduction of one or both agents.



Proposed Educational Interventions

- Concurrent Use of Immediate Release and Extended Release Stimulants (1,911 recipients)
 - January to June 2015
 - Immediate Release Agents
 - 5,805 recipients
 - 22,339 prescription claims
 - \$3,663,831.34
 - Extended Release Agents
 - 16,517 recipients
 - 32,570 prescription claims
 - \$9,645,738.52



Proposed Educational Interventions

- **Appropriate Use of Stimulants**
 - Twice daily dosing of extended release stimulants

Total Patients Receiving XR Stimulant	Total Prescriptions	Total Claim Costs
7,909	30,980	\$9,167,433.15
Total Patients on XR Stimulant Receiving 60 or more per month	Total Prescriptions	Total Claim Costs
556	2,068	\$1,036,525.60



Questions?

