HEALTH INFORMATION designs

West Virginia Department of Health and Human Resources Bureau for Medical Services Drug Utilization Review Board

May 25, 2016

First Quarter 2016

○ **Profiles Reviewed**	**2,046**	
○ **Cases Identified**	**1,768**	
○ **Letters Mailed**		
○ **Prescribers**	**2,224**	
○ **Pharmacies**	**1,993**	
○ **Responses**		
○ **Prescribers**	**247**	**11.1%**
○ **Pharmacies**	**259**	**13.0%**

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First Quarter 2016

January RDUR Criteria:

- **Controlled Substances**
  - The patient has received several prescriptions for controlled substances in recent months.
- **Underutilization of lipid lowering agents**
  - The lipid lowering medication may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical costs.
- **Underutilization of SSRIs/SNRIs**
  - The antidepressant may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects and/or recurrence of symptoms.

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February RDUR Criteria:

- **Controlled Substances**
- **Use of multi-class polypsychopharmacy**
  - The patient is receiving multi-class polypsychopharmacy. Review the patient's medication history for any unintended additional therapy and assess adherence to ensure efficacy.
- **Use of atypical antipsychotics**
  - Antidepressant agents may decrease the effectiveness of anticonvulsants in patients with seizure disorders. Antidepressant agents should be used with caution in patients at risk for developing seizures.
- **Simvastatin doses > 20 mg and concurrent amlodipine**
  - The dose of a simvastatin-containing agent should not exceed 20 mg per day in patients also receiving an amlodipine-containing product due to the increased risk of simvastatin-related myopathy and/or rhabdomyolysis.
- **Co-administration of Invega Sustenna and other antipsychotics**
  - Co-administration of Invega Sustenna (paliperidone injection) with an oral antipsychotic may represent an unintentional duplication of therapy.

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March RDUR Criteria:

- **Controlled Substances**
- **Co-administration of antipsychotics and narcotics**
  - The combination of antipsychotic agents and narcotics may produce additive sedation.
- **Duplicate NSAID therapy**
  - Therapeutic duplication of NSAID agents and/or COX2 inhibitors may be occurring.
- **Tizanidine DDIs**
  - The concurrent use of tizanidine and CNS depressant medications may result in additive sedation.
- **NSAIDs and peptic ulcer disease**
  - NSAIDS and COX2 inhibitors should be used with caution in patients with a history of peptic ulcer disease or gastrointestinal bleeding.
- **NSAIDs and renal impairment**
  - The inhibition of renal prostaglandins by NSAIDS and COX-2 inhibitors may result in decreased renal perfusion and precipitate overt renal decompensation.
- **Oxycodone and CYP3A4 inhibitors**
  - The concomitant use of oxycodone with any CYP3A4 inhibitor (e.g., macrolide antibiotics, azole antifungals, and protease inhibitors) may result in an increase in oxycodone plasma concentrations, which could increase or prolong adverse effects and may cause potentially fatal respiratory depression.
- **Quetiapine and QT prolongation drugs**
  - Post-marketing cases have shown that quetiapine increases the QT interval.
- **Apixaban and drugs affecting coagulation**
  - Eliquis (apixaban) increases the risk of bleeding and can cause serious, potentially fatal, bleeding.

First Quarter 2016

Educational Intervention

- **Co-administration of sedative hypnotics and benzodiazepines – 3446**
  - Therapeutic duplication of sedative hypnotics may be occurring. Concurrent use of these agents may result in excess sedation and/or other adverse effects.
  - 861 letters mailed
  - Responses:
    - MD tried to modify therapy; patient non-cooperative
    - MD says probably insignificant; no change in treatment
    - MD unaware of what other MD is prescribing
    - Has appointment to discuss therapy

First Quarter 2016

Distribution of Cases

- **Drug–Disease Interactions: 4.8%**
  - **Patients receiving a drug that may worsen or precipitate a medical condition.**
- **Drug–Drug Conflict: 55.3%**
  - **Patients receiving two or more drugs that may interact and produce unpredictable and undesirable effects.**
- **Overutilization: 7.3%**
  - **Patients taking medications in apparently excessive doses or for excessive lengths of time.**
- **Non-compliance: 12.3%**
  - **Patients not taking medication according to directions, resulting in possible sub-therapeutic response.**
- **Clinical Appropriateness: 20.3%**
  - **Patients who are taking medications for treatment of a disease for which the medication is not standard of care.**

First Quarter 2016

Evaluation

- **Extremely useful 42**
- **Useful 44**
- **Somewhat useful 44**
- **Neutral 5**
- **Not useful 15**

First Quarter 2016

Lock-In

• Profiles Reviewed	189
• Total Cases	94
• Case Rate	51%
• Warning Cases	73
• Lock-In Cases	5
• Cases Continued in LI	17
• Cases Removed from LI	1

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Questions?