



SCHOOL OF PHARMACY

Quarterly February 2020 Summary of Activities for WV
BMS' RetroDUR Committee By the Marshall Coalition

NOVEMBER WARNING LETTERS

Member Warnings	66
Provider Warnings	<u>146</u>
Total Warning Letters	212

NOVEMBER LOCK-IN LETTERS



MEMBERS

05

PRESCRIBERS

13

TOTAL LOCK-IN LETTERS

18

NOVEMBER CLINICAL INTERVENTION LETTERS



▶ DX of CHF w Select Drugs	6
▶ Dx of HFrEF w Select Drugs	1
▶ Dx of GERD w/PPI Therapy >120d	1
▶ RX of GLP1 Agonist & DPP-4 Inhibitor	11
▶ <u>DX of Opioids and Benzodiazepines</u>	<u>254</u>
Total	273

DECEMBER WARNING LETTERS

Member Warnings	57
Provider Warnings	<u>114</u>
Total Warning Letters	171
Lock-in Letters	0





DECEMBER CLINICAL INTERVENTION LETTERS

▶ DX of CHF w NSAIDs	18
▶ Dx of GERD w/PPI Therapy >120d	6
▶ RX of GLP1 Agonist & DPP-4 Inhibitor	6
▶ <u>DX of Opioids and Benzodiazepines</u>	<u>67</u>
Total Number of Clinical Letters	97

JANUARY WARNING LETTERS

Member Warnings	129
Provider Warnings	<u>145</u>
Total Warning Letters	274

JANUARY LOCK-IN LETTERS



MEMBERS

03



PRESCRIBERS

03



TOTAL LOCK-IN LETTERS

6

JANUARY CLINICAL INTERVENTION LETTERS

▶ DX of CHF w NSAIDs	22
▶ Dx of HFrEF w Select Drugs	3
▶ Dx of GERD w/PPI Therapy >60 Days	6
▶ RX of GLP1 Agonist & DPP-4 Inhibitor	5
▶ Dx of H.Pylori w PPI >14 Days	6
▶ <u>DX of Opioids and Benzodiazepines</u>	<u>221</u>
Total	263

DUR HOTLINE CALLS RECEIVED

November 15 - February 15

Prescriber Calls	04
Patient Calls	<u>23</u>
TOTAL CALLS	27

RETURNED LETTERS

RETURNED LETTERS	Nurse Prac/PA	MD/DO	Dentist	Patient Warning	Patient Lock-In	TOTALS
November 15, 2019	2	10	0	7	1	20
December, 2019	5	19	0	0	0	24
January, 2020	5	23	1	6	0	35
February 15, 2020	1	6	1	0	0	7
TOTALS	13	58	2	13	1	86



Fax Feedback Form Data

Month Received	# of Individual faxes Received	Useful	Made Changes	No Changes	No longer a patient	Never was a patient	Notice not Useful
November, 2019	35	14	4	13	2	1	2
December, 2019	45	16	6	11	5	1	5
January, 2020	21	5	6	6	3	0	1
February, 2020	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTALS	104	37	17	30	10	2	8

PROVIDER FEEDBACK

- ▶ “ Opioid use was limited to 15 tabs in October. Do not think this poses risk.”
- ▶ “Seen in ER for foot abscess in an acute setting. Pt was given 6 pills of Percocet to coordinate with surgery the next day.”
- ▶ “Need to decrease Ambien and lowest possible dose (5mg) on dc.”
- ▶ “Patient had 2 surgeries.”
- ▶ “Her benzo is being given by Dr. Sewell. Pain meds by Dr. Azzo.”
- ▶ “Client has been taken off medication and is no longer my patient. Thank you for doing this review. It helps us providers so much.”
- ▶ “Dr. Rahim and Dr. Anderson write this RX for this patient. Dr. Faheen is psychiatry and could have possible written a RX at the time of inpatient discharge to get patient by until her follow-up with PCP. PPI is not prescribed from this office.”

PROVIDER FEEDBACK 2

- ▶ “Patient was instructed to stop Tradjenta when she started Bydureon. Therefore, she is only on a GLP-1 agonist at this time.”
- ▶ “Hospital patient.”
- ▶ “Patient is transitioning to avoid both classes of RX.”
- ▶ “Aware of situation and tapering med.”
- ▶ “Will try tapering strategies.”
- ▶ “The prescription provided by me for Ms. Arneff was for post-op pain control immediately after surgery and was all I provided or will provide.”
- ▶ “Recent surgery for vulvar cancer/dysplasia.”

PROVIDER FEEDBACK 3

- ▶ “This patient was treated by me with opioids following a hip fracture. She was given a total of 3 prescriptions following the State Guidelines. Benzodiazepines were not ordered by me and I am unaware of her use of benzos.”
- ▶ “Hospital patient.”
- ▶ “We will further discuss medication changes at her upcoming appointment.”
- ▶ “Has been on regimine for many years and remains stable. Allows him to be functional and free of pain.”
- ▶ “Every prescriber listed above is part of the same Gonzaga Family Health center pain management group.”

PROVIDER FEEDBACK 4

- ▶ “Patient is in a long-term care facility. I do not prescribe his narcotics, they are prescribed by Dr. John Neville, medical director.”
- ▶ “I will discuss with patient at next appointment.”
- ▶ “Patient has breast cancer and being weaned off valium slowly.”
- ▶ “Patient is off meds.”
- ▶ “I am trying to taper medications and will continue to do so.”
- ▶ “I’m quite familiar with your material and it is quite elementary.”
- ▶ “He arrived in my practice already receiving this combo, and, was very resistant to changing his meds. I would not start such a combination on my own.”

PROVIDER FEEDBACK 5

- ▶ “She just underwent a major cancer surgery, she will not require therapy with benzo and opioid for long term unless additional cancer therapy is required.”
- ▶ “This patient has advanced cancer and is on palliative chemotherapy, otherwise I would stop them.”
- ▶ “Patient is on Ozempic and insulin. 1.5 years ago tradjenta was stopped - none since.”
- ▶ “Would love to remove all of these patients from these meds and particularly this combination, there are just not enough behavioral health services to accomplish that!”
- ▶ “Patient is not on > 50 MME per day. Benzo RX via psychiatrist. Patient is being monitored by both providers.”
- ▶ “Patient deceased.”

PROVIDER FEEDBACK 6

- ▶ “Fractured left hip 11-19-19, current follow up 1-7-20 next on 1-21-20.”
- ▶ “Communication with the patient’s PCP has been completed and she is to follow up with him on 1/31/2020.”
- ▶ “I attended this patient temporarily in a nursing home.”
- ▶ “Acute care post op 9/18/19-12/10/19 right total hip arthroplasty. No further pain meds from FSO. Last script 11/21/19.”
- ▶ “Patient had multiple hammertoe surgeries done.”
- ▶ “I no longer prescribe to this patient.”

PROVIDER FEEDBACK 7

- ▶ “Have tried and failed to switch her meds before working on lifestyle changes and in hopes to try again to lower PPI dose.”
- ▶ “Stopped therapy.”
- ▶ “After discussion with the patient related to the preset meds in question, changes have been made. 1. Tapering off Xanax in the next 28 days. 2. Decrease Percocet to 5/325 3x day instead of 10/325 TID. 3. Continue with Adderall 10 for ADHD. Patient is agreeable to these changes.”
- ▶ “Patient will no longer get either of those meds from me.”
- ▶ “I have only seen this patient once and she already was on (from another provider) Benzodiazepine and I promptly began tapering it down with goal of DC. Patient did not return one month later as requested.”
- ▶ “Thank you.”

TARGETED INTERVENTIONS

- ▶ Target patients with a diagnosis of heart failure with reduced ejection fraction (HFrEF) not receiving guideline-driven first-line medications (e.g., ACEI/ARB/ARNI and/or evidence-based β -blocker)
- ▶ Target patients with a diagnosis of heart failure with reduced ejection fraction (HFrEF) not currently at target dose on ACEI/ARB/ARNI and/or β -blocker
- ▶ Gabapentin interventions
 - ▶ Target patients prescribed concurrent opioid (including Suboxone) and gabapentin
 - ▶ Target patients prescribed gabapentin with no history of neuropathic pain or postherpetic neuralgia
- ▶ Target patients with documented CKD who are prescribed NSAIDs
- ▶ Target patients who are prescribed ≥ 2 or ≥ 3 medications that increase the risk of hyperkalemia
 - ▶ Some examples include NSAIDs, ACEI/ARB, potassium-sparing diuretics, β -blocker, and digoxin
 - ▶ Could exclude patients who are prescribed a loop diuretic (e.g., furosemide, torsemide)
- ▶ Target patients with documented hepatic impairment who are prescribed benzodiazepines that are primarily metabolized via hepatic CYP-mediated oxidation. Use of these particular benzodiazepines in this population may prolonged the drugs duration of effect and, subsequently, increased side effects.
 - ▶ Examples include alprazolam, diazepam, clonazepam, and midazolam

- ▶ Chronic hepatitis C monitor for appropriate documentation, immunizations, SVR12
- ▶ Patients on Opioids + Benzos + Gabapentin. Letters sent to physicians with >2 patients on this combo ~100 patients
- ▶ COPD dx + Benzos.
- ▶ Opioid dependency dx currently on an opioid
- ▶ Physicians treating patients with Hep C - 2 Medicaid criteria for approval, immunizations and SVR12
- ▶ Opioids + antipsychotics national target Support Act
- ▶ Pediatric antibiotic prescribing QI
- ▶ Methadone for OUD now covered under Medicaid; patients on meds that interfere with QT interval also on methadone
- ▶ Doses of stimulants in adolescents
- ▶ Stimulants and sedatives in combo for sleep disorders
- ▶ Opioids + Benzos (likely covered in #1)
- ▶ PPI use
- ▶ Risperdal in males

Population Health Initiatives