



SCHOOL OF PHARMACY



# Quarterly November 2019 Summary of Activities for WV BMS' RetroDUR Committee By the Marshall Coalition

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OCTOBER  
CLINICAL  
INTERVENTION  
LETTERS

DX of CHF w Select Drugs	3
Dx of HFrEF w Select Drugs	2
RX of GLP1 Agonist & DPP-4 Inhibitor	2
DX of Opioids and Benzodiazepines	284
TOTAL NUMBER OF CLINICAL INTERVENTION LETTERS	291

Month Received	# of Individual faxes Received	Useful	Made Changes	No Changes	No longer a patient	Never was a patient	Notice not Useful
November, 2019	33	13	4	12	2	1	1
October, 2019	22	7	5	7		2	1
September, 2019	4			1	2	1	
August, 2019	44	20	4	7	3	8	2
July, 2019	4	3		1			
June, 2019	1			1			
May, 2019	1	1					
<b>TOTALS</b>	<b>109</b>	<b>44</b>	<b>13</b>	<b>29</b>	<b>7</b>	<b>12</b>	<b>4</b>

## FAX Feedback Form Data

## Prescriber Feedback

“Will monitor with patient.”

“Will discontinue Klonopin. Receiving hydrocodone from other providers.”

“I already took patient off Benzos.”

“I am below 50 MME with this patient so I presume based on this letter I am using these meds safely.”

“Patient was treated with hydrocodone 5/325 mg during her extractions. At most, patient receives 12 tabs for post-op pain for up to 3 days.”

“Attempting to reduce Percocet and attempting to reduce Xanax and hopefully dc.”

“Patient was hospitalized due to fracture of humerus. She has been educated not to combine these medications and states that she does not. Last visit valium taper was started but pharmacy filled previous script. Pt was told if she continues opiates, valium will be discontinued. Last narcotic filled was 9/17/19 for one week. She is subjected to UOS on a regular basis and BOP reviewed each visit. Pharmacy called and told not to fill previous scripts as we are cutting down.”

## Prescriber Feedback Continued

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“Patient is on 27 MME of codeine. This is not  $\geq 50$ . Do you have records of other narcotics being filled? Nothing on my BUP report.”

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“Will review with this patient when he comes in.”

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“Short term opioid by surgeon.”

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“Patient has severe anxiety from metastatic thyroid cancer.”

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“I found this notice useful, thanks.”

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“WE KNOW!”

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“Patient had surgery, weaned off medication.”

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“Your information is bad. Her MME is not  $\geq 50$  or  $\geq 30$ . It is just 15.”

# Prescriber Feedback Continued

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“Unfortunately, she has breast cancer! We are monitoring her closely. I answered this once. WE are tapering her down off opioid.”

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“Patient is on 27 MME of codeine. This is not  $\geq$  50. Do you have records of other narcotics being filled? Nothing on my BUP report.”

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“Will review with this patient when he comes in.”

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“Short term opioid by surgeon.”

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“Patient has severe anxiety from metastatic thyroid cancer.”

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“I moved offices, now practicing in Winchester, VA. Patient has been given opportunity to continue care with me at new office, however no visit scheduled yet.”

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“I have attached a med list for this patient. She does not get any other meds from this clinic.”

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“Patient had surgery which required the use of Norco.”

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“Patient had recent dental visit and was given 4 days use of acetaminophen/codeine.”

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“Patient has been on both medications for a long time and didn’t experience any of the adverse effects mentioned.”

# PATIENT LOCK-INS APPROVED BY PHARMACIST

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All patients who received lock-in letters were given 30 days to notify us of their pharmacy of choice.

Patient's who did not reply after 30 days have been locked-in to the last pharmacy that they used. No lock-in letters were sent in October.

MONTH	# Patients to be Locked-In	Successfully Locked-In with Pharmacy Approval	
May	15	12	1 PT Deceased
July	15	14	
September	7	6	1 PT HOSPICE
<b>TOTAL</b>	<b>37</b>	<b>32</b>	Still working on 5 remaining

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# September – November, 2019

Prescriber Calls	16
<u>Patient Calls</u>	<u>30</u>
TOTAL CALLS	46

# DUR HOTLINE LOG

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