



# HEALTH INFORMATION *designs*



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

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

September 28, 2016

# Second Quarter 2016

○ Profiles Reviewed	2,678	
○ Cases Identified	2,306	
○ Letters Mailed		
○ Prescribers	3,128	
○ Pharmacies	2,660	
○ Responses		
○ Prescribers	648	20.7%
○ Pharmacies	540	20.3%



# Second Quarter 2016

## April RDUR Criteria:

- **Controlled substances**
- **NSAID use in diabetic patients**
  - NSAIDs should be used with caution in diabetic patients due to the increased risk of renal toxicity. Diabetes is a risk factor for renal insufficiency, and the use of NSAIDs can cause a dose-dependent reduction in prostaglandin formation by the kidneys resulting in decreased renal perfusion and ischemic injury.
- **Co-administration of skeletal muscle relaxants and opioids**
  - The concomitant use of a skeletal muscle relaxant and an opioid agonist may cause additive CNS depression (e.g., sedation and dizziness), which may impair the patient's mental and physical abilities. Dosage adjustment of either or both agents may be necessary.
- **Antipsychotic use in patients with Parkinson's disease**
  - Antipsychotics may worsen extrapyramidal symptoms of Parkinson's disease.
- **Concurrent use of SSRIs and TCAs**
  - Concurrent use of selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs) may result in additive serotonergic effects, increasing the risk of adverse events including serotonin syndrome. In addition to additive serotonergic effects, certain SSRIs inhibit the CYP2D6-mediated metabolism of TCAs resulting in elevated TCA concentrations.
- **Concurrent use of Effient with other drugs that may increase risk of bleeding**
  - Caution should be exercised if Effient (prasugrel), an irreversible aggregation inhibitor, is used with other drugs that increase the risk of bleeding (e.g., warfarin, heparin, chronic NSAIDs, and fibrinolytic agents).
- **Therapeutic duplication of anxiolytics**
  - Therapeutic duplication of anxiolytic agents may be occurring. Patients who are being converted from a benzodiazepine to buspirone therapy may need to overlap buspirone initiation with the downward titration of the benzodiazepine. The onset of anxiolytic effect of buspirone may take 2 weeks; maximal effects occur at 3–6 weeks. It should be noted that the combination of buspirone and benzodiazepines can increase the risk of sedation.



# Second Quarter 2016

## May RDUR Criteria:

- **Controlled substances**
- **Multiple criteria for diabetes medication non-adherence**
  - Metformin IR and XR, Insulins, Janumet, Tradjenta
  - Based on refill history, your patient may be under-utilizing metformin. Non-adherence to the prescribed dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional healthcare costs.



# Second Quarter 2016

## June RDUR Criteria:

- **Controlled substances**
- **Therapeutic duplication of antiulcer agents**
  - Therapeutic duplication of antiulcer agents may be occurring.
- **Therapeutic duplication of anxiolytics**
  - Therapeutic duplication of anxiolytic agents may be occurring.
- **Therapeutic duplication of skeletal muscle relaxants**
  - Therapeutic duplication of skeletal muscle relaxants may be occurring.
- **Non-adherence to long term asthma medications**
  - The under-utilization of a long-term asthma controller medication may result in therapeutic failure and the loss of control of asthma.



# Second Quarter 2016

## April Educational Intervention

- **Co-administration of stimulants and benzodiazepines – 2783**
  - The stimulant is contraindicated in patients with agitated states as the drug may aggravate the condition.
  - 521 physician letters mailed
  - 543 pharmacy letters mailed



# Second Quarter 2016

## June Educational Intervention

- **Co-administration of opioids and benzodiazepines**
  - **3410**
  - The co-administration of opioids and benzodiazepines should be done with extreme caution. The concurrent use of these agents may result in respiratory depression, hypotension, profound sedation, coma, and death. If concurrent administration is clinically warranted, consider dosage reduction of one or both agents.
  - 870 physician letters mailed
  - 669 pharmacy letters mailed



# Second Quarter 2016

## Proposed Educational Interventions

- **Use of tramadol in patients with suicidal ideation or prone to addiction (1397 hits 9/2016)**
- **Atypical antipsychotic use in patients with diabetes (1354)**
- **Long-term use of benzodiazepines (6602)**
- **Therapeutic duplication of antidepressants (3487)**
- **Opioid constipation (5072)**





# Second Quarter 2016

## Distribution of Cases

- **Drug–Disease Interactions: 26.7%**
  - Patients receiving a drug that may worsen or precipitate a medical condition.
- **Drug–Drug Conflict: 38.8%**
  - Patients receiving two or more drugs that may interact and produce unpredictable and undesirable effects.
- **Over-utilization: 13.3%**
  - Patients taking medications in apparently excessive doses or for excessive lengths of time.
- **Non-compliance: 12.7%**
  - Patients not taking medication according to directions, resulting in possible sub-therapeutic response.
- **Clinical Appropriateness: 8.4%**
  - Patients who are taking medications for treatment of a disease for which the medication is not standard of care.



# Second Quarter 2016

## Evaluation

- **Extremely useful**      **104**
- **Useful**                      **131**
- **Somewhat useful**      **35**
- **Neutral**                      **95**
- **Not useful**                **60**



# Second Quarter 2016

## Lock-In

• Profiles Reviewed	213
• Total Cases	113
• Case Rate	53%
• Warning Cases	79
• Lock-In Cases	10
• Cases Continued in LI	21
• Cases Removed from LI	2



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*Questions?*

