

**DUR Board Meeting
June 3, 2009**



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

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- Utilization of muscle relaxants and narcotics
 - Criteria for muscle relaxant and narcotic utilization
 - Increased threshold to 60 days supply of each drug
 - March monthly cycle showed 2,401 patients
 - Increased threshold to 120 days supply of each drug
 - May monthly cycle showed 1,208 patients

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- 1,208 patient – criteria excludes patients with diagnosis of multiple sclerosis or taking drugs to treat multiple sclerosis (Betaseron®, Copaxone®, Rebif® and Avonex®)
- Criteria does not exclude diagnosis of quadriplegia or paraplegia.
- After taking those patients out 1,165 patients remaining

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- 1,165 patients with 120 days concurrent therapy of muscle relaxant and narcotics
- 675 patients taking acute agents (cyclobenzaprine, chlorzoxazone, methocarbamol, carisoprodol, orphenadrine)
- Majority taking cyclobenzaprine
- 490 taking spasticity agents (tizanidine, dantrolene, baclofen)

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- March 2009 reviewed 170 patients taking muscle relaxants and narcotics concurrently in the high risk category
- At that time criteria was set to alert for patients with 60 days supply of each drug
- High risk patients - those with the most number of prescribers and pharmacies and most number of other criteria exceptions

254 prescriber letters generated

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254 prescriber letters generated
9 letters could not be mailed, 245 mailed
54 responses (22%) as of 5/15/09

- 26 - no change in therapy
- 7 - did not prescribe drug
- 6 - will reassess and modify therapy
- 5 - appointment to discuss therapy
- 3 - no longer my patient
- 3 - response does not discuss therapy
- 1 - has not seen patient recently
- 1 - tried to modify, patient not cooperative
- 1 - unaware of other prescribers

Majority of responses indicate prescribers do not plan to modify therapy

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- April 2009 RDUR Initiatives
 - Patients with diabetes and Ischemic Heart Disease (ICD-9 codes of ischemic heart disease, coronary artery disease, atherosclerosis, previous MI, angina) and no lipid lowering therapy
 - criteria activated for April 2009 ICER.
 - 208 patients met criteria
 - Letters mailed end of April

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- Proposed DUR Initiatives – Diabetes
 - Under-utilization (non-adherence) criteria
 - Criteria alerts if less than 70 days supply dispensed in previous 90 days (<78% adherence)
 - Criteria in place for the following with number of patient exceptions
 - metformin – 182 patients
 - sulfonylureas – 83 patients
 - glitazones – 59 patients
 - Criteria under development for use of test strips

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- Use of diabetes test strips
 - January 2009 – 4,125 patients with claims for test strips
 - Number of refills of strips between January 2009 and April 2009
 - 1,433 patients with 4 or more claims
 - 1,109 patients with 3 claims
 - 925 patients with 2 claims
 - 748 patients with only the 1 claim in January
 - Did not check continuous eligibility
 - Not sure how often patients are instructed to test
 - Even with 2 claims in 120 days, this could be 100 or 200 strips depending on package size
 - Recommend focus first on the 748 patients with only 1 claim

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- DUR Proposals – Diabetes
 - Focus on patients on 3 or more oral agents – recommend transition to insulin
 - Use of Byetta® in Type 1 diabetes
 - Criteria in place will be activated
 - Byetta® with diagnosis of Type 1 diabetes
 - Alert message - (exenatide) Byetta® is not a substitute for insulin in insulin-requiring patients. Exenatide should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis.

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- DUR Proposals – Alzheimer's/Dementia
 - Require diagnosis of Alzheimer's, dementia or memory loss to approve use of donepezil (Aricept®) and memantine (Namenda®)
 - Identify patients and notify prescribers that diagnosis will be required to substantiate future use.