

WV DUR Board meeting  
02/25/2015

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



# RDUR Board

- Meets 4<sup>th</sup> Monday of Month
- 4 Committee members( 3RPh, 1 MD) and RDUR Manager
- Review 350 RDUR Profiles and 50 Lock In Profiles



# 4<sup>th</sup> quarter of 2014

Prescribers	545	18%
Pharmacies	591	23%



# 4<sup>th</sup> quarter of 2014

- **Distribution of Cases**

- **Drug-Disease Interactions 23%**

- Patients receiving a drug that may worsen or precipitate a medical condition.

- **Drug-Drug Conflict 33%**

- Patients receiving two or more drugs that, when taken together, may interact and produce unpredictable and undesirable effects.

- **Over-Utilization 31%**

- Patients taking medications in apparently excessive doses or for excessive lengths of time.

- **Under-Utilization 1%**

- Patients taking medications for the treatment of chronic conditions at levels below the normal minimum effective dose.

- **Clinical Appropriateness 12%**

- Therapeutic appropriateness is defined as patients who are NOT taking medications for the treatment of a disease in which the medication is current practice standard of care. Cost appropriateness and appropriate use of generics are also included in this category.



It appears that the patient may be receiving long-term therapy with short-acting opioid pain relievers in the absence of any long-acting analgesics 240

Responses

- 4 MD UNAWARE OF WHAT OTHER MD PRESCRIBING
- 3 PT IS NO LONGER UNDER THIS MD'S CARE
- 6 MD SAYS PROB INSIGNIF NO CHG THX
- 1 MD WILL REASSESS AND MODIFY DRUG THERAPY
- 2 MD TRIED TO MODIFY THERAPY, PT NON-COOP
- 1 PT UNDER MY CARE BUT NOT SEEN RECENTLY
- 5 HAS APPT TO DISCUSS THERAPY
- 3 MD SAW PATIENT ONLY ONCE IN ER OR AS ON-CALL MD
- 5 *PT NO LONGER USES PHARM / OR SEES MD*
- 3 *SPOKE TO MD, EXPECT MODIFICATION IN THER.*
- 2 *RPH DISCUSSED UNDER/OVERUSE WITH PT*
- 3 *NO CHANGE REC., PROBLEM INSIGNIFICANT*
- 2 *COUNSELED PT, NON-COMPLIANCE CONTINUES*
- 4 *RPH DISAGREES, NO FURTHER ACTION TAKEN*
- 1 *RPH DISAGREES, BUT HAS CONFERRED WITH MD*



It appears that the patient may be receiving high dose (> 100 mg morphine equivalents per day) <sup>258</sup>

- Responses

- 1 **BENEFITS OF THE DRUG OUTWEIGH THE RISKS**
- 4 **PT IS NO LONGER UNDER THIS MD'S CARE**
- 15 **MD SAYS PROB INSIGNIF NO CHG THX**
- 1 **MD WILL REASSESS AND MODIFY DRUG THERAPY**
- 1 **PATIENT WAS NEVER UNDER MD CARE**
- 1 **HAS APPT TO DISCUSS THERAPY**
- 1 **MD DID NOT RX DRUG ATTRIBUTED TO HIM.**
- 3 **MD SAW PATIENT ONLY ONCE IN ER OR AS ON-CALL MD**
- 1 **MD RESPONSE FORM RETURNED BLANK**
- 9 *RPH WILL COUNSEL PT ON NEXT VISIT*
- 6 *PT NO LONGER USES PHARM / OR SEES MD*
- 1 *SPOKE TO MD, EXPECT MODIFICATION IN THER.*
- 2 *RPH DISCUSSED UNDER/OVERUSE WITH PT*
- 5 *BENEFIT OUTWEIGHS RISK, NO CHANGE REC.*
- 1 *COUNSELED PT, NON-COMPLIANCE CONTINUES*
- 7 *RPH DISAGREES, NO FURTHER ACTION TAKEN*
- 2 *RPH DISAGREES, BUT HA COUNSELED PT.*
- 4 *RPH DISAGREES, BUT HAS CONFERRED WITH MD*



Stimulants are contraindicated in patients with marked anxiety, agitation and tension since they may aggravate these symptoms

- **Responses**

- 5 **BENEFITS OF THE DRUG OUTWEIGH THE RISKS**
- 2 **PT IS NO LONGER UNDER THIS MD'S CARE**
- 8 **MD SAYS PROB INSIGNIF NO CHG THX**
- 1 **PT UNDER MY CARE BUT NOT SEEN RECENTLY**
- 2 **HAS APPT TO DISCUSS THERAPY**
- 1 **MD DID NOT RX DRUG ATTRIBUTED TO HIM.**
- 2 **TRIED TO MODIFY THERAPY, SX RECURRENT**
- 1 **MD SAW PATIENT ONLY ONCE IN ER OR AS ON-CALL MD**
  
- 3 *RPH WILL COUNSEL PT ON NEXT VISIT*
- 3 *PT NO LONGER USES PHARM / OR SEES MD*
- 1 *SPOKE TO MD, EXPECT MODIFICATION IN THER.*
- 2 *RPH DISCUSSED UNDER/OVERUSE WITH PT*
- 1 *NO CHANGE REC., PROBLEM INSIGNIFICANT*
- 4 *RPH DISAGREES, BUT HAS CONFERRED WITH MD*



# Evaluation

- 78 Extremely Useful
- 108 Useful
- 15 Somewhat useful
- 59 Neutral
- 54 Not useful
- *“THANKS! PLEASE CONTINUE TO SEND ALERTS. PT HAS ALREADY BEEN IDENTIFIED AS MIS-USING SCRIPTS. I HAVE ALREADY STOPPED PROVIDING THESE MEDS FOR HER”.*
- *“RECENTLY DISMISSED PT FROM MY PRACTICE DUE TO DRUG SEEKING BEHAVIOR.”*



# Population Based Review

- West Virginia was ranked #3 in rate of Opioid users in the United States, and 1<sup>st</sup> in use of Benzodiazepines in 2012<sup>1</sup>.
- In 31% of overdose deaths by an Opioid, a benzodiazepine was also cited as contributing to the cause of death<sup>1</sup>.
- The leading prescription drug reported to the West Virginia Prescription Drug Abuse Quitline was oxycodone (31.8%) in 2012<sup>2</sup>.

<sup>1</sup>Vital Signs: Variation Among states in the Prescribing of Opioid Pain relievers and Benzodiazepines –United States 2012...CDC 07/14)

<sup>2</sup> The 2013 West Virginia Behavioral Health Epidemiological Profile



# Population Based Review

- The co administration of oxycodone-containing products and benzodiazepines should be done with caution.( At least a 15 day supply of each in the same 30 day period) The concurrent use of these agents may result in respiratory depression, hypotension, profound sedation or coma. If concurrent administration is clinically warranted consider dosage reduction of one or both agents.



# Population Based Review

- November RDUR Cycle 2139 recipients were identified
- 650 highest priority were selected for review
- 915 letters mailed to Physicians
- 718 letters mailed to Pharmacies



# Population Based Review

- *“WILL CONTINUE TO MONITOR PT”*
- *“WILL DISCUSS AT NEXT VISIT”*
- *“RECENTLY TAKE OFF OPIODS”*
- *“THIS IS REVIEWED WITH PT AT EACH VISIT”.*
- *“I WILL GET THIS ALL SORTED OUT. I SEE THIS PT FREQUENTLY.”*
- *“DOSING IS APPROPRIATE AND I HAVE DISCUSSED AND TAKEN STEPS TO MITIAGTE THE RISK OF THIS INTERACTION”.*



# Provider Education



WEST VIRGINIA MEDICAID  
DRUG UTILIZATION REVIEW PROGRAM

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## URGENT NOTICE!!

January 1, 2015

Prescriber Name  
Address  
Address

Dear Prescriber:

As of January 1, 2015, Flovent HFA and Flovent Diskus will be non-preferred, on the West Virginia Medicaid Preferred Drug List and will require a prior authorization.

The criteria require a 30-day trial of each of the preferred agents (listed below), unless one of the exceptions on the PA form is present.

As of January 1, 2015, the preferred inhaled glucocorticoids are the following:

ASMANEX (mometasone)  
PULMICORT RESPULES (budesonide)  
QVAR (beclomethasone)

On the following page you will find the names of patients with recent claims for Flovent HFA or