

# Wyoming Drug Utilization Review

## Evidence That Pilots Are Increasingly Using Over-the-Counter, Prescription, and Illicit Drugs

*National Transportation Safety Board*

The National Transportation Safety Board (NTSB) recently analyzed toxicology tests from 6,677 pilots who died in a total of 6,597 aviation accidents between 1990 and 2012. The results demonstrate a significant increase in the use of a variety of potentially impairing drugs.

The study found significantly increasing trends in pilots' use of all drugs, potentially impairing drugs (those with a US Food and Drug Administration warning about sedation or behavior changes in routine use), controlled substances, and illicit drugs (those defined as Schedule I by the US Drug Enforcement Administration). The final report, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment*, is available on the NTSB's [Safety Studies](#) web page under report number SS-14/01.

In this study, the pilot was considered to be positive for a drug if it could be qualitatively or quantitatively identified

in blood or tissue; drugs identified only in urine or used as part of resuscitative efforts were excluded.

Overall, 98% of the study pilots were male and 96% were flying privately rather than for commercial purposes. The average age of study pilots increased from 46 to 57 years over the study period.

Over the course of the study, for fatally injured pilots, the following was found:

- The proportion of pilots testing positive for at least one drug increased from 10% to 40%.
- More than 20% of all pilots from 2008-2012 were positive for a potentially impairing drug, and 6% of all pilots were positive for more than one potentially impairing drug.
- Overall, the most common potentially impairing drug pilots had used was diphenhydramine, a sedating antihistamine (the active ingredient in many Benadryl and Unisom products).
- During the most recent 5 years studied, 8% of all pilots tested positive for controlled substances; hydrocodone and diazepam each accounted for 20% of the positive findings.

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## P & T Committee Meeting Update

The P&T Committee met for its quarterly business meeting on November 13, 2014.

Highlights of this meeting include:

- The Department of Health is currently working on the requirements for the RFP for PBM services. The RFP is expected to be released in the first quarter of 2015.
- The state plan amendment for Primary Care Medical Home (PCMH) was approved by CMS, allowing the program to move forward. The RFP for MMIS services is also being developed.
- The requirement of an HIV test will be added to the Hepatitis C prior authorization criteria.
- Quantity limits will be placed on diabetes testing strips, allowing ten strips per day for insulin users and four strips per day for non-insulin users. Prior authorization will be required for quantities above this and patients needing to test more frequently will be referred for case management.

- Narcotic medications will require prior authorization when used in combination with naltrexone.
- Northera and Cerdelga will be limited to their approved indications.
- Evzio will require prior authorization.

The proposed 2015 Preferred Drug List and all proposed prior authorization criteria will be posted for public comment at [www.uwyo.edu/DUR](http://www.uwyo.edu/DUR). Comments may be sent by email to [alewis13@uwyo.edu](mailto:alewis13@uwyo.edu) or by mail to: Wyoming Drug Utilization Review Board, Dept. 3375, 1000 E. University Avenue, Laramie, WY 82071. Comments should be received prior to December 15, 2014 for the Preferred Drug List or January 15, 2015 for prior authorization criteria.

The next P&T Committee meeting will be held Wednesday, February 18, 2015 in Cheyenne. An agenda will be posted approximately two weeks prior to the meeting.

## 2015 P & T Committee Meeting Dates

**Wednesday, February 18, 2015**

**Thursday, May 14, 2015**

**Thursday, August 13, 2015**

**Thursday, November 12, 2015**

Meetings are held at Laramie County Community College, 10 am - 1 pm.  
Room number and agenda will be posted approximately 2 weeks before meeting date on our website: [www.uwyo.edu/DUR](http://www.uwyo.edu/DUR).

## Synagis Guidelines

The American Academy of Pediatrics recently updated their guidelines for Synagis prophylaxis in infants at increased risk of hospitalization for Respiratory Syncytial Virus infection. Key points of the new guidelines include the following:

- For infants <12 months old, prophylaxis is recommended for those born before 29 weeks, 0 days gestation. Prophylaxis is no longer recommended for healthy infants born after 29 weeks, 0 days gestation.
- Prophylaxis is recommended for infants < 12 months old with chronic lung disease of prematurity (born at <32 weeks, 0 days and >21% oxygen requirement > 28 days after birth) and hemodynamically significant heart disease.
- **A maximum of five doses should be given for qualifying infants.**
- **For infants in the second year of life, prophylaxis is only recommended for those who required at least 28 days of supplemental oxygen after birth and continue to require medical intervention (oxygen, chronic corticosteroid or diuretic therapy), or are profoundly immunocompromised during the season.**
- **Prophylaxis should be discontinued in children who have a breakthrough RSV infection.**

Wyoming Medicaid updated the Synagis prior authorization requirements following the review of the AAP's guidelines. Key points in bold above are reflected in the criteria for the 2014-2015 season. Please note, no changes were made related to infants in their first year of life or based on gestational age. The Synagis Prior Authorization Request form can be found online at [www.wyomedicaid.org](http://www.wyomedicaid.org) under the Prior Authorization (PA) Forms & Related Info tab.

### *Evidence That Pilots Are Increasingly Using Over-the-Counter, Prescription, and Illicit Drugs, continued*

- The percentage of pilots testing positive for marijuana use increased to about 3% during the study period, mostly in the last 10 years.

The large increase in the proportion of fatally injured pilots with evidence of potentially impairing drugs suggests an increasing risk of impairment in general aviation. Aviation is the only transportation mode in which a fatally injured operator (pilot) routinely undergoes extensive toxicology testing; no similar testing is

routinely performed for fatally injured operators of boats, trains, trucks, or cars. Given the general increase in drug use in the population, it is likely that there has been a similar trend in drug use among operators across all modes of transportation.

These results highlight the importance of routine discussions between health care providers and pharmacists and their patients about the potential risks that drugs and medical conditions can create when patients are operating a vehicle in any mode of transportation.

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