

# Wyoming Drug Utilization Review

## A New Era in Prescription Drug Disposal

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The influence of drug addiction is evident on so many levels in our society. Its impact can be seen in the tragic losses of beloved celebrities to the seemingly endless list of members of our communities who have lost their battle with addiction. This issue touches each of us in some way.

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Substance abuse has been labeled as the top preventable health problem impacting the United States.<sup>1</sup> Local, state and federal governments spent \$467.7 billion on costs related to addiction and substance abuse in 2005.<sup>2</sup> Out of the total federal and state government spending of \$3.3 trillion, 11% was spent on alcohol, tobacco, and other drug abuse addiction expenses as well as the associated consequences. Of this 11%, health care spending consumed the largest share of expenditures with 58% (\$207 billion) in costs, followed by justice system costs of 13% (\$47 billion).<sup>2</sup> From 1998 to 2008, admissions for treatment of substance abuse (using opioid pain medications) increased 400%.<sup>3</sup> 52 million individuals have reported using medications for non-medical purposes.<sup>4</sup>

Further, 35 million people have reported using opioid pain medications for non-medical reasons.<sup>4</sup>

Drug take-back programs have addressed a portion of the need to remove medications from circulation. Initially, drug take-back programs were one day events where individuals could drop off their unused and unwanted medications for disposal. Programs have progressed to permanent drop boxes located in some law enforcement offices where individuals can drop off medications (including controlled medications) anytime that is convenient for them. In Wyoming, there are thirty-eight permanent prescription drug drop boxes located within law enforcement centers such as police and sheriff offices so that controlled medications may be disposed of in accordance with the law.<sup>5</sup> The DEA ruling on September 8, 2014 made take-back boxes legal in health care settings and states that these boxes are voluntary in hospitals, clinics and pharmacies.<sup>6</sup> Prior to these policy changes, it was illegal for facilities to accept patient's medications without law enforcement involvement to take custody of the controlled medications.<sup>7</sup> Wyoming's current list of drop-box locations at law enforcement offices can be found online at <http://health.wyo.gov/healthcarefin/pharmacy/>. If your clinic, hospital or pharmacy is interested in hosting a take-back box, registration can be completed online at <https://www.deadiversion.usdoj.gov/webforms2/spring/disposalLogin>.

Considering the potential for accidental ingestion and possible poisoning, one could argue that all medications are a possible threat and should be disposed of when no longer required to treat a current condition. A great risk is posed by medications that have a higher abuse potential including:<sup>8</sup>

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## P & T Committee Meeting Update

The P&T Committee met for its quarterly business meeting on November 12, 2015.

Highlights of this meeting include:

The DUR contract with the School of Pharmacy is in the process of being extended for two additional years. The RFP for PBM services is complete and that contract is in process as well.

Methylphenidate maximum dosage has been set at 90 mg per day for all types and dosage forms.

There was no evidence of a significant difference in safety or efficacy for Rexulti compared to the existing atypical antipsychotics. It will be limited to those aged 18 and above and a dose of 150% of the labeled maximum (6 mg per day). A cost analysis will be conducted to determine placement on the Preferred Drug List.

Daklinza and Technivie will be allowed for treatment of Hepatitis C within their specific genotype

indications and contraindications. Existing clinical criteria for the class will be applied.

Varubi will be limited to patients with a cancer diagnosis.

Humira will be approved for the diagnosis of hidradenitis suppurativa following trial and failure of other treatment options.

The proposed prior authorization criteria and the 2016 Preferred Drug List 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 January 1, 2016 for prior authorization criteria.

The next P&T Committee meeting will be held February 11, 2016 in Cheyenne. An agenda will be posted approximately two weeks prior to the meeting.

## Pathways to Safer Opioid Use

The Department of Health and Human Services (HHS) has announced a new interactive training course that teaches health care providers how to talk to patients about safely using opioids to manage chronic pain. The course, "Pathways to Safer Opioid Use," also teaches implementation strategies for meeting the opioid-related recommendations from the National Action Plan for Adverse Drug Event Prevention.

Adverse drug events (ADEs) are the largest contributor to hospital-related complications and account for more than 3.5 million physician office visits each year, according to HHS. The training, which is offered at no cost, includes self-guided interactive videos with decision points to help users learn how to apply health literacy strategies to help

patients understand and act on information to prevent opioid-related ADEs; identify individual risk factors, opioid medications, and interactions that place individuals with chronic pain at increased risk for opioid-related ADEs; recognize the importance of a multidisciplinary team-based approach to treating patients with chronic pain; and demonstrate the ability to combine the principles of the Health Literate Care Model and the biopsychosocial model. Additional information is available on the course website:

<http://health.gov/hcq/training-pathways.asp>

- Pain medications such as: fentanyl (Actiq, Duragesic), hydrocodone (Vicodin), and oxycodone (OxyContin, Percodan, and Percocet)
- Anxiolytics and sedative hypnotic agents such as: alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), eszopiclone (Lunesta), zaleplon (Sonata), zolpidem (Ambien)
- Sedatives such as: amobarbital (Amytal), phenobarbital and secobarbital (Seconal)
- Stimulants such as: amphetamine (Adderall), methamphetamine, and methylphenidate (Ritalin, Concerta, and Daytrana)

There are several success stories in Wyoming. Patients can either turn-in medications to be destroyed or donate them to the Medication Donation Program (if they meet certain criteria). Since 2007 when drug take back programs started in Casper, more than 11,000 pounds of medication have been destroyed or re-distributed through the Medication Donation Program (Telephone conversation with Patti Nelson August 6, 2014). Expired and/or multi-dose pack medications that are disposed of at drop boxes around Wyoming are destroyed. Previously, the Drug Enforcement Agency (DEA) had two days every year when they hosted local drug take-back events. Considering the increase in local take-back efforts coupled with the DEA take-back events, one would expect that the amount collected from the DEA events would have declined but this has not been the case. In

April 2015, 780,158 pounds were collected compared to 242,000 pounds in September 2010.<sup>9</sup>

The Medication Donation Program serves patients in the state of Wyoming by accepting prescription drug donations and making them available for redistribution based upon patient need. Sealed unit-dose medications (not controlled substances) that are within the expiration date are redistributed by the Medication Donation Program in Cheyenne.

The battle of prescription abuse is ongoing in the United States. Providing patients with the ability to properly dispose of their prescription drugs is an important step to removing excess drugs from circulation. Drug take-back programs and boxes will encourage environmental responsibility, while promoting patient safety, and providing another opportunity for patient and care-giver education. Everyone needs to be encouraged to participate in order to reduce the amount of medications that are accessible for diversion and abuse.

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## Department of Health Prenatal Survey

The Department of Health is conducting a survey concerning the use and barriers to use of 17-alpha hydroxyprogesterone in pregnant women. If you routinely provide prenatal care for your pregnant patients and would like to participate in this survey, please visit the WY-DUR website <http://uwyo.edu/DUR>. The link to the survey is under **News**.

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Please contact WY-DUR at 307-766-6750 to have your name added or removed from our mailing list, or if you need to update your address. The WY-DUR newsletter is also available on-line at [www.uwyo.edu/DUR/newsletters](http://www.uwyo.edu/DUR/newsletters).