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Texas DUR Board Proposed Retrospective-DUR Interventions

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Agenda

Recent Interventions

- Gabapentinoids Drug Use Evaluation (DUE)
- Overutilization of Antibiotics
- Contraceptives DUE

Recent Outcome Reports

- Pain Management with Opioids
- Monitoring of Psychotropic Drugs in Youth
- Diabetes Management

Potential RetroDUR Interventions

- Benzodiazepine Anxiolytics and Controlled Sedative/Hypnotics DUE
- Major Depressive Disorder (MDD) Management

Recent RetroDUR Interventions

Intervention	Date Mailed	Provider Letters	Patients
Gabapentinoids DUE	10/23/2020	334	251
Overutilization of Antibiotics	11/17/2020	1,288	N/A
Contraceptives DUE	11/19/2020	1,158	1,848

Recent Outcome Reports

Intervention	Date Mailed	12-Month State Savings
Pain Management with Opioids	02/28/2020	$1,491.83
Monitoring of Psychotropic Drugs in Youth	03/23/2020	$867,992.63
Diabetes Management	05/05/2020	-$158,084.12

Recent Outcome Reports:

Pain Management with Opioids

Clinical Indicators	Baseline	Sept-2020	% Change
Overutilization of Short-Acting (IR/SR) Opioids	2	1	-50.0%
Underutilization of Long-Acting (ER/LA) Opioids	1	0	-100.0%
Coordination of Care: Multiple Prescribers	0	0	0.0%
Increased Risk of Adverse Drug Event (ADE): Opioids and Benzodiazepines without Naloxone	6	4	-33.3%
Increased Risk of ADE: Opioids with History of Substance Abuse and No Naloxone	6	4	-33.3%
Increased Risk of ADE: Use of Tramadol in Children	2	1	-50.0%
Increased Risk of ADE: Use of Codeine for Pain in Children	31	19	-38.7%
Total	**48**	**29**	**-39.6%**

Recent Outcome Reports:

Monitoring of Psychotropic Drugs in Youth

Clinical Indicators	Baseline	Oct-2020	% Change
High Dose: Oral Second Generation Antipsychotics (SGAs)	4	3	-25.0%
Polypharmacy (4 or more Psychotropic Medications)	52	39	-25.0%
Monitoring of SGAs: Glucose or Hemoglobin A1C	165	121	-26.7%
Monitoring of SGAs: Lipid Panel	176	132	-25.0%
Total	**397**	**295**	**-25.7%**

Recent Outcome Reports:

Diabetes Management (page 1)

Clinical Indicators	Baseline	Nov-2020	% Change
Increased Risk of Adverse Events: Lack of Annual Dilated Eye Exams	2,331	1,745	-25.1%
Increased Risk of Adverse Events: Lack of Recommended Laboratory Monitoring	6,132	4,822	-21.4%
Increased Risk of Adverse Drug Events with Non-insulin Antidiabetics	151	123	-18.5%
Underutilization of Angiotensin-Modulators in Diabetics with Kidney Disease	1	0	-100.0%
Underutilization of Antilipemics in Diabetics	554	422	-23.8%

Recent Outcome Reports:

Diabetes Management (page 2)

Clinical Indicators	Baseline	Nov-2020	% Change
Secondary Prevention Underutilization of Antiplatelets in Diabetics	152	115	-24.3%
Underutilization of Metformin	194	156	-19.6%
Nonadherence with Non-insulin Antidiabetics, Antihypertensives, and Antilipemics	345	266	-22.9%
Duplicate Therapy with Non-insulin Antidiabetics and GLP-1 Agonist/DPP-4 Inhibitor Combination	0	0	0.0%
Total	**9,860**	**7,649**	**-22.4%**

Potential RetroDUR Intervention: Major Depressive Disorder Management

Purpose:

- To assist physicians in the optimization of antidepressant therapy.

Why Issue was Selected:

- Major depressive disorder (MDD) is one of the most common mood disorders among young and middle-aged adults.
    - Claims data indicates that in the Texas Medicaid Fee-For-Service (FFS) Program there were 7,509 prescriptions for antidepressants in a recent 90-day period at the total cost of $101,935.
- A 2014 report by the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that 6.7% of all U.S. adults had at least one major depressive episode within the past year.
- Comparison of current treatment practices to recommended guidelines may reduce variability in quality of care and result in improved outcomes with decreased costs.

Potential RetroDUR Intervention: Major Depressive Disorder Management

Setting and Population:

- All patients with a drug therapy for antidepressant medications in the last 30 to 180 days. For some indicators a documented diagnosis of depression will also be required.

Type of Intervention:

- Cover letter and modified patient profiles

Outcome Measures:

- Results of this intervention will be measured when six months of post-initiative data are available.

Potential RetroDUR Intervention: Major Depressive Disorder Management

Performance Indicators	Exceptions	
	(< 18 Years) FFS	**(< 18 Years) MCO**
Medications for Depression Less than Six Months	(28) 230	(1,617) 5560
Medications for Depression Longer than Twelve Months for Single Episode Depression	(6) 43	(849) 3408
Antidepressants in Children and Adolescents	(42) 42	(3,648) 3,648
Duplicate Antidepressant Therapy	(0) 0	(5) 137
Antidepressant Adherence	(16) 191	(3502) 11,485
Antidepressant Dose Consolidation	(0) 5	(96) 554
Drug-Induced Depression*	(8) 32	(609) 5,022

Potential RetroDUR Intervention:

Benzodiazepine Anxiolytics and Controlled Sedative/Hypnotics DUE

Purpose:

- To promote the safe and cost-effective prescribing of benzodiazepine anxiolytics and controlled sedative/hypnotics.

Why Issue was Selected:

- Guidelines do not recommend long-term use of benzodiazepine anxiolytics and controlled sedative/hypnotics. Potential adverse effects include psychomotor impairment and cognitive deficits.
    - Alternative anxiolytic medications that are not controlled substances are available for most conditions treated chronically. Evidence indicates that psychological and behavioral treatments are preferred over controlled sedative/hypnotic medications for the management of chronic insomnia.
- All benzodiazepines and most sedative/hypnotics are controlled substances and their long-term use may be associated with physical and/or psychological dependence.
- Concurrent use of more than one benzodiazepine anxiolytic or controlled sedative/hypnotic has not been adequately researched. The available agents all act at the GABA/chloride receptor complex. The use of combinations of these agents results in additive effects at the receptor complex and may result in excess sedation or other adverse effects.

Potential RetroDUR Intervention:

Benzodiazepine Anxiolytics and Controlled Sedative/Hypnotics DUE

Setting and Population:

- All patients with drug therapy for benzodiazepine anxiolytics and/or controlled sedative/hypnotics within the past 45 days.

Type of Intervention:

- Cover letter and modified patient profiles

Outcome Measures:

- Results of this intervention will be measured when six months of post-initiative data are available.

Potential RetroDUR Intervention:

Benzodiazepine Anxiolytics and Controlled Sedative/Hypnotics DUE

Performance Indicators	Exceptions	
	(< 18 Years) FFS	**(< 18 Years) MCO**
Chronic use of a benzodiazepine anxiolytic > 4 months with a diagnosis of generalized anxiety disorder (GAD) and not receiving first-line drug therapy	(0) 2	(8) 719
Chronic use of a benzodiazepine anxiolytic > 4 months with a diagnosis of GAD and receiving first-line drug therapy	(0) 1	(9) 1,768
Chronic use of a benzodiazepine anxiolytic > 4 months with no diagnosis of an anxiety disorder	(2) 6	(34) 1,535
Chronic use of a controlled sedative/hypnotic	(0) 3	(13) 2,854
Use of a benzodiazepine anxiolytic in patients with a history of substance use disorder	(0) 9	(12) 2,935
Use of a controlled sedative/hypnotic in patients with a history of substance use disorder	(0) 2	(0) 1,442

Potential RetroDUR Intervention:

Benzodiazepine Anxiolytics and Controlled Sedative/Hypnotics DUE

Performance Indicators	Exceptions	
	(< 18 Years) FFS	**(< 18 Years) MCO**
Duplicate therapy with benzodiazepine anxiolytics	(0) 0	(2) 359
Duplicate therapy with controlled sedative/hypnotics	(0) 0	(0) 18
High dose of a controlled sedative/hypnotic	(0) 20	(0) 4,097
Controlled sedative/hypnotic dose consolidation	(0) 1	(5) 81
Controlled sedative/hypnotic use in youth	(1) 1	(103) 103