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Texas DUR Board Proposed Retrospective- DUR Interventions

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Agenda

Recent Interventions

- Non-Steroidal Anti-inflammatory Drugs (NSAIDs) Drug Use Evaluation (DUE)
- Asthma Management
- Pharmacotherapy of Post-Traumatic Stress Disorder (PTSD)

Recent Outcome Reports

- Treatment with Opioids, Benzodiazepines, and Antipsychotics

Potential RetroDUR Interventions

- Anticonvulsants Drug Use Evaluation (DUE)
- Comprehensive Opioid Management
- Management of Psychotropic Drugs in Youth

Recent RetroDUR Interventions

Intervention	Date Mailed	Provider Letters	Patients
Non-Steroidal Anti-inflammatory Drugs (NSAIDs) Drug Use Evaluation (DUE)	06/24/2020	105	104
Asthma Management	08/20/2020	134	120
Pharmacotherapy of Post-Traumatic Stress Disorder (PTSD)	09/15/2020	95	74

Recent Outcome Reports

Intervention	Date Mailed	12-Month State Savings
Treatment with Opioids, Benzodiazepines, and Antipsychotics	01/08/2020	\$12,635.51

Recent Outcome Reports:

Treatment with Opioids, Benzodiazepines, and Antipsychotics

Clinical Indicators	Baseline	July-2020	% Change
Use of opioid analgesics in combination with benzodiazepines	5	3	-40.0%
Use of opioid analgesics in combination with antipsychotics	1	1	0.0%
Use of opioid analgesics in combination with benzodiazepines and antipsychotics	1	0	-100.0%
Total	7	4	-42.9%

Potential RetroDUR Intervention: Anticonvulsants Drug Use Evaluation (DUE)

Purpose:

- To promote safe, cost-effective use of anticonvulsant medications.

Why Issue was Selected:

- Anticonvulsant medications are among the most commonly prescribed classes of medications.
 - Claims data indicates that in the Texas Medicaid Fee-For-Service Program there were 19,724 prescriptions for anticonvulsants in a recent 365 day period at the total cost of \$2,316,606.
- Various anticonvulsants are associated with risks for drug-disease interactions as well as other potential toxicities.

Potential RetroDUR Intervention: Anticonvulsants Drug Use Evaluation (DUE)

Setting and Population:

- All patients with drug therapy with an anticonvulsant in the most recent 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: Anticonvulsants Drug Use Evaluation (DUE)

Performance Indicators	Exceptions	
	(< 18 Years) FFS	(< 18 Years) MCO
Increased Risk of Adverse Drug Event (ADE): Anticonvulsants and drug-disease interactions	(2) 25	(189) 2,875
Nonadherence with anticonvulsants	(4) 20	(2,171) 4,909
Increased Risk of Adverse Drug Event (ADE): Anticonvulsants and recommended monitoring <ul style="list-style-type: none"> • Hepatic monitoring • Renal monitoring • Platelet/Coagulation monitoring/CBC • Serum Bicarbonate • Ophthalmologic Exam 	(31) 107 (1) 13 (30) 105 (21) 57 (2) 31	(4,595) 13,266 (519) 2,455 (4,046) 12,228 (3,301) 8,223 (817) 4,467

Potential RetroDUR Intervention: Comprehensive Opioid Management

Purpose:

- To improve the management of patients receiving treatment with opioids.

Why Issue was Selected:

- In 2016, the Centers for Disease Control and Prevention (CDC) issued recommendations for safer and more effective use of opioid therapy.
- In 2018, the Food and Drug Administration (FDA) implemented new restrictions on the use of codeine for cough and pain, as well as tramadol for pain in children.
- Also in 2018, the Centers for Medicare & Medicaid Services (CMS) provided guidance on risks associated with opioids in SUPPORT for Patients and Communities Act.
 - The recommendations are geared toward increasing patient safety by requiring states to have an automated review process in place that monitors patients concurrently prescribed opioids, benzodiazepines and/or antipsychotics.
- In July 2020, the FDA required label changes for opioids and opioid use disorder (OUD) medications regarding naloxone.

Potential RetroDUR Intervention: Comprehensive Opioid Management

Setting and Population:

- All patients with drug therapy for targeted medications within the past 30 to 60 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: Comprehensive Opioid Management

Performance Indicators	Exceptions	
	(< 18 Years) FFS	(< 18 Years) MCO
Increased Risk of Adverse Drug Event (ADE): Use of opioid analgesics in combination with benzodiazepines	(2) 6	(8) 2,609
Increased Risk of Adverse Drug Event (ADE): Use of opioid analgesics in combination with antipsychotics	(0) 3	(4) 1,689
Increased Risk of Adverse Drug Event (ADE): Use of opioid analgesics in combination with benzodiazepines and antipsychotics	(0) 0	(2) 843
Increased Risk of Adverse Drug Event (ADE): Use of opioid analgesics in combination with muscle relaxants	(0) 9	(0) 2,474
Increased Risk of Adverse Drug Event (ADE): Use of opioid analgesics in combination with benzodiazepines and muscle relaxants	(0) 3	(0) 616

Potential RetroDUR Intervention: Comprehensive Opioid Management

Performance Indicators	Exceptions	
	(< 18 Years) FFS	(< 18 Years) MCO
Overutilization of Short-Acting Opioid Analgesics	(0) 0	(1) 1,831
Underutilization of Long-Acting Opioid Analgesics	(0) 1	(5) 726
Coordination of Care: Opioid analgesics from multiple prescribers	(0) 0	(4) 491
Increased Risk of Adverse Drug Event (ADE): Use of opioid analgesics in combination with benzodiazepines without naloxone	(0) 5	(0) 1,896
Increased Risk of Adverse Drug Event (ADE): Use of opioid analgesics and a history of substance abuse without naloxone	(0) 16	(0) 2,240

Potential RetroDUR Intervention: Comprehensive Opioid Management

Performance Indicators	Exceptions	
	(< 18 Years) FFS	(< 18 Years) MCO
Increased Risk of Adverse Drug Event (ADE): History of medication-assisted treatment (MAT) without naloxone	(0) 15	(0) 1,424
Increased Risk of Adverse Drug Event (ADE): Use of tramadol in children	(4) N/A*	(144) N/A*
Increased Risk of Adverse Drug Event (ADE): Use of codeine in children	(39) N/A*	(1,049) N/A*
Increased Risk of Adverse Drug Event (ADE): Use of opioid analgesics without a urine drug screen	(3) 23	(34) 10,523

*N/A = not applicable. Candidates are under 18 years of age.

Potential RetroDUR Intervention: Management of Psychotropic Drugs in Youth

Purpose:

- To assist physicians in the evaluation of psychotropic drug therapy in youth to maximize therapeutic benefits while minimizing risks and adverse outcomes, avoiding unnecessary concomitant therapy, and providing cost-avoidance opportunities.

Why Issue was Selected:

- Use of second-generation antipsychotics (SGA) at doses above recommended maximums are associated with adverse outcomes and associated costs.
- Individuals who receive multiple psychotropic medications are at an increased risk of drug-drug or drug-disease interactions, duplicate or unnecessary therapy, non-adherence, and hospitalizations.
- The use of multiple SGAs has not been shown to improve efficacy or outcomes.
- The management of metabolic side effects of SGAs in children and adolescents should include regular monitoring of BMI, blood pressure, blood glucose or hemoglobin A1c and lipid profiles.

Potential RetroDUR Intervention: Management of Psychotropic Drugs in Youth

Setting and Population:

- All patients < 18 years of age receiving targeted drug therapy in the past 60 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: Management of Psychotropic Drugs in Youth

Performance Indicators	Exceptions	
	FFS	MCO
High Dose: Oral Second-Generation Antipsychotics (SGA)	3	641
Multiple (3 or more) Oral SGAs	0	3
Polypharmacy: ≥ 4 Psychotropic Medications	34	8,339
Monitoring of SGAs: Glucose or Hemoglobin A1c	121	18,854
Monitoring of SGAs: Lipids	129	18,469

CONDUENT

