CONDUENT

January 21, 2022

Texas DUR Board Proposed Retrospective-DUR Interventions

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Revised Jan. 6

Agenda

Recent Interventions

- Caring for Patients with Bipolar Disorder
- Caring for Patients with Diabetes
- Caring for Patients with Dyslipidemia or at Risk for Coronary Heart Disease
- Influenza Prevention: Vaccination and Education

Recent Outcome Reports

- Anticonvulsants Drug Use Evaluation (DUE)
- Contraceptive Drug Use Evaluation (DUE)

Potential RetroDUR Interventions

- Attention-Deficit/Hyperactivity Disorder (ADHD) Management
- Management of Psychotropic Drugs in Pediatrics
- Opioids and Central Nervous System (CNS) Depressants Drug Use Evaluation

Recent RetroDUR Interventions

Intervention	Date Mailed	Provider Letters	Patients
Dyslipidemia	8/31/21	1,202	1,365
Influenza Prevention	9/29/21	161	178
Diabetes Management	10/14/21	2,765	3,203
Bipolar Disorder	11/23/21	322	383

Recent Outcome Reports

Intervention	Date Mailed	12-Month State Savings
Contraceptives Drug Use Evaluation	11/19/2020	$368,522
Anticonvulsants Drug Use Evaluation	1/28/2021	$818,114

Recent Outcome Reports:

Contraceptives DUE

Clinical Indicators	Baseline	Mar-2021	% Change
Increased risk of adverse events with oral, injectable, transdermal, and vaginal contraceptives	210	146	-30.5%
Adherence with contraceptives	1,478	1,067	-27.8%
Total	**1,688**	**1,213**	**-28.1%**

Recent Outcome Reports:

Anticonvulsants DUE

Clinical Indicators	Baseline	Aug-2021	% Change
Increased risk of adverse drug event: Anticonvulsant and drug-disease interactions	16	13	-18.8%
Nonadherence with Anticonvulsants	116	78	-32.8%
Increased risk of adverse drug event: Anticonvulsants and recommended monitoring	764	526	-31.2%
Total	**896**	**617**	**-31.1%**

Potential RetroDUR Intervention: ADHD Medication Management

Purpose:

- To promote the safe use and prescribing of medications for treatment of attention-deficit/hyperactivity disorder (ADHD).

Why Issue was Selected:

- ADHD is one of the most common childhood neurobehavioral disorders. In community samples, it has a reported prevalence rate of 8.7 to 15.5% in school age children, and rates continue to increase.
- ADHD can affect all aspects of a child's life and it is estimated one-third of children diagnosed with ADHD continue to be affected by symptoms into adulthood
- The mainstay of treatment in both children and adults is pharmacologic therapy based on its efficacy in controlling symptoms, most commonly with stimulants, however, non-stimulant medications are available for use as alternative or combination therapy
- Recent data indicates two-thirds of children and adolescents use medications to control their ADHD symptoms. While stimulants are effective in controlling ADHD symptoms, their benefits should be balanced with the potential for adverse effects and misuse

Potential RetroDUR Intervention: ADHD Medication Management

Setting and Population:

- All patients receiving therapy for an ADHD medication in the past 45 days will be included

Type of Intervention:

- Cover letter and individual patient profiles

Outcome Measures:

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

Potential RetroDUR Intervention: ADHD Medication Management

Performance Indicators	Exceptions	
	(< 18 Years) FFS	**(< 18 Years) MCO**
ADHD Medication Use without Indication	(N/A) 35	(N/A) 2,790
Duplicate Therapy with Stimulants	(2) 3	(580) 651
Multiple Prescribers of Stimulants	(29) 33	(3,387) 3,730
Risk of Suicidal Ideation with Selective Norepinephrine Reuptake Inhibitors in Youth	(12) 12	(977) 977
Nonadherence with Non-Stimulant ADHD Medications	(77) 98	(4,858) 5,349
Increased Risk of Adverse Cardiovascular Events with Stimulants	(TBD) TBD	(TBD) TBD

Potential RetroDUR Intervention: Psychotropic Drugs in Pediatric Patients

Purpose:

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

Why Issue was Selected:

- Psychotropic medications play an important role in the treatment of psychiatric disorders and their utilization in the pediatric population continues to increase
- Second-generation antipsychotics (SGAs) are one class of psychotropic medications with utilization that has come under close scrutiny, especially in the Medicaid population. Despite their efficacy, use of SGAs should be balances against their risk of adverse events and lack of long-term safety data in children
- Other areas of concern identified with their use pertain to dose, duration of therapy, off-label use, lack of monitoring, and polypharmacy
- The SUPPORT Act requires that states implement programs to monitor and manage the appropriate use of antipsychotics in children in the Medicaid program.

Potential RetroDUR Intervention: Psychotropic Drugs in Pediatric Patients

Setting and Population:

- All patients <18 years of age receiving targeted psychotropic drug therapy in the past 30 days

Type of Intervention:

- Cover letter and individual patient profiles

Outcome Measures:

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

Potential RetroDUR Intervention: Psychotropic Drugs in Pediatric Patients

Performance Indicators	Exceptions	
	FFS	MCO
High Dose: Oral Antipsychotics	6	552
Multiple (2 or more) Oral Antipsychotics	9	359
Polypharmacy: ≥4 Psychotropic Medications	63	4,685
Monitoring of SGAs: Glucose or Hemoglobin A1C	217	11,001
Monitoring of SGAs: Lipid Panel	218	11,589

Potential RetroDUR Intervention:

Combined Use of Opioids and CNS Depressants DUE

Purpose:

- To improve the management of patients on potentially harmful combinations of opioids and various CNS depressants (i.e., benzodiazepines, antipsychotics, muscle relaxants, sedative hypnotics, and gabapentinoids).

Why Issue was Selected:

- The prescribing of opioids should be based on careful consideration of benefits and risks associated with their use. Serious risks of opioid pain medications include opioid use disorder, overdose, and death. Medical professionals are advised to help mitigate these risks by evaluating the use of all central nervous system (CNS) agents while paying special attention to medications likely to cause sedation or respiratory depression
- Drug classes like benzodiazepines, when combined with opioids, have resulted in such serious adverse effects, including death, that the U.S. Food and Drug Administration (FDA) issued its strongest warning against their combined use. The FDA also required an updated Boxed Warning for all benzodiazepines regarding the risks of abuse, addiction, physical dependence, and withdrawal reactions
- The Centers for Medicare & Medicaid Services (CMS) provided guidance on risks associated with opioids in H.R.6 section 1004, more commonly known as the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (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 other CNS depressants, and/or antipsychotics

Potential RetroDUR Intervention:

Combined Use of Opioids and CNS Depressants DUE

Setting and Population:

- All patients with drug therapy for targeted medications within the past 30 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:

Combined Use of Opioids and CNS Depressants DUE

Performance Indicators	Exceptions	
	(< 18 Years) FFS	**(< 18 Years) MCO**
Use of opioid analgesics in combination with benzodiazepines	(0) 8	(6) 1,739
Use of opioid analgesics in combination with antipsychotics	(0) 1	(1) 1,200
Use of opioid analgesics in combination with benzodiazepines and antipsychotics	(0) 0	(3) 571
Use of opioid analgesics in combination with muscle relaxants	(0) 4	(4) 2,489

Potential RetroDUR Intervention:

Combined Use of Opioids and CNS Depressants DUE

Performance Indicators	Exceptions	
	(< 18 Years) FFS	(< 18 Years) MCO
Use of opioid analgesics in combination with benzodiazepines and muscle relaxants	(0) 2	(5) 570
Use of opioid analgesics in combination with sedative hypnotics	(0) 0	(0) 780
Use of opioid analgesics in combination with benzodiazepines, sedative hypnotics or gabapentinoids without naloxone	(2) 29	(30) 11,689