

January 20, 2023

Texas DUR Board

Proposed Retrospective-DUR Interventions

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Agenda

Recent Interventions

- Influenza Prevention: Vaccination and Education (2022-2023)

Recent Outcome Reports

- Attention-Deficit/Hyperactivity Disorder Management
- Hypertension Disease Management

Potential Retro DUR Interventions

- Appropriate Use of Antibiotics
- Combined Use of Opioids and Central Nervous System Depressants Management
- Opioid Use During Pregnancy Management

Recent RetroDUR Interventions

Intervention	Date Mailed	Provider Letters	Patients
Influenza Prevention: Vaccination and Education (2022-2023)	10/17/2022	204	234

Recent Outcome Reports

Intervention	Date Mailed	12-Month State Savings
Attention-Deficit/Hyperactivity Disorder Management	2/17/2022	\$236,117.00
Hypertension Disease Management	12/21/2021	\$5,559.30

Recent Outcome Reports: Attention-Deficit/Hyperactivity Disorder Management

Clinical Indicators	Baseline	Sept-2022	% Change
ADHD Medication Use without Indication	93	67	-28.0%
Duplicate Therapy with Stimulants	3	2	-33.3%
Multiple Prescribers of Stimulants	12	8	-33.3%
Risk of Suicidal Ideation with Selective Norepinephrine Reuptake Inhibitors in Youth	11	8	-27.3%
Nonadherence with Maintenance ADHD Medication	72	53	-26.4%
TOTAL	191	138	-27.7%

Recent Outcome Reports: Hypertension Disease Management

Clinical Indicators	Baseline	July 2022	% Change
Encourage use of recommended first-line treatment of hypertension: thiazide diuretics, Angiotensin-Converting Enzyme Inhibitors (ACEIs), Angiotensin Receptor Blockers (ARBs), and Calcium Channel Blockers (CCBs)	187	142	-24.1%
Encourage use of angiotensin-modulating agents (ACEIs or ARBs) and beta-blockers with the presence of a compelling indication	413	297	-28.1%
Enhance adherence with antihypertensive drug therapy and recognize when therapy discontinuation may be contributing to treatment failure	641	392	-38.8%
Promote safe and effective use of antihypertensive drug therapy through identification of potential adverse events and increased monitoring	407	289	-29.0%
TOTAL	1,648	1,120	-32.0%

Potential RetroDUR Intervention: Appropriate Use of Antibiotics

Purpose:

- To discourage antibiotic use for viral infections, limit the inappropriate use of broad-spectrum antibiotics, and provide prescribers with educational tools to better communicate with their patients regarding treatment of viral infections and antibiotic resistance.

Why Issue was Selected:

- The Centers for Disease Control and Prevention (CDC) estimates that tens of millions of antibiotic prescriptions are written each year in the outpatient setting, with at least 28% of those prescriptions being unnecessary.
- The occurrence of resistance to antibiotics has increased, while the pharmaceutical pipeline for new classes of antibiotics has continually declined.
- As of 2021, the outpatient prescription rates of all antibiotic classes per 1,000 population dispensed in Texas was 708, with the national average being approximately 643.

Potential RetroDUR Intervention: Appropriate Use of Antibiotics

Setting and Population:

- All patients

Type of Intervention:

- Cover letter which includes recommendations from current treatment guidelines for select upper respiratory tract infections

Outcome Measures:

- Outcome assessment deferred due to anticipated unavailability of claims data post intervention.

Potential RetroDUR Intervention: Appropriate Use of Antibiotics

Performance Indicators	Number of Broad-Spectrum Antibiotic Exceptions
High percentage of broad-spectrum antibiotic use	Historically 1,200 letters

Potential RetroDUR Intervention:

Combined Use of Opioids and CNS Depressants Management

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.
- 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 provided guidance on risks associated with opioids in 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 Management

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:

- The performance indicators will be re-measured when six months of outcome data are available.

Potential RetroDUR Intervention:

Combined Use of Opioids and CNS Depressants Management

Performance Indicators	Exceptions	
	(<18 years) FFS	(<18 years) MCO
Use of opioid analgesics in combination with benzodiazepines	(0) 2	(16) 1,782
Use of opioid analgesics in combination with antipsychotics	(0) 1	(21) 1,601
Use of opioid analgesics in combination with benzodiazepines and antipsychotics	(0) 0	(3) 655
Use of opioid analgesics in combination with muscle relaxants	(1) 6	(54) 4,390
Use of opioid analgesics in combination with benzodiazepines and muscle relaxants	(0) 1	(8) 790
Use of opioid analgesics in combination with sedative hypnotics	(0) 0	(1) 738
Use of opioid analgesics in combination with benzodiazepines, sedative hypnotics or gabapentinoids without naloxone	(0) 25	(90) 13,139

Potential RetroDUR Intervention: Opioid Use During Pregnancy Management

Purpose:

- To determine opportunities for improving the safety of opioid use in patients who are pregnant.

Why Issue was Selected:

- Opioid neonatal abstinence syndrome (NAS) is a postnatal drug withdrawal syndrome that occurs in infants after birth.
- A 2021 study conducted by researchers at the U.S. Department of Health and Human Services shows that the rates of babies born with withdrawal symptoms increased from 2010-2017.
- With the increase in maternal opioid exposure, the incidence of NAS per 1,000 hospital births has increased from 4.0 in 2010 to 7.3 in 2017.
- In Texas, approximately 1 out of every 4 pregnant women admitted to DSHS-funded treatment services are dependent on opioids, leading to over 1,000 births of infants who developed NAS in 2014.

Potential RetroDUR Intervention: Opioid Use During Pregnancy Management

Setting and Population:

- Patients who are pregnant

Type of Intervention:

- Cover letter and modified patient profiles

Outcome Measures:

- Outcome assessment deferred due to anticipated unavailability of claims data post intervention.

Potential RetroDUR Intervention: Opioid Use During Pregnancy Management

Performance Indicators	Exceptions	
	(<18 years) FFS	(<18 years) MCO
Utilization of opioids during pregnancy	(0)0	(3)650

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