October 20, 2021

Missouri DUR Board Proposed Retrospective-DUR Interventions

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Agenda

Recent Interventions

- Anticonvulsant Drug Use Evaluation – to be mailed as soon as possible
- Glucagon after visit for Hypoglycemia – mailed June 2021

Potential RetroDUR Interventions

- CNS Depressant without Naloxone
- Long Term Treatment with Opioids and Benzodiazepines

Outcomes

- PTSD
- High Risk Influenza

Recent RetroDUR Interventions

Intervention	Date Mailed	Provider Letters	Patients
High-Risk Influenza	10/20/2020	2,332	27,764
Glucagon after visit for Hypoglycemia	6/3/2021	512	495

Potential RetroDUR Intervention: CNS Depressant without Naloxone

Purpose:

- To maximize outcomes and identify risks to patients taking opioids in combination with benzodiazepines or gabapentinoids

Why Issue was Selected:

- In July 2020, the FDA provided updated recommendations for the prescribing of naloxone. The Administration advised health care professionals to discuss the availability of naloxone and consider prescribing it to patients at an increased risk of opioid overdose. Patients included in these recommendations are those using benzodiazepines or other medications, like gabapentinoids, that depress the central nervous system.

Potential RetroDUR Intervention: CNS Depressant without Naloxone

Setting and Population:

- All patients with a history of opioid use concurrently with either a benzodiazepine or gabapentinoid without naloxone.

Type of Intervention:

- Cover letter and modified patient profiles

Outcome Measures:

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

Potential RetroDUR Intervention: CNS Depressant without Naloxone

Performance Indicators	Exceptions
	FFS
1. Promote naloxone prescribing for patients taking opioid and benzodiazepines concurrently	
2. Promote naloxone prescribing for patients taking opioids and gabapentinoids concurrently	

Potential RetroDUR Intervention: CNS Depressant without Naloxone

Provider Messages
1. According to submitted pharmacy and medical claims, it appears that your patient is receiving concurrent therapy with an opioid and a benzodiazepine but has not filled a prescription for naloxone. The FDA recommends naloxone be discussed with and prescribed to patients concurrently taking opioids and other CNS depressants, such as benzodiazepines. Please review your patient's medical profile and consider prescribing naloxone to improve the safety of the drug regimen for this patient.
2. According to submitted pharmacy and medical claims, it appears that your patient is receiving concurrent therapy with an opioid and gabapentinoid but has not filled a prescription for naloxone. concurrently with an opioid. The FDA recommends naloxone be discussed with and prescribed to patients concurrently taking opioids and other CNS depressants, such as gabapentinoids. Please review your patient's medical profile and consider prescribing naloxone to improve the safety of the drug regimen for this patient.

Potential RetroDUR Intervention:

Long Term Treatment with Opioids and Benzodiazepines

Purpose:

- This intervention is designed to improve the appropriate and effective management of patients on potentially harmful combinations of opioids and benzodiazepines.

Why Issue was Selected:

- The FDA issued its strongest warning against the combined use of opioids and benzodiazepines due to the many serious side effects, including the possibility of death, and the administration advises medical professions to exercise extreme caution and careful management to mitigate the risks.

Potential RetroDUR Intervention:

Long Term Treatment with Opioids and Benzodiazepines

Setting and Population:

- All patients with a history of an opioid analgesic and benzodiazepine in the past 60 days.

Type of Intervention:

- Cover letter and modified patient profiles

Outcome Measures:

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

Potential RetroDUR Intervention:

Long Term Treatment with Opioids and Benzodiazepines

Performance Indicator #1: Increased risk of adverse drug event: long term concurrent therapy with an opioid and benzodiazepine

Why has this indicator been selected?	Combining an opioid medication with benzodiazepines greatly increases the risk of serious side effects related to depressed or difficult breathing. [1]
Candidates (denominator):	All patients with current drug claims for an opiate analgesic within the past 60 days. See Appendix A.
Exception criteria (numerator):	Candidates with concurrent therapy for a benzodiazepine with at least 30 days of overlapping therapy. See Appendix B.

Potential RetroDUR Intervention:

Long Term Treatment with Opioids and Benzodiazepines

Appendix A	
STC	**STC Description**
H3A	OPIOID ANALGESICS
H3O	ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.
H3M	OPIOID,NON-SALICYL.ANALGESIC,BARBITURATE,XANTHINE
H3N	OPIOID ANALGESIC AND NSAID COMBINATION
H3R	OPIOID AND SALICYLATE ANALGESICS,BARBIT,XANTHINE
H3U	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS
H3X	OPIOID ANALGESIC AND SALICYLATE ANALGESIC COMB
H3Z	OPIOID ANALGESIC,NON-SALICYLATE,XANTHINE COMB
S7G	SKELETAL MUSCLE RELAXANT,SALICYLAT,OPIOID ANALGESC

Appendix B	
STC	**STC Description**
H20	ANTI-ANXIETY - BENZODIAZEPINES
H4A	ANTICONVULSANT - BENZODIAZEPINE TYPE

Outcomes:

Post Traumatic Stress Disorder

Population based mailing:

10.06.2020

Pre-intervention period:

4.1.2020-9.30.2020

Post-intervention period:

11.1.2020-4.30.2021

Number of letters mailed:

2,865

Number of patients targeted:

4,476

Changes in Clinical Indicators

Clinical Indicators	Baseline	Target Apr-21	% Change
Increased Risk of ADE	5,524	4,323	-21.7%
Total	5,524	4,323	-21.7%

Savings Calculation

Savings Calculation:	
Target Group: Actual Average Paid Amount Per Patient Per Month (Baseline)	$361.21
Target Group: Actual Average Paid Amount Per Patient Per Month (Post)	$358.11
% Change in Target Group from Baseline to Post	-0.86%
Estimated Savings Per Patient Per Month	$3.09
Total Number of Target Patients	4,476
6-Month Total Savings	$83,108.63

Outcomes:

Post Traumatic Stress Disorder

Increase Risk of ADE	Target		
	Baseline	Apr-21	%Change
Use of benzodiazepines in PTSD	1,789	1,478	-17.4%
Use of antidepressants other than SSRIs or venlafaxine in PTSD	3,106	2,476	-20.3%
Use of sedative-hypnotics in PTSD	151	102	-32.5%
Use of an antipsychotic without an SSRI or venlafaxine in PTSD unless there is a history of schizophrenia or bipolar disorder	478	267	-44.1%
Total	5,524	4,323	-21.7%

Outcomes:

High Risk Influenza Management

Population based mailing:

10.20.2020

Pre-intervention period:

5.1.2020-10.31.2020

Post-intervention period:

12.1.2020-5.31.2021

Number of letters mailed:

2,332

Number of patients targeted:

30,790

Underutilization	Target		
	Baseline	May-21	% Change
Promote influenza vaccination in patients who are at high risk for developing severe complications from influenza	30,790	24,978	-18.88%
Total	30,790	24,978	-18.88%