

**October 18, 2023**

# **Missouri DUR Board Retrospective-DUR Interventions**

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# Agenda

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## **Recent RetroDUR Interventions**

- Gabapentin Dose

## **Outcomes Assessment**

- Preventing Overdose in Patients Using Medication-Assisted Treatment (MAT)

## **Potential RetroDUR Interventions**

- Concurrent Use of Opioids, Benzodiazepines, and Antipsychotics

## **Other RetroDUR Interventions**

- Underutilization of Sodium-Glucose Cotransporter-2 (SGLT-2) Inhibitors in Heart Failure

# Recent RetroDUR Interventions:

Gabapentin Dose

Date Mailed	Letters Mailed	Participants	Providers
8/23/23	1,863	3,578	1,863

# Outcome Assessment

## Preventing Overdose in Patients Using MAT

### Purpose:

- The purpose of this intervention was to inform MO HealthNet pharmacies of an opportunity to improve patient safety for participants receiving MAT.
- Those with a history of overdose or substance use disorders and those being treated for opioid use disorder are at higher overdose risk due to a history of misuse and high-risk behaviors
- The CDC and FDA recommend considering prescribing naloxone to all high-risk patients

### Intervention:

Intervention Type	Population-based mailing
Intervention Mailing Date	12/06/2022
Pre-intervention Period (Pre)	06/01/2022 to 11/30/2022
Post-intervention Period (Post)	01/01/2023 to 06/30/2023
Number of Letters Mailed	505
Number of Targeted Pharmacies	505
Adjusted Targeted Patients	4,142

# Outcome Assessment

## Preventing Overdose in Patients Using MAT

### Clinical Indicator:

Clinical Indicator	Target (N = 4,142)		
	Pre-Intervention	Jun-23	% Change
Underutilization: Participants with a history of MAT without naloxone in the past 2 years	4,142	3,178	-23.3%
Total	4,142	3,178	-23.3%

### Pharmacy Savings Calculation:

Pharmacy Savings Calculation	
Targeted Group: Actual Average Pharmacy Paid Amount Per Patient Per Month (Pre)	\$0.00
Targeted Group: Actual Average Pharmacy Paid Amount Per Patient Per Month (Post)	\$16.55
% Change in Target Group from Pre to Post	N/A
Savings Per Patient Per Month	(\$16.55)
Total Number of Targeted Patients	4,142
6-Month Total Savings	(\$411,300.60)

# Potential RetroDUR Intervention:

## Concurrent Use of Opioids, Benzodiazepines, and Antipsychotics

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### **Purpose:**

- To provide an opportunity to improve the management of patients on potentially harmful combinations of opioids, benzodiazepines and/or antipsychotics

### **Why Issue was Selected:**

- Overdose and respiratory depression are associated with opioid treatment and the risks increase with concurrent use
- The CDC opioid guidelines focus on prudent use of long- and short-acting opioids, risk assessment and mitigation strategies, coordination of care among prescribers, and the dangers of combining opioids with other central nervous system depressants
- The SUPPORT Act requires states to have an automated review process in place to monitor patients concurrently prescribed opioids, benzodiazepines and/or antipsychotics to increase patient safety

# Potential RetroDUR Intervention:

## Concurrent Use of Opioids, Benzodiazepines, and Antipsychotics

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### **Setting and Population:**

- Participants with:
  - Opioids in combination with benzodiazepines
  - Opioids in combination with antipsychotics
  - Opioids in combination with benzodiazepines and antipsychotics

### **Type of Intervention:**

- Letters to providers

### **Outcome Measures:**

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

# Potential RetroDUR Intervention:

Concurrent Use of Opioids, Benzodiazepines, and Antipsychotics

Performance Indicator	Number of Participants with Opportunities
Use of Opioids in combination with Benzodiazepines	1,374
Use of Opioids in combination with Antipsychotics	90
Use of Opioids in combination with Benzodiazepines and Antipsychotics	543
<b>TOTAL</b>	<b>2,007</b>



# Other Proposed Interventions for FFY2024

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## Underutilization of SGLT-2 Inhibitors in Heart Failure (HF)

- Recommend addition of an SGLT-2 inhibitor in patients with HF
  - SGLT-2 inhibitors (specifically dapagliflozin and empagliflozin) are one of the four pillars of HF guideline-directed medical therapy
    - Should be considered in symptomatic adult patients with HF with reduced ejection fraction (HFrEF)
  - Shown to decrease HF-related hospitalizations and cardiovascular mortality in randomized clinical trials, regardless of the presence of diabetes
  - Recent HF studies have also shown benefits in patients with mildly reduced (HFmrEF) and preserved EF (HFpEF) by reducing the risk of HF-related hospitalizations and cardiovascular mortality

