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Texas DUR Board Proposed Retrospective- DUR Interventions

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Agenda

Recent Interventions

- Medication Adherence
- Mental Health Disorders
- Psychotropic Drugs in Adults

Recent Outcome Reports

- Benzodiazepine Anxiolytics and Controlled Sedative Hypnotics
- Major Depressive Disorder Management

Potential RetroDUR Interventions

- ADHD Medication Management
- Cough and Cold Medications
- Influenza Prevention

Recent RetroDUR Interventions

Intervention	Mail Date	Providers	Patients
Medication Adherence	4/10/19	1,159	1,069
Mental Health Disorders	6/4/19	1,000	1,273
Psychotropic Drugs in Adults	4/1/19	503	599

Recent Outcome Reports

Intervention	Mail Date	12-Month State Savings
Benzodiazepine Anxiolytics & Controlled Sedative Hypnotics	7/12/18	\$4,456
Major Depressive Disorder Management	5/7/18	\$22,622

Benzodiazepines & Sedative Hypnotics Clinical Outcomes

Clinical Indicators			
	Baseline	Feb-2019	% Change
Use of a benzodiazepine anxiolytic in individuals with a history of substance use disorder	6	3	-50.0%
Duplicate therapy with benzodiazepine anxiolytics	6	4	-33.3%
Chronic use of a benzodiazepine anxiolytic > 4 months	36	27	-25.0%
Chronic use of a controlled sedative hypnotic > 4 months	17	12	-29.4%
Total	65	46	-29.2%

Major Depressive Disorder Clinical Outcomes

Clinical Indicators	Target		
	Baseline	Nov-2018	% Change
• SSRI Initial Dose	124	87	-29.8%
• Medications for Depression Less than Six Months	261	187	-28.4%
• Medications for Depression Longer than Twelve Months for Single Episode Depression	38	29	-23.7%
• Atypical Antipsychotic Monotherapy Unproven Use in Depression	37	28	-24.3%
• Antidepressants in Children and Adolescents (*excluding fluoxetine ages 8-18 years & escitalopram ages 12-17 years)	126	84	-33.3%
• Duplicate Antidepressant Therapy	2	1	-50.0%
• Antidepressant Adherence	326	245	-24.8%
• Antidepressant Dose Consolidation	38	22	-42.1%
• Drug-Induced Depression	38	25	-34.2%
Total	990	708	-28.5%

Outcome Reporting Methodology: Hypertension Intervention Example

Group	Hypertension Drugs -- Six Months Total Paid Pre/Post			Average Number of Panel Patients per Month			Hypertension Drugs Average Cost per Patient per Month		
	Pre	Post	Change	Pre	Post	Change	Pre	Post	Change
Targeted	\$4,095,322	\$3,960,818	-3.28%	22,120	21,586	-2.41%	\$30.86	\$30.58	-0.89%
Control	\$17,288,419	\$17,300,360	0.07%	68,435	68,832	0.58%	\$42.10	\$41.89	-0.51%

<u>State Cost Savings Calculation:</u>	
Targeted Group: Hypertension Medications Average Cost Per Patient Per Month (Pre)	\$30.86
% Change in Control Group from Pre to Post	-0.51%
Estimated Hypertension Medications Paid Amount Per Targeted Patient Per Month if No Intervention	\$30.70
Targeted Group: Actual Hypertension Medications Cost Per Patient Per Month (Post)	\$30.58
Estimated Cost Savings Per Patient Per Month	\$0.12
Total Monthly Number of Targeted Panel Patients Served in Post Period	129,513
6-Month Total Savings	\$15,541.56
6-Month State General Revenue Funds Savings	\$6,218.18
12-Month Total State Savings	\$12,436.36

Steps	Description	Results	Target Baseline	Target Post	Control Baseline	Control Post
Step 1	Identify all target Physicians that received intervention materials	1,967				
Step 2	Identify all control Physicians that did not receive intervention materials but did write prescriptions for intervention drugs (Antihypertensives)	6,275				
Step 3	Calculate amount paid for intervention drugs for six months pre-intervention (baseline) and six months post-intervention split by target and control physician groupings.		\$4,095,322	\$3,960,818	\$17,288,419	\$17,300,360
Step 4	Calculate the Average Number of Panel Patients per Month for each group baseline and post intervention.		22,120	21,586	68,435	68,832
Step 5	Calculate the average Per-Member-Per-Month (PMPM) cost baseline and post for both the control and target groups by dividing the Six-Month Paid Amounts by the number of monthly panel patients and then dividing by six.		\$30.86	\$30.58	\$42.10	\$41.89
Step 6	Determine expected medical inflation for intervention drugs by increase in control PMPM	-0.51%				
Step 7	Determine Estimated Costs PMPM post for target group using expected medical inflation (assuming no intervention) by multiplying baseline PMPM times (1+ % change in control group)	\$30.70				
Step 8	Determine PMPM Cost Savings by subtracting expected costs from actual target post PMPM	\$0.12	decrease in PMPM			
Step 9	Calculate Total Monthly Number of Targeted Panel Patients Served in Post Period	129,513				
Step 10	Calculate 6-Month Total Savings by multiplying PMPM Cost Savings by the number of Targeted Panel Patients Served in Post Period	\$15,541.56				
Step 11	Determine State General Revenue Funds Savings (Total savings times 0.40)	\$6,218.18				
Step 12	12-Month Total Sate Savings (double the Six-Month Total State Savings)	\$12,436.36				

ADHD Medication Management

Purpose:

- To promote safe and cost-effective prescribing of medications for treatment of Attention-Deficit/Hyperactivity Disorder (ADHD)

Why Issue was Selected:

- ADHD is the most common childhood developmental disorder
- Up to 60% of children with ADHD will continue to show symptoms as adults
- Stimulant medications have been the mainstay of pharmacological treatment of ADHD

ADHD Medication Management

Setting and Population:

- All patients receiving therapy for an ADHD medication in the past 30 days

Type of Intervention:

- Cover letter and modified profiles

Outcome Measures:

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

ADHD Medication Management

Performance Indicators	Exceptions	
	(<18 Years) FFS	(<18 Years) MCO
• ADHD Medication with No Indication in Adults	(N/A) 47	(N/A) 2,378
• Dose Consolidation for Extended-Release Stimulants in Adults	(N/A) 9	(N/A) 33
• Duplicate Therapy: Stimulants	(0) 0	(0) 0
• High Dose ADHD Medications	(10) 20	(1,515) 2,241
• Multiple Prescribers of Stimulants	(2) 2	(113) 113
• Risk of Suicidal Ideation with Atomoxetine in Youth	(24) 24	(1,799) 1,799

Cough and Cold Medications

Purpose:

- To enhance provider awareness and understanding of the Texas Medicaid prior authorization (PA) clinical criteria covering cough and cold medications in children.

Why Issue was Selected:

- Specific focus of this letter is for prescribers who have treated children in the past year with cough and cold medications that are covered by the clinical PA criteria
- Educational information provides emphasis on the limited effectiveness of cough and cold medications in most younger members and their enhanced risk in youth

Cough and Cold Medications

Setting and Population:

- Providers identified will receive educational information emphasizing criteria in the cough and cold PA and the limited efficacy and increased risk of cough and cold medications in a younger population.

Type of Intervention:

- Query mailing with cover letter and educational insert

Outcome Measures:

- Re-measure performance indicators comparing the 2018-2019 cough and cold season to that of the 2019-2020 season. Compare utilization of cough and cold PA covered medications.

Cough and Cold Medications

Performance Indicators	Exceptions	
	FFS <12 Years	MCO <12 Years
<ul style="list-style-type: none"> Members age ≥ 2 to < 12 years old with a pharmacy claim between 9/1/2018 and 3/31/2019 for a medication that was not considered safe based on the cough and cold drug lists of the clinical PA criteria 	≥ 2 to < 4 = 272 ≥ 4 to < 6 = 436 ≥ 6 to < 10 = 15 ≥ 10 to < 12 = 15 Total = 738	≥ 2 to < 4 = 5,156 ≥ 4 to < 6 = 10,059 ≥ 6 to < 10 = 918 ≥ 10 to < 12 = 837 Total = 16,970

Influenza Prevention

Purpose:

- To support providers with influenza prevention strategies and timely vaccination recommendations for the upcoming flu season

Why Issue was Selected:

- To encourage prudent use of influenza antiviral agents and increase influenza vaccination rates during the next influenza season.
- MCO data during only three peak influenza months in 2018, TX Medicaid claims data showed a total of 282,021 prescriptions for antivirals, compared to 124,161 in California and 145,174 in New York.
- TX FFS pharmacy program spent close to \$1 million in the past year on 7,600 prescriptions for antivirals. Data also suggests a large number of children and adults are not being vaccinated for influenza annually.

Influenza Prevention

Setting and Population:

- Providers identified will receive educational information emphasizing prescribing guidelines for influenza antivirals, as well as new state specific information on coverage of the influenza vaccine for the 2019-2020 season.

Type of Intervention:

- Query mailing with cover letter

Outcome Measures:

- Re-measure performance indicators comparing the 2018-2019 influenza to that of the 2019-2020 influenza season. Compare utilization of influenza vaccination and antiviral claims volume.

Influenza Prevention

Performance Indicators	Exceptions	
	FFS	MCO
<ul style="list-style-type: none"> Members with an influenza antiviral prescription from 9/1/2018 to 3/31/2019, who did not receive an influenza vaccine 	7,609	22,432
<ul style="list-style-type: none"> Members who received > 1 influenza antiviral prescription from 9/1/2018 to 3/31/2019 	68	16,894

CONDUENT

