

Adverse Drug Events A Public Health Concern

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Medications are generally safe when taken as prescribed, but there are risks in taking any medication. An adverse drug event (ADE) is an injury resulting from a drug-related medical intervention. This not only includes harm caused directly by the drug itself but also includes medication errors, adverse drug reactions, allergic reactions and overdoses. In the United States, ADEs result in over 3.5 million physician office visits and approximately 1.3 million emergency department (ED) visits each year. About 350,000 patients each year need to be hospitalized for further treatment after ED visits for ADEs.

Polypharmacy, which is more common in the elderly, is most likely the strongest risk factor for ADEs. This is why adults older than 65 years of age are more likely than younger people to have an ED visit due to an ADE. Approximately 200,000 children visit the ED each year because of ADEs. Children less than 5 years old are more likely than older children to visit the ED for an ADE. Certain types of ADEs are more common for specific medication classes, such as medications requiring monitoring, opioids, and antibiotics.

Medications Requiring Monitoring

More than 40% of ED visits requiring hospitalization are caused by just a few medications that require blood test monitoring, such as anticoagulants and medications for diabetes, seizures, and heart conditions.

Anticoagulants

- Among older adults, anticoagulants are the most common causes of ADEs leading to ED visits and emergent hospitalizations.
- National surveillance data from 2013-2014 indicated that warfarin, rivaroxaban, and dabigatran were among the top 10 most common causes of ADEs resulting in ED visits among older adults.
- During this time period, warfarin was responsible for 32% of estimated ED visits for all ADEs among older adults (≥ 65 years of age), and 36% of estimated emergent hospitalizations for all ADEs among older adults.

Insulin

- From 2007 to 2011, nearly 100,000 estimated ED visits occurred each year in the U.S. for insulin-related hypoglycemia or errors when taking insulin. Almost one-third of these ED visits resulted in hospitalization.
- When compared to insulin-treated adults aged 45 to 64 years, those aged 80 years or older were more than twice as likely to visit the ED for insulin-related hypoglycemia or an error when taking insulin and nearly five times more likely to be hospitalized.
- The most common causes of insulin-related ADEs are meal-related mishaps and taking the wrong insulin product. Common meal-related mishaps include not eating shortly after taking rapid-acting insulin, such as insulin aspart or insulin lispro, and not adjusting insulin doses when eating less. The most frequently reported type of product error was confusing rapid-acting and long-acting insulin products. In these cases, more than half the time a patient intended to take a long-acting insulin product, such as insulin detemir or insulin glargine, but took a rapid-acting one instead.

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Opioids

- In the United States, the increased use of opioid analgesics as part of pain management regimens has contributed to a poisoning epidemic. The increase in drug poisoning coincides with increased opioid prescribing. Although the overall opioid prescribing rate in the United States is now declining, the amount of opioids in morphine milligram equivalents (MME) prescribed per person remains around three times higher than it was in 1999.
- Two out of three drug overdose deaths involve an opioid.
- From 1999 to 2017, almost 218,000 people died in the United States from overdoses related to prescription opioids.
- In 2017, overdoses involving opioids killed more than 47,000 people, and 36% of those deaths involved prescription opioids.

Antibiotics

- Antibiotics are one of the most prescribed medication classes in the United States, and are one of the top medication classes resulting in ED visits for ADEs.
- About 82% of ED visits for ADEs for antibiotics are due to allergic reactions.
- More than 60,000 children are brought to EDs each year because of ADEs from antibiotics.
- Approximately 150,000 adults are treated in EDs each year because of ADEs from antibiotics.
- Antibiotics are involved in more ED visits for ADEs than any other class of drugs in patients under 50 years of age.
- Overall, antibiotics are responsible for almost one in six (16%) estimated ED visits for ADEs.

Fortunately, the large majority of ADEs are preventable. Some of the strategies that can be used to prevent adverse drug events include the following:

- Avoid unnecessary medications by maintaining conservative prescribing practices.
- Utilize computerized prescribing, when available, especially when paired with clinical decision support systems.
- Review the patient's complete medication regimen during times of transition of care, such as when admitted, transferred, and discharged from the hospital.
- Encourage the use of multicompartiment medication devices for patients taking multiple medications.
- Revise medication labeling to improve patient comprehension of administration instructions.
- Educate patients about the importance of speaking with their pharmacist about any questions or concerns they have related to their medication regimen.

Although improving patient safety has been important for many years, ADEs remain a significant source of harm to patients in all healthcare settings, including inpatient, outpatient, and long-term care settings. It is imperative that healthcare providers make the reduction of ADEs a priority in their practice. Reducing ADEs results in safer healthcare services, reduced healthcare costs, and improved health outcomes.

References

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Office of Disease Prevention and Health Promotion. National Action Plan for ADE Prevention. <https://health.gov/hcq/ade-action-plan.asp> Accessed September 22, 2019

PHARMACY FACTS

Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

September 3, 2019

Emergency Overrides

Hurricane season continues through Nov. 30. As a reminder, in the event of severe weather causing residents to evacuate and businesses to close early, pharmacy providers are allowed to fill a prescription with a minimum three-day emergency supply. Controlled substances and specialty drugs are NOT included in the emergency fill provision.

Current Medicaid Immunization Coverage for Fee for Service (FFS) and Managed Care Organizations (MCO)

The chart below includes information on vaccines and how they are covered.

Medicaid Immunization Coverage (FFS and MCOs)

Immunization	FFS	Aetna	ACLA	HB	LHCC	UHC
MMR	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit
Varicella	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit
HPV	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit	Medical Benefit	Medical & Pharmacy Benefit
MenACWY	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit – Only cover Menomune	Medical & Pharmacy Benefit
Pneumovax 23	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit	Medical & Pharmacy Benefit
Pprevnar 13	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit	Medical & Pharmacy Benefit	Medical & Pharmacy Benefit
Hep A	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit
Hep B	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit
Shingrix	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit	Zostavax & Shingrix for Medical & Pharmacy Benefit
Flu	Pharmacy Benefit	Medical & Pharmacy Benefit	Medical & Pharmacy Benefit	Medical & Pharmacy Benefit	Medical & Pharmacy Benefit	Medical & Pharmacy Benefit
MenB	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit
Hib	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit
<u>Tetanus & Diphtheria Toxoids (Td)</u>	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit
<u>Tetanus, diphtheria Toxoids & acellular pertussis (Tdap)</u>	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical Benefit	Medical & Pharmacy Benefit
Typhoid	N/A	Medical Benefit	N/A	N/A	N/A	Vivotif for Pharmacy Benefit

For all plans <18 is included in the Vaccines for Children Program

Medicaid FFS will begin paying for the influenza vaccine on **Sept. 15, 2019**.

Vaccines for Children

More information can be found at the [Vaccines for Children Program website](#).

September 23, 2019

Single PDL change

On October 1, 2019, Medicaid will have a Single Preferred Drug List (PDL) change. Advair Diskus® will move from preferred to non-preferred status and Advair® HFA will move from non-preferred to preferred status.

Medicaid MCO contracts and Open Enrollment

In August, the Louisiana Department of Health announced it is moving to implement emergency contracts with the five health plans that are currently under contract to serve the state's 1.5 million Medicaid recipients.

This will ensure that Medicaid enrollees and the providers who serve them have continuity when the current contracts expire at the end of the year.

The Department is in discussions with CMS about plans for open enrollment. We will alert Medicaid enrollees once a timeline for open enrollment is established. Go to <http://www.healthy.la.gov/> for updates.

Influenza vaccines

On September 15, 2019, influenza vaccines were made payable as a pharmacy benefit. Please contact us if you have any problems processing claims. See https://www.lamedicaid.com/provweb1/Pharmacy/Vaccine_Reimbursement_19-20.pdf for details.

Eligibility and Enrollment System Provider Bulletins

Louisiana Medicaid is publishing bi-weekly provider bulletins to address provider questions and concerns around the new eligibility and enrollment system. The information in these bulletins covers a wide range of provider issues and provider types. This and other news can be found on the web site dedicated to the new system, found here: <http://ldh.la.gov/index.cfm/page/3497>.

If there are topics you feel need to be covered in these public communications, please let us know by sending an email to Healthy@la.gov.



Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters.

<http://www.ldh.la.gov/index.cfm/page/3616>

Remittance Advice Corner

Attention Louisiana Medicaid Providers

Effective September 15, 2019, Fee-for-Service (FFS) Medicaid Pharmacy Program will reimburse enrolled pharmacies for influenza vaccines and the administration of the vaccines by a pharmacist per program policy. If FFS Medicaid pharmacy program is billed for a recipient 18 years old or younger, only the administration fee will be reimbursed since the influenza vaccine is available through Louisiana Vaccines for Children (VFC) program. For more information, please refer to <http://www.lamedicaid.com/provweb1/Pharmacy/Influenza.htm>.



Attention Louisiana Medicaid Providers

On August 5, 2019, Fee for Service (FFS) Medicaid updated their 340B billing policy. Reminder: only providers registered as 340B entities and listed on the HRSA Medicaid Exclusion File (MEF) may bill drug stock purchased through 340B to Medicaid. Please refer to lamedicaid.com under pharmacy and prescribing providers to access the document.



Attention Louisiana Medicaid Providers

Fee for Service (FFS) Medicaid and Managed Care Organizations (MCOs) updated the criteria for select drugs and therapeutic classes on the Louisiana Medicaid Single Preferred Drug List (PDL). Therapeutic classes/drugs with updated criteria include acne treatment agents, Orilissa®, Corlanor®, ergotamines, Endari®, GI antibiotics, Hepatitis C Direct-Acting Antiviral agents, anti-infectives, anticoagulants, antipsychotics, Behavioral Health agents, anxiolytics, Hereditary Angioedema (HAE) agents, Spravato®, cytokine and CAM Antagonists, incretin mimetics, sodium glucose co-transporter 2 (SGLT2) inhibitors, Kalydeco®, Substance Use Disorder (SUD) agents, and Calcitonin Gene-Related Peptide (CGRP) Antagonists. Please refer to <http://ldh.la.gov/assets/HealthvLa/Pharmacy/PDL.pdf> to access the document.



Attention Louisiana Medicaid Providers

On August 1, 2019, Fee for Service (FFS) Medicaid and Managed Care Organizations (MCOs) implemented diagnosis code requirements at Point of Sale (POS) for progesterone (Crinone®) and tobramycin (Kitabis®). Please refer to <http://ldh.la.gov/assets/HealthvLa/PharmacviPDL.pdf> to access the Single Preferred Drug List (PDL), which contains a complete listing of drugs with diagnosis code requirements at POS.



For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization:			
Home Health/EPSDT – PCS	1-800-807-1320	MMIS Claims Processing Resolution Unit	(225) 342-3855
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917