



Drug Utilization Review (DUR) Meeting

November 2, 2016 Final

Members Present

Chaitanya Anand, M.D, Oluchi Azuka, RN; Matthew Beatty, PA-C; Ryan Fremming, Pharm.D; Daniel Jude, Pharm.D; Pierre Rioux, MD; Allyson Schlichte, Pharm.D; and Abigail Stoddard, Pharm.D.

DHS Staff Present

Mary Beth Reinke, Pharm.D., Sara Drake, RPh, and Dave Hoang, Pharm.D.

Other attendants

Larry Dent, Pharm.D., Xerox

Public Comments: None

Approval of Minutes: Approved.

New DUR Board members Oluchi Azuka, RN and Daniel Jude, PharmD were introduced.

Old Business

Update on work of the Uniform Pharmacy Policy Workgroup (UPPW) was provided. Currently underway is a survey of the maximum dose for each of the benzodiazepines for recipients age eighteen years and older. Each of the prepaid health plans (PPHP) has a pharmacy representative that participates in this workgroup. Once the benzodiazepine survey results are compiled, in areas where there is consensus, a uniform policy will be adopted as a pharmacy point-of-service maximum per day edit across all Medicaid prepaid and fee-for-service health plans. The DUR Board registered no concern at setting the point-of-service edit at the FDA maximum.

Recently, the UPPW has been surveyed using the same questions that fee-for-service has been responding to in the Annual Drug Utilization Review Survey to Center for Medicare and Medicaid (CMS). Though, oversight of PPHP, commonly known as managed care, has always been a part of the Social Security Act pertaining to Drug Utilization Review, CMS has moved over the last months towards a greater requirement of information about Medicaid managed care programs to ensure that State Medicaid programs are performing oversight as intended in the Social Security Act. In a cursory review of six of the eight plans responses, there appears to be similar review processes in place. This survey serves to alert the PPHPs about the upcoming changes to expect in the upcoming year's contract which will parallel new CMS Annual DUR Report requirements.

The update about the Opioids Prescribing Work Group (OPWG) was that opioid prescribing for chronic, non-cancer pain is the current area being discussed. The intent of the OPWG is to

establish Minnesota opioid prescribing guidelines. Once OPWG discussions for acute pain, post-acute pain, and chronic, non-cancer pain are complete, these will be merged into one document and reviewed for consistency and flow throughout. These meetings are open to the public and also recorded if any DUR Board is interested in attending or would like to listen to past meetings. Having these prescriber guidelines will be particularly important to DUR activities regarding non-cancer chronic pain recipients as there are a number of recipients over the CDC recommendations of 90mg MME and Minnesota Medicaid threshold of 120mg MED (morphine equivalent dose) per day.

New Business

RetroDUR – population based interventions

At the last DUR Board meeting the recommendation was to add a Performance Indicator regarding smoking to the asthma intervention proposal. Larry Dent stated there is an existing smoking cessation indicator under COPD that could be used changing the diagnosis from COPD to asthma. Sara Drake proposed this because of Minnesota’s participation in the Centers for Disease Control and Prevention’s 6 | 18 Initiative where “Reduce Tobacco Use” is one of the six initiatives. Additionally, it was thought that smoking cessation may be a standalone intervention. Therefore, Dr. Dent from Xerox, presented the following proposal which the DUR Board ultimately did not recommend.

Tobacco Use Management Proposal

The purpose is to identify cases where there are opportunities to improve clinical and economic outcomes in the treatment of diseases associated with tobacco use when a patient has one of the performance indicators in Table 1 within the last two years.

Exclusions: patients with a history of smoking in the last year that have not received therapy with a smoking cessation product (e.g., bupropion ER 150 mg, bupropion SR 150 mg, Chantix®, nicotine replacement therapy, Zyban®) in the last year

Table 1.

Performance Indicators	Candidates ≥ 18 years	
• Asthma and tobacco use	0	269
• Cancer and tobacco use	0	264
• Cardiovascular disease and tobacco use	0	73
• COPD and tobacco use	0	172
• Diabetes and tobacco use	0	203
• Stroke and tobacco use	0	58

The 2017 meeting schedule was established as the 2nd Wednesday of the meeting month.

March 8th
May 10th
August 9th
Oct 11th