

**Minnesota Department of Human Services
DUR Board Meeting**

October 17, 2018

Members Present

Ryan Fremming, Pharm.D., Daniel Jude, PharmD., Allison McClanahan, MSN, RN, Allyson Schlichte, Pharm.D., and Abigail Stoddard, Pharm.D.

DHS Staff Present

Mary Beth Reinke, PharmD., Dave Hoang, PharmD., and Gabriel Johnson PharmD candidate.

Other Attendants

Larry Dent, PharmD., Conduent

Public Comments: There were no public comments.

Approval of Minutes: Minutes from August 15, 2018 were approved.

A new Drug Utilization Review (DUR) Board member, Allison McClanahan, was welcomed. For the benefit of our new member, the first twenty minutes of the meeting consisted of a DUR slide presentation on DUR background, legislative requirements, and Minnesota Medicaid DUR processes.

Old Business:

Proton Pump Inhibitors

After the August DUR meeting, it was discovered the number of occurrences for each of the proton pump inhibitor (PPI) criteria were very overstated, the count reflected both the fee-for-service (FFS) and the managed care pharmacy recipients. Since the DUR mailing are for only FFS, DHS pharmacy staff performed an internal analysis of FFS PPI utilization.

Only one of the PPI criteria from the August meeting was retained which was recommending treatment for *H.pylori* for those peptic ulcer disease patients which had no testing for or treatment of *H.pylori* in the last two years. (N=55)

DHS Pharmacy staff proposed new criteria which was approved by the DUR Board. The new criteria is long term use of PPI defined as > 60 days of therapy in the recent 120 days. The results were 3,136 distinct recipients. Twenty-one percent of long term PPI users have concurrent NSAID and/or aspirin (14% NSAID, 6% with aspirin (ASA) 81mg or 7% with any strength ASA). These recipients will be excluded from the intervention leaving a remaining count of 2,477. Another n=211 recipients will be excluded for diseases where long duration of PPIs are acceptable which include Zollinger Ellison syndrome, GI Bleed, Barrett's esophagus, gastrostomy, cystic fibrosis, celiac disease, and endocrine neoplasms. The final projected number of intervention recipients will be 2,266.

The revised paragraph would be:

It appears that your patient has taken a proton pump inhibitor (PPI) for longer than 8 weeks or 12 weeks excluding those with Zollinger Ellison syndrome, Barrett's esophagus, or erosive esophagitis and excluding those receiving NSAIDs and/or ASA concurrently. Please re-evaluate the need for this therapy and consider tapering to discontinuation of this drug if it is no longer necessary.

New Business:

Larry Dent stated two recent mailings were opioid letter to 9,682 prescribers regarding changes (1) max morphine equivalent was reduced to 90mg MME from 120mg MME and (2) first opioid prescription with a look back of 90 days is limited to a 7-day supply. The second mailing was to 621 prescribers regarding psychotropic drugs in youth. Outcomes have been completed for psychotropic drugs in youth mailings on 5/12/2017 and 9/8/2017 and for psychotropic drugs in adults 10/4/2017.

Larry Dent, Conduent, presented two RetroDUR proposals that have been selected in the past because of the issues and because of the large population that is reached.

Diabetes Disease Management

This intervention was approved as presented. This was last mailed May 17th, 2018. There were no additional criteria changes since the last mailing. The counts for "recommended laboratory monitoring" criteria decreased from 8,124 (2017) to 6,131 (2018) even though was no change in the criteria used which suggests an improvement in monitoring.

Dr. Dent inquired again if the DUR Board wanted to continue with the Minnesota criteria for underutilization of angiotensin-modulators flagging diabetics with kidney disease, n=815, compared to Conduent criteria flagging diabetics with hypertension and kidney disease, n=1,078. The DUR Board affirmed continued use of the Minnesota criteria.

Polypharmacy

This intervention was approved as presented. There was no changes in the criteria as presented. This was mailed November 30, 2016 and November 30, 2018. The concept was presented to the DUR Board if we should explore including other pertinent RetroDUR issues since the entire medication profile is sent with this intervention. The DUR Board agreed that this could be explored. While changes in criteria are not possible for the next mailing, this intervention could change in future mailing pending approval of changes at a future meeting.

The meeting was adjourned.

2019 Meeting Dates

March 20, 2019

May 15, 2019

August 21, 2019

October 16, 2019