Minnesota Department of Human Services
Drug Utilization Review (DUR) Board Meeting

May 12, 2021

Members Present
Daniel Jude, Pharm.D., Karen Pedersen, Pharm.D., Gregg Schaeppi, Allyson Schlichte, Pharm.D.

DHS Staff Present
Mary Beth Reinke, PharmD.

Other Attendants
Ariene Casey, PharmD, Kepro, Tanner Bain, Kepro

Public Comments: There were no public comments.

Approval of Minutes: Minutes from March 10, 2021, meeting were approved.

Old business:
The Respiratory Management (asthma) RetroDUR intervention and the Respiratory Management (COPD) interventions were both mailed April 8, 2021. For each intervention, the number of patients and number of letters per each criterion was provided.

The SUPPORT Act clarification from CMS regarding inclusion of long-acting injectable antipsychotics was included whenever possible.

Regarding the SUPPORT Act and the Minnesota Opioid Prescribing Improvement Program (OPIP), the SUPPORT Act RetroDUR mailing will be moved to June 2021 since the annual Opioid Prescription Report was mailed April 22, 2021. Two of the three quality improvement OPIP measures are similar to SUPPORT Act RetroDUR criteria. The format and focus are different. OPIP is a graphical presentation of the prescriber's opioid prescribing compared to their peer group whereas the RetroDUR is a letter sent to individual providers about their specific patients who meet SUPPORT Act criteria.

New business:

SUPPORT Act RetroDUR Intervention
This was a continuation from the January meeting on SUPPORT Act provisions. Discussed at this meeting was 1) Opioid use with a history of MAT/OAD and 2) Opioid antagonist/reversal agent use in those at risk for opioid overdose. The first topic, medication assisted treatment (MAT) and opioid abuse disorder (OAD) were split into two separate criteria. The DUR Board recommendation was to combine into a single set of criteria.

A. Opioid Use After Being Prescribed Drugs Used for MAT, without Having a New Indication to Support Utilization of Opioids N = 88.

Criteria:

- Inclusion: All patients with a claim for an opioid in the last 90 days and a claim for one or more drugs used for MAT in the last 365 days
- Exclusion: Any patient with a diagnosis of cancer, hospice, or diagnosis of palliative care in the last 90 days

DUR Board discussion and recommendations:
Criteria:

- Combine criteria A and B because of duplication with criteria and providers would have patients on both lists.
- Change previous lookback from 365 days to 730 days which is consistent with the recommendation in the SUPPORT Act.
- Change the opioid criteria to have a greater than 7 "days supply" to exclude those with short-term acute pain usage of opioids.
- Clarification was that cancer diagnosis will be determined by ICD-10 codes submitted with medical claims.

Letter:

- The first paragraph containing details of the SUPPORT Act was removed.
- Include a "call to action" within the letter
- Add information about the Minnesota Prescription Drug Monitoring Program, in particular, the coordination of care if there are multiple providers.
- Include information about planning for tapering.

B. Opioid Use After Being Given an OUD Diagnosis, without Having a New Indication to Support Utilization of Opioids N = 376.
Criteria:

- Inclusion: All patients with a claim for an opioid in the last 90 days and a diagnosis of drug abuse and dependence in the last 365 days
- Exclusion: Any patient with a diagnosis of cancer or diagnosis of palliative care in the last 90 days

Criteria A and B will be combined in one letter per DUR Board recommendation.

C. High Risk of Opioid Overdose and Should Be Considered for Co-Prescription or Co-Dispensing of Naloxone N= 232
Criteria:

- Inclusion:
  - All patients with a claim for an opioid for 30 days or more in the last 45 days
  - All patients with at least one of the following: (see next slide)
    - Claim for 1 or more drug(s) considered high risk in the last 30 days
    - Diagnosis of high risk of opioid overdose in the last 365 days
- Exclusion:
  - Any patient with a claim for naloxone in the last 365 days
    - Any patient with a diagnosis of cancer or a diagnosis of palliative care in the last 90 days

Drug(s) considered high risk:

- Benzodiazepines

Diagnosis of high risk of opioid overdose:

- Drug overdose/poisoning

- Drug/substance abuse/dependence

DUR Board discussion:
The lookback for naloxone as 365 days was considered appropriate. Shelf-life was discussed and a plan to action included alerting prescribers to counsel regarding expiration of product still on-hand. The proposed letter was reviewed and recommendations were made.

DUR Board Question: why was the look back timeframe for cancer/palliative care in the last 90 days? Answer: to be consistent with the SUPPORT Act that states "a new indication to support the utilization of opioids (such as a new cancer diagnosis, new palliative care treatment or entry into hospice)."

The format will be a special mailing.

DUR Board roll call vote was to approve the SUPPORT Act intervention as discussed.

Gabapentionoids Intervention

A. Gabapentinoid Risk of Respiratory Depression for Those on CNS Depressant Medications and/or with Underlying Respiratory Impairment N = 551
   Criteria:
   - Inclusion: All patients with a claim for a gabapentinoid and a CNS depressant within 28 days of each other, with or without a diagnosis of underlying respiratory impairment in the last 90 days
     - The CNS depressant agents per drug class was provided.

B. High-Dose Gabapentin N = 31
   Criteria:
   - Inclusion: All patients with a claim for gabapentin immediate release that exceeds 2400 mg/day

C. Gabapentin in Those with a History of Drug Abuse N= 48
   Criteria:
   - Inclusion: All patients with a claim for gabapentin with a diagnosis of drug abuse in the last 180 days

The DUR Board approved criteria and alert messages as presented. Since this a patient profile review format, only one alert message is inserted in the letter and others are listed before the patient's drug history. The DUR Board ranking recommendation of criteria when a patient meets more than one criterion is A, C, B.

DUR Board roll call vote was to approve the Gabapentionoids intervention as discussed.

Psychotropic Drugs in Youth Intervention

Background: The Minnesota legislature enacted legislation in 2010 that authorized the Department of Human Services to develop a Collaborative Psychiatric Consultation Service. Laws of Minnesota 2010, chapter 200, article 1, section 5, subdivision 13j. 245.4862, subdivision 4. and 256B.0625, subdivision 13j. are referenced. Eleven slides illustrating the evolution to the current **P**sychiatric **A**ssistance **L**ine (PAL) [https://www.mnpsychconsult.com/] model and provision of psychiatric consultation services were presented. DUR involvement was initially as prospective review (ProDUR) at the point-of-service requiring a prior authorization after a psychiatric consultation. Later, the ProDUR edit was changed to

retrospective (RetroDUR) mailings. Biannual RetroDUR psychotropic drugs in youth mailing has occurred the five years with the previous RetroDUR contract (2015-2020) and will continue with the current 2020-2022 RetroDUR contract.

Individual profile review format will be used for the next six criteria. This means the clinical reviewer will decide which paragraph will be the main focus.

A. Polypsychopharmacy – Greater than 3 psychotropic drugs N = 1,530
   Criteria:
   - Inclusion: All pediatric patients with a claim for 3 or more psychotropic medications concurrently for at least 30 days in the last 60 days

B. Polypsychopharmacy – Greater than 2 antipsychotic drugs N = 110
   Criteria:
   - Inclusion: All pediatric patients with a claim for 2 or more SGAs concurrently for at least 30 days in the last 60 days

   The corresponding tables for FDA maximum milligram per day per age were provided for (1) SGA and (2) drugs to treat ADHD. When these thresholds are exceeded, the patient will be flagged and the provider will receive the corresponding paragraph(s) per patient.

C. Second-Generation Antipsychotic (SGA) Inappropriate Age, N = 166
   Criteria:
   - Inclusion: All pediatric patients less than the approved age with a claim for a psychotropic medication for at least a 28-day supply in the last 90 days

   The paragraph below about the Psychiatric Assistance Line (PAL), which was formerly in the cover letter, is now included as part of the alert messages.

   The Psychiatric Assistance Line (PAL) paragraph is below:
   The Minnesota legislature enacted legislation in 2010 that authorizes the Department of Human Services (DHS) to develop a Collaborative Psychiatric Consultation Service. Please review your patient's drug therapy regimen and evaluate the continued need for this medication. Prescribers can consult with a Board Certified Child Adolescent Psychiatrist regarding a patient's psychotropic drug treatment plan at no charge. The Psychiatric Assistance Line (PAL) is available to health professionals Monday through Friday from 8:00 a.m. to 6:00 p.m. This service is provided by PrairieCare Medical Group through a grant from DHS. For information on PAL, call 855-431-6468 or go to: http://www.mnpsychconsult.com.

D. Second-Generation Antipsychotic (SGA) High Dose for Age Range N=10
   Criteria:
   - Inclusion: All pediatric patients within the age range with a claim for a psychotropic medication that exceeds the maximum dose for at least a 28-day supply in the last 90 days

   Alert Message: Based on submitted pharmacy claims data, it appears that your [age range] year old patient has recently received [drug] at a dose above [dose] mg/day, which exceeds the daily

dose labeled and approved by the U.S. Food and Drug Administration (FDA). There is concern about an increase in the risk for adverse events with the use of doses this high.

- Include the PAL paragraph.

E. Attention Deficit Hyperactivity Disorder (ADHD) Inappropriate Age, N = 142
Criteria:
    - Inclusion: All pediatric patients less than the approved age with a claim for an ADHD medication for at least a 28-day supply in the last 90 days

    Alert Message: According to submitted pharmacy claims data, your young patient has received a medication used to treat ADHD but is not yet at an age when such use is labeled and approved by the U.S. Food and Drug Administration (FDA).
    - Include the PAL paragraph.

F. Attention Deficit Hyperactivity Disorder (ADHD) High Dose for Age Range, N = 357.
Criteria
    - Inclusion: All pediatric patients within the age range with a claim for an ADHD medication that exceeds the maximum dose for at least a 28-day supply in the last 90 days

    Alert Message**:** According to submitted pharmacy claims data, your patient [age range] years of age has received [drug] at a daily dose of more than [dose] mg, which exceeds the daily dose labeled and approved by the U.S. Food and Drug Administration (FDA).
    - Include the PAL paragraph

Special mailing format will be used for the second generation antipsychotics' two metabolic monitoring indicators, blood glucose monitoring and lipid monitoring,

G. Second generation antipsychotic (SGA) blood glucose monitoring, N = 1,167
Criteria:
    - Inclusion: All pediatric patients (ages 0-17.999 [less than 18 years old]) with a claim for an SGA in the last 30 days and no blood glucose measurement CPT code in the past year (365 days)

    Alert Message**:** According to submitted pharmacy and medical claims data, it appears your patient is receiving a second-generation antipsychotic (SGA) and has not had a blood glucose measurement in the past year. SGAs are associated with metabolic adverse effects, including new onset diabetes and disrupting blood glucose control in existing diabetics. While different agents appear to have different levels of risks, current recommendations are to monitor blood glucose levels in individuals being treated with SGAs at least annually. Guidelines also recommend changing to an SGA with a lower metabolic risk profile if possible if problems with metabolic adverse events develop. If necessary, please coordinate the appropriate monitoring with other providers who care for your patient.

H. Second generation antipsychotic lipid monitoring, N = 1,891
Criteria:

- Inclusion: all pediatric patients (ages 0-17.999 [less than 18 years old]) with a claim for an SGA in the last 30 days and no lipid panel CPT code performed in the past two years (730 days)

Alert Message**:** According to submitted pharmacy and medical claims data, it appears your patient is receiving a second-generation antipsychotic (SGA) and has not had a lipid panel performed in the past two years. The Consensus Statement on Antipsychotic Drugs, Obesity and Diabetes states that lipid levels be evaluated 3 months after initiation of SGA therapy. If lipids are within normal limits at that time, a repeat test should be performed every 5 years, or more frequently if clinical situations suggest more frequent monitoring. Changes in serum lipids (increased total cholesterol, LDL and triglycerides; decreased HDL) which may occur in patients treated with SGAs, may not reach a plateau even after one year of therapy. If necessary, please coordinate the appropriate monitoring with other providers who care for your patient.

The DUR Board recommendation was to not include the PAL paragraph in metabolic monitoring letters.

DUR Board roll call vote was to approve Psychotropic Drugs in Youth RetroDUR intervention as discussed.

The meeting was adjourned. The next meeting is planned for Aug. 11, 2021.