Minnesota Department of Human Services
DUR Board Meeting

August 21, 2019

Members Present
Daniel Jude, Pharm.D., Pierre Rioux, M.D., Allyson Schlichte, Pharm.D.

DHS Staff Present
Mary Beth Reinke, PharmD.

Other Attendants
Larry Dent, PharmD., Conduent

Public Comments: There were no public comments.

Approval of Minutes: Minutes from May 15, 2019 were approved.

Old Business:

Opioid and Benzodiazepines and/or Antipsychotics letter to providers

- The last bullet point in the indicator summary ("Under Title I, Medicaid Provisions to Address the Opioid Crisis…") will be condensed for clarity and ease of reading.

Updated DM messages

- Statement added to the end of **Metformin-Containing Product(s) with H/O Acidosis** bullet point: "If the patient currently has lactic acidosis, please discontinue the medication."
- Statement added to **Metformin Product(s) with Renal Impairment** bullet point: "Metformin should be stopped if the eGFR is <30. Please review for the use of appropriate alternatives, and regularly monitor for clinical signs and symptoms of lactic acidosis or worsening of existing renal impairment."
- **GLP1 and Renal Impairment** bullet point: "Per the prescribing information, GLP1 therapy should not be used in severe renal impairment…" statement will be edited to "Per the prescribing information, **some** GLP1 therapy should not be used in severe renal impairment…"

Recent Outcome Reports
The opioid management intervention mail date 8/24/18, and the 12-month state savings was $20,807.

New Business:

RetroDUR Outcome Methodology for Polypharmacy
This was a follow-up from the previous DUR meeting regarding the wide variance in outcome savings. The calculations are determined by Conduent. Data is from the polypharmacy outcome completed in 2018. A summary of the presentation is below:

- The calculation is a pre- and post-calculation; members are eligible based on receiving any Rx therapy in the last 90 days (Adjusted Target Patients).
- Through the cost per Rx increased, the expenditures decreased due to an overall decrease of 10% in the number of Rxs. The savings in then annualized by multiplying six-month savings by two.
- The overall paid amount decreased. Even though the cost per prescription increased there was a decrease in utilization in the post-period compared to the pre-period.
- Currently, the adjusted target recipients are counted for the total outcome report, and this number is used for each month in the pre- and post-period. Conduent believes that the user months captures the dollar savings better than the PMPM numbers.

Ad hoc information provided more details about the example outcome report.

- Changes by therapeutic classes, changes between pre- and post-paid, and savings by class were provided to give details about the individual classes within the targeted population.

Minnesota Program Assessment FFY 2018

This assessment is completed annually to determine opportunities for potential DUR interventions in the future. The time range for this assessment is October 2017 to September 2018. A summary of the presentation is below:

- There was an average monthly increase of -0.9% in prescription utilization per month, causing an average increase of -0.3% in paid PMPM, but the average monthly membership only increased -0.2%.
- The highest ranked therapeutic class and the associated amount paid by FFS Minnesota Medicaid is psychotherapeutic drugs. The top 6 therapeutic classes accounted for 58% of the total drug expenses.
    - The six highest ranking classes are psychotherapeutics, CNS drugs, antivirals, anti-asthmatics, anti-hyperglycemics, and unclassified drug products.
- Psychotherapeutic drugs have the highest number of user months, while the lowest number of user months were blood products. However, blood products ranked 7th in the total amount paid driven by the amount paid per user month.
- The top ten drugs on dollars paid to pharmacies are methylphenidate, somatropin, lurasidone, dextroamphetamine/amphetamine, insulin aspart, lisdexamfetamine dimesylate, adalimumab, budesonide, insulin glargine human recombinant analog, and antihemophilic factor recombinant.
- The "issues by drug therapy problem" analysis is used to develop performance indicators.
    - The highest number of DUR exceptions was for the indicator "increased risk of ADE."
    - The "no apparent indication" indicator may be due to a lot of prescribing being off-label.
- The recommendations by Conduent
    - Psychotherapeutic agents: This class ranked number one in terms of overall expense. Opportunities include avoiding unnecessary concomitant therapy and provide cost-avoidance opportunities.
    - Diabetes management: This disease state continues to be one of the leaders in clinical issues each year as the seventh leading cause of death in the US.
    - Polypharmacy: This intervention may result in discontinuation of drug therapy that is no longer necessary.

Psychotropic Drugs in Adults 2019

This RetroDUR proposal was to promote the safe and cost-effective use of psychotropic drugs in adults. This issue was selected because the use of psychotropic drugs at doses above recommended maximums are associated with adverse outcomes and associated costs. The use of multiple SGAs has not been

shown to improve efficacy or outcomes. The population includes all adult patients receiving targeted drug therapy in the past 60 days. The type of intervention is a cover letter and modified profiles. Criteria approved by the DUR board are listed below:

- High Dose: ADHD Medications
- High Dose: Antidepressants
- High Dose: Second Generation Antipsychotics
- Non-Adherence: ADHD Medications, Antidepressants, Bipolar Medications, SGAs
    - This indicator has the highest number of exceptions, which does not count PRN use.
- Multiple (two or more) Oral SGAs
    - This indicator includes patients with history of epilepsy.
- Polypharmacy: ≥ 4 Psychotropic Medications
- Monitoring of SGAs: Glucose and/or Hemoglobin A1C
- Monitoring of SGAs: Lipids
- Use of oral Antipsychotic Concomitantly with Long-Acting Injectable greater than 90 days

There will be no changes in the letter itself, and response forms will not be sent.

Next meeting will be October 16, 2019.