



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

October 16, 2019

Members Present

Ryan Fremming, PharmD., Daniel Jude, PharmD., Pierre Rioux, M.D., Allyson Schlichte, PharmD and Abigail Stoddard, PharmD.

DHS Staff Present

Mary Beth Reinke, PharmD., Dave Hoang, PharmD.

Other Attendants

Larry Dent, PharmD., Conduent

Public Comments: There were no public comments.

Approval of Minutes: Minutes from August 21, 2019 were approved.

Old Business:

Enhanced Polypharmacy Proposal

When polypharmacy criteria of ten or more drugs is combined with disease state specific criteria, the results are criteria within asthma/COPD, health failure, diabetes, GI disorders, and mental health disorders disease states. Using this more targeted criteria will decrease the number of prescribers receiving RetroDUR letters. There were two indicators within these disease states with proposed changes.

- **Asthma Indicators**
It was proposed that the Asthma Performance Indicators section of the report be changed to Asthma/COPD Performance Indicators in order to include duplicate inhaler therapy with antimuscarinic antagonists.

The change of asthma indicators to asthma/COPD indicators was approved as presented.

- **Mental Health Disorders Indicators**
It was proposed that the Antidepressant Extended Duration performance indicator for bipolar disorder be changed from more than 12 months of antidepressant therapy to more than 6 months of antidepressant therapy after review of recommended management of bipolar disorder guidelines.

Change of duration to more than 6 months was approved, contingent upon the addition of a reference for the specific guidelines used in the provider message.

New Business:

Anticonvulsant Medication Management Proposal

A proposal for an Anticonvulsant Medication Management intervention was reviewed to determine if it should be considered more fully at the next meeting. Since the last review of this topic, the off-label use of anticonvulsants performance indicator has been replaced with an adherence indicator. The purpose of this potential RetroDUR topic is to improve the safe use of anticonvulsant medications. The population included in this review is any recipient with anticonvulsant drug therapy in the most recent 30 days. The performance indicator criteria considered are listed below:

- Anticonvulsant Drug-Drug Interactions (n=27)
- Increased risk of adverse event: anticonvulsants and contraindications (n=345)
- Anticonvulsant Adherence (n=1,010)
 - Criteria includes adherence monitoring only for recipients with a diagnosis of a seizure disorder
- Monitoring for potential anticonvulsant toxicities
 - Hepatic monitoring (n=108)
 - Renal monitoring (n=111)
 - Platelet/Coagulation monitoring (n=439)
 - Serum Bicarbonate (n=534)
 - Ophthalmologic Exam (n=221)

While the DUR Board liked the adherence aspect of the proposal, this was not selected as a replacement for the diabetes intervention for third quarter 2020 mailing.

Brainstorming Session on Conduent Stand-Alone DUR Interventions

As background to consider future RetroDUR interventions, a listing of past interventions by disease state from 2017 through 2019 was shown. Diabetes (2017, 2018, and 2019) and polypharmacy (2016, 2017, and 2019) have been selected regularly.

There were twenty-five DUR interventions that Minnesota have not chosen in the past as their own stand-alone intervention though some of the performance indicators have been incorporated into mailed interventions. These interventions were further condensed into categories to determine if these should be reviewed further in the future. The results are as follows:

- Biologics
 - Rheumatoid Arthritis
 - The DUR Board voted that this intervention topic could potentially be revisited after publication of the new guidelines.
- Chronic Disease
 - The DUR Board decided not to do stand-alone interventions for Hyperlipidemia, Hypertension, and Stroke Prevention as these topics have been covered in previous Diabetes RetroDUR Interventions

- Infectious Disease
 - The DUR Board recommended not to pursue further.
- Mental Health
 - The DUR Board did not recommend pursuing ADHD Medication Management, Bipolar Disorder and Major Depressive Disorder as stand-alone interventions. Key performance indicator criteria are already included in the Polypharmacy Intervention.
 - “Mental Health Disorders” was not recommended as a potential stand-alone intervention, however it was recommended that the following performance indicators be included in a future Psychotropic Drugs in Adults interventions:
 - Benzodiazepine chronic use > 4 months (n=507)
 - Sedative/Hypnotic chronic use > 4 months (n=329)
- Pain
 - The DUR Board recommended not pursuing this topic further as it was recently used again since the SUPPORT Act.
- Respiratory
 - The DUR Board recommended not pursuing Allergic Rhinitis as a stand-alone intervention as these drug therapies are primarily OTC.
 - The DUR Board recommended the Respiratory Disease Management intervention as a possible future intervention as the new Asthma (GINA) and COPD (GOLD) 2019 guidelines are available.

As a result of the discussion tonight, the idea of developing a new RetroDUR Intervention regarding the Inappropriate Duration of Drug Therapy was suggested. Drugs for inclusion could be benzodiazepines, PPIs, sedative/hypnotics, antidepressants, skeletal muscle relaxants, and other drug categories yet to be determined

The meeting was adjourned.

2020 Meeting Dates

March 18, 2020

May 13, 2020

August 19, 2020

October 21, 2020