Minnesota Department of Human Services
DUR Board Meeting

June 17, 2020

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

DHS Staff Present
Mary Beth Reinke, PharmD., Dave Hoang, PharmD.

Other Attendants
Mariya Baranova, PharmD, Conduent, Tzuyin Kuo, Pharm.D candidate.

Public Comments: There were no public comments.

Approval of Minutes: Minutes from October 16, 2019 were approved.

New business:
Potential RetroDUR Intervention Diabetes Mellitus Management 2020
For the last four years, Diabetes Mellitus Management has ranked either first or second among all FFS RetroDUR disease states and has been selected annually as a RetroDUR intervention. For both 2018 and 2019, approximately 2,310 providers received letters regarding ~ 5,000 patients. There was an average of twenty percent improvement in clinical indicators in both years.

The purpose of this proposal is to determine opportunities for improving the quality and safety of drug therapy for patients with diabetes mellitus following the American Diabetes Association (ADA) 2020 clinical practice recommendations. Study population is all patients with a history of diabetes in the past 2 years. The type of intervention is a cover letter and modified profiles. Results of this intervention (performance indicators) will be measured when six months of post-initiative data are available.

Criteria approved by the DUR board are listed below:
A. Increased Risk of Adverse Events:
- Lack of annual dilated eye exams. N=3,169.
- Lack of recommended laboratory monitoring. N=6,228.
    - Annual recommended routine labs include metabolic panel, lipid panel, serum creatinine, B12, eGFR, microalbuminuria screen.
    - Biannual/quarterly glycemic control evaluation.
- Increased risk of adverse drug events (ADE) with non-insulin antidiabetics: criteria is all patients receiving non-insulin antidiabetic agents in the last 30 days with a history of a comorbid condition in the last 2 years that places them at increased risk of a serious adverse event. (Defined as a severity level 1 drug-disease interaction by First Databank). N=1,276.
    - Metformin and combination products: Renal disease or renal dysfunction; contraindicated if eGFR < 30 mL/min/1.73m2, age ≥80 years, acute or unstable heart

failure, acute or chronic metabolic acidosis, hepatic disease or hepatic impairment. This ADE had the highest occurrence at n= 982 (77%).

B. Underutilization (N=1,379)
- Angiotensin-Modulators with Kidney Disease (n=10)
- Underutilization of Antilipemics (n=445)

Question: How are contraindications to statins identified to exclude from this indicator? Answer: patients are excluded if there are ICD 10 codes for myopathies and rhabdomyolysis.

- Underutilization of Antiplatelet Therapy (n=402)
    - This performance indicator looks for aspirin as a secondary prevention strategy, aspirin is no longer used for primary prevention. The ADA recommends use of aspirin therapy (75-162 mg/day) as a secondary prevention strategy in those with diabetes and a history of with diabetes and a history of atherosclerotic cardiovascular disease (ASCVD). Aspirin therapy (75-162 mg/day) may be considered as a primary prevention strategy in those with diabetes who are at increased CV risk, after a discussion with the patient on the benefits versus increased risk of bleeding.

DUR Board question: How does the criteria account for those upgraded from aspirin to a direct oral anticoagulants (DOAC)? Answer: patients on (DOAC) are excluded as patients with any kind of anticoagulant in the last 45 days are excluded.

- Underutilization of Metformin (n=522) : All patients with type 2 diabetes without contraindications to metformin (patients who have been treated exclusively with insulins for the past year will be excluded) and meet any of the following criteria:
    - History of a drug to treat diabetes mellitus in the last 90 days, but no history of metformin in the past year.
    - History of metformin therapy in the past year but no history of metformin therapy in the past 90 days.
    - Metformin dose < 1500 mg/day on the most recent claim.

DUR Board question: Is a patient with ESKD excluded or under contraindications? Answer: ESRD is included in a broader list of ICD-10 codes of renal impairment that are used as exclusion criteria.

C. Nonadherence
Criteria is all patients with diabetes in the last 2 years receiving chronic oral antidiabetic, antihypertensive, and/or antilipemic drug therapy in the most recent 45 days and 90 to 135 days ago (identify chronic therapy) who received less than a 60-day supply of medication during a 90-day period.
    - Non-insulin drugs to treat diabetes mellitus (n=792),
    - Antihypertensives (n=771), and
    - Antilipemics (n=445).

D. Duplicate Therapy Non-insulin Antidiabetics and GLP-1 Agonist/DPP-4 Inhibitor Combination: All patients receiving greater than one drug within the same drug class for sulfonylureas, meglitinides, thiazolidinediones, alpha-glucosidase inhibitors, DPP-4 inhibitors, GLP-1 agonists, or SGLT2 inhibitors in the past 90 days receiving multiple non-insulin antidiabetics (including individuals receiving a GLP-1 agonist and a DPP-4 inhibitor combination) in the past 60 days. (n=11)

The last update of clinical paragraphs was in August 2019 so these were not reviewed individually. There were a few changes in the provider letter. References were updated to 2020 ADA Clinical Practice Recommendations and AACE 2020 Comprehensive Type 2 Diabetes Management algorithm; verbiage related to faxing response forms was removed as fax forms are no longer included; aspirin recommendation was updated as secondary prevention in the educational summary.

With a roll call vote, there was an approval of the intervention. The next meeting is August 19, 2020.