

## **Minnesota Department of Human Services**

### **DUR Board Meeting**

**August 19, 2020**

#### **Members Present**

Ryan Fremming, Pharm.D., Daniel Jude, Pharm.D., Karen Pedersen, Pharm.D., Gregg Schaeppi, and Allyson Schlichte, Pharm.D.

#### **DHS Staff Present**

Mary Beth Reinke, PharmD.

#### **Other Attendants**

Mariya Baranova, PharmD, Conduent.

**Public Comments:** There were no public comments.

**Approval of Minutes:** Minutes from June 17, 2020 were approved.

#### **New Business:**

##### **Conduent's Minnesota FFS RetroDUR Program Assessment FFY 2019:**

For FFY 2019, there were 1,774,572 prescriptions with a paid amount of \$173,359,794.

- **Psychotherapeutic:** Psychotherapeutic agents again ranked number one in terms of overall expense. The clinical analysis identified 21,860 RetroDUR intervention opportunities where antipsychotic therapies were being used.
  - On April 1, 2020, a psychotropic drugs intervention was mailed to 3,277 prescribers regarding 6,123 patients
- **Diabetes Management:** The clinical assessment indicated that there were 20,265 opportunities related to the management of diabetes.
  - On August 13, 2020, 1,873 prescribers received letters regarding 4,286 patients using the Diabetes Management indicators.

Counts of prescribers receiving letters with the corresponding patient counts per intervention for the last three RetroDUR interventions, which occurred since the last meeting, were provided. The clinical and financial outcomes for the six interventions for FFY 2019 were reported on.

#### **Respiratory Disease Management**

For each performance indicator below, the associated criteria and clinical paragraphs were discussed.

##### **Performance Indicator #1: Overutilization of short-acting beta<sub>2</sub>-agonist (SABA) inhalers in patients with asthma**

- Criteria: All patients with a history of asthma in the last 2 years > 4 SABA inhalers in the last 120 days.

**Performance Indicator #2: Underutilization of Inhaled Corticosteroids (ICS) in Patients with Asthma**

- Criteria: All patients with a history of asthma in the last 2 years with  $\geq 2$  SABA claims or > 3 packs of a SABA in the last 120 days.

**Performance Indicator #3: Use of Long-Acting Beta-Agonist (LABA) inhaler without a SABA Inhaler and/or ICS in Patients with Asthma**

- Criteria: All patients receiving a LABA in the last 90 days without:
  - An inhaled or nebulized SABA in the last 1 year OR an ICS in the last 90 days

**Performance Indicator #4: Use of LABA inhaler without Long-Acting Antimuscarinic Antagonist (LAMA) inhaler in patients with Chronic Stable COPD**

- Criteria: All patients with history of chronic stable COPD receiving a LABA or LAMA in the last 90 days.
  - LABA inhaler without LAMA inhaler in the past 60 days
  - LAMA inhaler without LABA inhaler in the past 60 days

**Performance Indicator #5: Use of SABA inhaler without Short-Acting Antimuscarinic Antagonist (SAMA) inhaler in patients with Chronic Stable COPD**

- Criteria: All patients with history of chronic stable COPD receiving a SABA or SAMA in the last 90 days.
  - SABA inhaler without SAMA inhaler in the past 60 days
  - SAMA inhaler without SABA inhaler in the past 60 days

**Performance Indicator #6: Use of ICS without a LABA inhaler in Patients with COPD**

- Criteria: All patients with history of moderate to severe COPD receiving an ICS in the last 90 days without history of LABA in the last 60 days.

**Performance Indicator #7: Duplicate Ingredient Inhalers in Patients with Asthma and/or COPD**

- Criteria: All patients receiving inhaler therapy during the last 90 days with  $\geq 35$  or more days of duplicate ingredient overlapping therapy (i.e., duplicate SABAs, LABAs, SAMAs, LAMAs, or ICSs).

**Performance Indicator #8: History of Smoking in Patients with Asthma and/or COPD**

- Criteria: All patients with a history of asthma and/or COPD in the last 2 years with a history of smoking in the last 1 year that have not received therapy with a smoking cessation product (e.g., bupropion, Chantix, nicotine replacement therapy) in the last 1 year.

**Letter to Providers – changes (page 1)**

- Updated web address for Expert Panel Report-3: Guidelines for Diagnosis and Management of Asthma to <http://www.nhlbi.nih.gov/guidelines/asthma/index.htm> from <http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>
- Added reference for COPD: Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease 2020 Report available at: <https://goldcopd.org/>

## **Proton Pump Inhibitors Proposal**

### **Performance Indicator #1: Extended Duration of PPI Therapy with No Indication for Long-Term Use**

- Criteria: All patients receiving a PPI in the last 45 days who are receiving PPIs for greater than 60 days out of 120 days of claims history.
  - Exclude patients with a diagnosis Zollinger-Ellison syndrome, erosive esophagitis, Barrett's esophagitis, and concurrent NSAID use.
  - Include PUD and GERD diagnosis as criteria is for greater than 60 days of PPI.

### **Performance Indicator #2: Extended Duration of PPI Therapy in Patients with PUD without Test or Treatment for *H. pylori***

- Criteria: Patients receiving a PPI for greater than 12 weeks within the last 16 weeks of claims history without history of *H. pylori* diagnosis, test, or treatment in the last 2 years.

### **Letter to Providers – changes (page 1)**

- Removed verbiage about average monthly amount paid to FFS pharmacies
- Added number of occurrences for those < 18 years old in table of performance indicators

The PPI intervention was approved by roll call vote.

The next meeting will be December 9, 2020.