

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

**May 7, 2025**

**Members Present**

Samuel Houmes, PharmD., Daniel Jude, PharmD., and Ann Philbrick, PharmD.

**DHS Staff Present**

Mary Beth Reinke, PharmD., DUR Coordinator.

**Other Attendants**

Chloe Groomes, PharmD., Prime Therapeutic

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

**Old business:**

There was no old business.

**New business:**

**RetroDUR**

1. Support Act RetroDUR: concomitant use of an opioid and antipsychotic. Criteria includes all patients with a claim for an antipsychotic and an opioid with at least 1 day overlap in the last 90 days. The format is a provider mailing.  
The message is “the concurrent use of an opioid with an antipsychotic may cause hypotension, profound sedation, respiratory depression, coma, and death. Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate. If co-administration is required, consider dosage reduction of one or both agents. Patients should be counseled on the risks of slowed or difficult breathing and/or sedation”.  
There were 1,095 occurrences. The DUR Board approved.
2. Second Generation Antipsychotics Without Metabolic Testing or Blood Glucose Measurement  
Criteria includes all patients with claims for one or more SGA in the last 90 days and no claims metabolic testing in the last 365 days or no claims for glucose monitoring supplies or no claims for A1C in the last 365 days. The format is a provider mailing.  
The message is “because of significant concerns about the safety risks of second generation antipsychotics (SGAs), a monitoring plan should be in place before therapy is initiated. The management of metabolic side effects of SGAs should include regular monitoring of blood pressure, fasting plasma glucose, and lipid profiles. According to submitted pharmacy and medical claims data, your patient is receiving a SGA and has not had a blood glucose measurement or metabolic testing in the past year. SGAs are associated with metabolic adverse effects, including new onset diabetes and disrupting blood glucose control in existing diabetics. Guidelines also recommend changing to an SGA with a lower metabolic risk profile, if possible, after problems with metabolic adverse events develop. Please coordinate with other providers if necessary”. There were 617 occurrences. DUR Board approved.

3. Chronic use of proton pump inhibitors (PPI).  
Criteria includes all patients with at least 60 days of a PPI within a 120-day timespan. Excluded are patients with a diagnosis of peptic ulcer disease (PUD), Gastro-esophageal reflux disease (GERD), Zollinger Ellison syndrome, Barrett's esophagus, or erosive esophagitis within the last two years. Excluded are patients with long term NSAID or aspirin therapy with > 30 days concurrent therapy. The format is a provider mailing. The message is safety concerns with PPIs and long-term use. PPI therapy is indicated for 8 weeks or less in the majority of patients. Due to the high rate of placebo-response and variable efficacy of drug regimens for other GI diagnoses like non-ulcer dyspepsia, periodic reevaluation of PPI therapy should be considered. There were 1,516 occurrences. The DUR Board recommended adding an additional sentence to recommend step down to a H2RA as an option. The additional sentence was "Patients may be considered for a step down to on demand histamine 2 receptor antagonist (H2RA) after eight weeks of therapy." DUR Board approved.

### **ProDUR**

1. CNS Polypharmacy – two or more second generation antipsychotics. Criteria: two or more claims for different second generation antipsychotics which overlap for at least 30 days in the last 90 days, send a message to the pharmacy that reads: "DUPLICATE ATYPICAL ANTIPSYCHOTIC FOUND." Number of occurrences was not determined.
2. CNS Polypharmacy – three or more psychotropic drugs (benzodiazepines, antidepressants, sedative hypnotics, antipsychotics, anticonvulsants, or mood stabilizers). Criteria: three or more claims for psychotropic medications concurrently for at least 30 days in the last 60 days, please send a message to the pharmacy that reads: "CNS POLYPHARMACY. REVIEW PATIENT PROFILE". There are 2,569 occurrences.

The DUR Board approved the two ProDUR edits.

Future meeting dates are August 13th and October 8th. The meeting was adjourned.