



**Minnesota Department of Human Services DUR Board Meeting
September 10, 2025**

Members Present

Ann Philbrick, PharmD.
Daniel Holt, PharmD.
Samuel Houmes, PharmD.

DHS Staff Present

Chad Hope, PharmD., Pharmacy Director

Prime Staff Present

Chloe Groomes, PharmD.- Prime Therapeutics
Kimberly Bauer- Prime Therapeutics
Laura Pounders, PharmD.- Prime Therapeutics

Welcome

Chad Hope introduced himself and explained the retirement of Mary Beth Reinke. Chloe Groomes introduced Laura Pounders, Clinical Account Manager with Prime.

Public Comments: There were no public comments.

Call to Order

Roll Call of DUR Board Members

Dr. Groomes took attendance of Board Members.

Roll Call of DUR Board Members		
Voting – P&T Committee Members <small>Does not include excused or unexcused members</small>	Present	Absent
Dr Ann Philbrick	X	
Dr Arnes Huskic		X
Dr Daniel Holt	X	
Dr Sam Houmes	X	

Approval of Previous Meeting Minutes:

Dr. Groomes asked for review and approval of the minutes from the May 7th, 2025 meeting.

Approval of May 7th, 2025, DUR Board Meeting Minutes			
Discussion: Approve as written.			
Voting – DUR Board Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain
Philbrick, Ann, PharmD.	X		
Holt, Daniel, PharmD.	X		
Houmes, Samuel, PharmD.	X		

Old business:

Dr. Groomes reviewed the SUPPORT Act activities mailed on April 11th. For the patients who received two or more short acting opioids within 90 days, Prime sent out 380 prescriber letters. Patients who had six or more claims for opioids in the last 180 days and no claims for naloxone in the last year, with a diagnosis of opioid overdose or substance abuse disorder in the last year, resulted in 531 prescriber letters. Patients who had a claim for opioid in the last 90 days with a claim for medication assisted treatment drug in the last two years or opioid use disorder in the last two years resulted in 713 prescriber letters. For the last activity where there was a claim for a 30-day supply of two or more different opioids in the last 90 days that exceeded 90 MME, that resulted in 330 prescriber letters.

Dr. Groomes reviewed the Retro DUR activities mailed on July 25th. The activity for opioids with antipsychotics was a continuation of the Support Act. The activity for patients with an overlapping opioid and antipsychotic resulted in 1290 letters. Patients receiving long-term proton pump inhibitors with a 60 day supply of a proton pump inhibitor within 120 days excluding a diagnosis for any long term therapy, resulted in 1464 letters. The last activity for atypical antipsychotics without metabolic testing in the last 90 days and no metabolic testing, glucose monitoring or A1C in the last year or 365 days resulted in 1979 letters that

were mailed.

New business:

Atypical Antipsychotics in Children

RetroDUR Atypical Antipsychotics in children.

Dr. Pounders explained the purpose here was to identify patients who are under the age of 18 and receive an atypical antipsychotic that does not have a pediatric indication. The rationale for choosing this is due to concerns about safety of second generation antipsychotics in children and the potential for adverse events listed here such as weight gain, cardiovascular effects, extrapyramidal symptoms, hyperprolactinemia, sedation, neuroleptic malignant syndrome and tardive dyskinesia as well as others. Regular testing is warranted and monitoring for any potential adverse events. This intervention would be a provider mailing and the selection criteria would be a look for a patient 17 years of age or younger who have a claim in the last 90 days for one of the following atypical antipsychotics: Secuado (asenapine transdermal); Vraylar (cariprazine); Clozaril, FazaClo, Versacloz (clozapine); Fanapt (iloperidone); Caplyta (lumateperone); Geodon (ziprasidone). These agents do not have a pediatric indication.

This is expected to impact about 75 members with a resulting 65 physician letters. The committee reviewed the RetroDUR letter. Dr. Hope noted that the number of interventions that this would yield based on our population is an incredibly low number and that's very nice to see. Dr. Holt asked about the Clozaril, FazaClo and Versacloz are all clozapine. Dr. Pounders confirmed. Dr. Holt asked: Is there any reason why it doesn't encourage a switch to something that is approved in children or a list of those that are approved? Dr. Pounders noted that the reason that it doesn't is that the ages approved are a little all over the place on products, so it would require a more extensive letter. Dr. Philbrick noted that the activity may not yield many results because these people that are on these antipsychotics are on them for a reason. Physicians use things off label all the time. It sounds like a good and easy intervention for the safety concerns. The main purpose is to make sure there's a plan in place to monitor for potential adverse effects. Dr. Hope noted that federal law requires an intervention for antipsychotics in children for our DUR annual report but, it will likely yield very little a change which is both good and bad. It is good in the sense that the prescribers have likely tried the products that have pediatric indications and subsequently ended up on one of these. The board approved RetroDUR activity number 1.

Approval of RetroDUR #1			
Atypical Antipsychotics in Children			
Discussion: Approved as written			
Voting – DUR Board Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain
Philbrick, Ann, PharmD.	X		
Holt, Daniel, PharmD.	X		
Houmes, Samuel, PharmD.	X		

ProDUR #1 Atypical Antipsychotics in children.

Dr. Groomes reviewed the proposed ProDUR activity. The purpose of this is to identify any interventions at point of sale, so the pharmacist can address them with the prescriber if appropriate. This activity goes along with the RetroDUR activity Atypical antipsychotics in children prescribed for an inappropriate age. For this claims edit, the goal is to capture those claims that are being used for medications where there's no pediatric indication or medications where there is a pediatric indication, but the claim is for a member who is still underneath that age. Prime will identify members less than 18 years of age that have a claim for a drug listed under Table A which includes atypical antipsychotics which do not have an FDA approval for patients less than 18. Or if a member is less than 13 and has a claim for Brexpiprazole or a member is less than 12 and has a claim for paliperidone. Or if the members less than 10 and has a claim for a drug listed in Table B. (atypical antipsychotics that are indicated for patients 10 or older) or if the patient's less than six and has a claim for aripiprazole or less than five and a claim for risperidone. This ProDUR edit will result in a denial. The denial would be the NCPDP rejection of 60 with messaging that says, “Not FDA approved in this age group pharmacists to override using professional service code M0 or prescriber consulted.”

The analysis based on six months of claims shows the impact to be about 406 members. There were 837 claims in that six month period that would have triggered this denial. Just to clarify, it's an initial claim denial, but the claim can be overridden by the pharmacist using the DUR codes at the point of sale. The age limit is based on the indication with the youngest age of approval. The board approved ProDUR activity number 1.

Approval of ProDUR #1			
Atypical Antipsychotics in Children Prescribed for an inappropriate Age			
Discussion: Approve as written.			
Voting – DUR Board Members <small>Does not include excused or unexcused members</small>	Yes	No	Abstain
Philbrick, Ann, PharmD.	X		
Holt, Daniel, PharmD.	X		
Houmes, Samuel, PharmD.	X		

The board discussed the next meeting date. A poll of dates will be sent via email following the meeting.

The meeting was adjourned.