



Minnesota Department of **Human Services**  
**Drug Utilization Review (DUR) Meeting**

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March 8, 2017

**Members Present**

Oluchi Azuka, R.N., Ryan Fremming, R.Ph, Pierre Rioux, MD., and Allyson Schlichte, PharmD.

**DHS Staff Present**

Mary Beth Reinke, PharmD., Dave Hoang, PharmD. and Chad Hope, PharmD.

**Other Attendants**

Larry Dent, PharmD., Conduent

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

**Approval of Minutes:** Minutes from November 2, 2016 were approved.

**New Business:**

**RetroDUR-population based interventions**

**Diabetes Mellitus Management Proposal**

The purpose is to educate prescribers on opportunities for improving the quality and safety of drug therapy for recipients with diabetes mellitus based on the 2017 Standards of Medical Care in Diabetes published by the American Diabetes Association (ADA). This intervention was last mailed July 5, 2016. There are changes in the criteria, only the references have been updated.

Setting and population: all recipients with a history of diabetes in the past 2 years age greater than eighteen years of age.

**Increased Risk of Adverse Events**

Performance Indicator #1: Increased Risk of Adverse Events: Annual Dilated Eye Exams.  
N=2,945.

Criteria:

- Recipients with a history of diabetes (submitted ICD-9 diagnosis code for diabetes or inferred from drug therapy) in the last 2 years AND
- Recipients without documentation of eye examinations by respective CPT and/or ICD-9/10 codes

The DUR Board approved as presented.

Performance Indicator #2: Increased Risk of Adverse Events: Recommended Laboratory Monitoring. N=8,484.

Criteria:

- Recipients with a history of diabetes (submitted ICD-9/ICD-10 diagnosis code for diabetes or inferred from drug therapy) in the last 2 years AND
- Recipients without documentation of routine chemistries/laboratory monitoring (CPT codes) within the frequency recommended by the ADA (American Diabetes Association).

The DUR Board approved as presented.

Performance Indicator #3: Increased Risk of Adverse Events: Laboratory Monitoring with SGLT2 Inhibitors. N=25.

Criteria:

- Recipients receiving SGLT2 inhibitor therapy in the last 30 days AND
- Recipients without an eGFR, serum creatinine, or lipid panel test in the last 365 days.

The DUR Board approved as presented.

Performance Indicator #4: Increased Risk of Adverse Drug Events with Diabetes Medications. N=1,801 ≥ 18 years.

Criteria:

- Recipients receiving 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. Refer to Table 1. These are defined as a severity level 1 drug disease interaction by First Databank.

The DUR Board approved as presented in Table 1.

**Table 1. Diabetes Drug-Disease Interactions**

Anti-Diabetic Drug	Medical Condition
Acarbose	<ul style="list-style-type: none"> <li>• Cirrhosis</li> <li>• GI disease</li> </ul>
Miglitol	<ul style="list-style-type: none"> <li>• GI disease</li> </ul>
Pioglitazone and combination products Rosiglitazone and combination products	<ul style="list-style-type: none"> <li>• Active liver disease</li> <li>• Heart failure</li> <li>• Macular edema</li> </ul>
Rosiglitazone and combination products	<ul style="list-style-type: none"> <li>• Myocardial ischemia</li> </ul>
Metformin and combination products	<ul style="list-style-type: none"> <li>• Renal disease or renal dysfunction</li> <li>• Age ≥ 80 years</li> <li>• Acute or unstable heart failure</li> <li>• Acute or chronic metabolic acidosis</li> <li>• Hepatic disease or hepatic impairment</li> </ul>
GLP-1 Agonists and combination products	<ul style="list-style-type: none"> <li>• Multiple Endocrine Neoplasia Syndrome type 2 (Men 2)</li> <li>• Pancreatitis</li> <li>• Renal Impairment</li> <li>• GI Disease</li> </ul>
SGLT2 Inhibitors and combination products	<ul style="list-style-type: none"> <li>• Renal impairment</li> </ul>

### Underutilization

Performance Indicator #5: Underutilization of Angiotensin-Modulating Therapy. N=1,103.

Criteria:

- Recipients with a diagnosis of diabetes (ICD-9/10 code or inferred from drug therapy) in the last 2 years AND
- Recipients who have either (1) Hypertension plus kidney disease (submitted ICD-9/10 code diagnosis required) or (2) Kidney disease (submitted ICD-9 code required), who do not have a documented contraindication or relative contraindication to angiotensin-modulating therapy (i.e., anuric renal failure, renal artery stenosis, pregnancy or a history of angioneurotic edema) AND are not receiving an angiotensin-modulating agent (ACE inhibitor or ARB) in the past 1 year.

Paragraph:

Potential Underutilization - No Angiotensin-Modulating Agent in a Diabetes Mellitus Recipient: According to submitted pharmacy and medical claims, it appears your recipient has diabetes and hypertension but is not receiving an angiotensin-modulating agent (either an ACE inhibitor or angiotensin receptor blocker). Use of an angiotensin-modulating agent has proven beneficial for decreasing or stabilizing albuminuria in incipient nephropathy and in slowing the rate of progression of advanced nephropathy. Please review your recipient's current therapy and determine whether use of an angiotensin-modulating agent would be appropriate.

The DUR Board approved as presented

Performance Indicator #6: Underutilization of Lipid Lowering Therapy in Diabetics. N=1,307.

Criteria:

- Recipients with a diagnosis or drugs indicative of diabetes in their medical and pharmacy claims history, ages 40-75 and have no claims for Welchol (colesevelam) in the past year, AND
- Recipients who did not receive an HMG-CoA reductase inhibitor in the past year.

Paragraph:

Potential Underutilization of Lipid Lowering Therapy with a History of Diabetes Mellitus paragraph: According to submitted pharmacy and medical claims data, it appears your recipient has a history of diabetes mellitus and is not receiving pharmacological lipid lowering statin therapy at an appropriate dose to provide the recommended intensity. The 2013 ACA/AHA Guidelines recommend that individuals with a diagnosis of diabetes receive moderate to high intensity statin therapy. Please review your records to determine whether a lipid panel has been checked in the past year and evaluate the potential need for an increase in or initiation of statin therapy.

**Table 2. High- Moderate- and Low-Intensity Statin Therapy**

High-Intensity Statin Therapy	Moderate-Intensity Statin Therapy
Daily dose lowers LDL-C on average, by approximately $\geq 50\%$	Daily dose lowers LDL-C on average, by approximately 30% to $< 50\%$
Atorvastatin 40–80 mg Rosuvastatin 20-40 mg	Atorvastatin 10-20 mg Rosuvastatin 5-10 mg Simvastatin 20–40 mg <sup>‡</sup> Pravastatin 40-80 mg Lovastatin 40 mg Fluvastatin XL 80 mg Fluvastatin 40 mg bid

<sup>‡</sup>Initiation of simvastatin 80 mg or titration to 80 mg is not recommended by the FDA due to the increased risk of myopathy, including rhabdomyolysis.

Performance Indicator #7: Underutilization of Metformin. N=414.

Criteria:

- Recipients  $\geq 18$  years of age with type 2 diabetes without contraindications to metformin. Recipients who have been treated exclusively with insulins for the past year will be excluded AND
- Recipients who meet any of the following criteria: (1) history of an antidiabetic in the last 90 days, but no history of metformin in the past year; (2) history of metformin therapy in the past year but no history of metformin therapy in the past 90 days; or (3) metformin dose  $< 1500$  mg/day on the most recent claim.

Paragraph:

Potential Low Metformin Dose (DM Type 2): According to submitted pharmacy and medical claims, it appears your recipient has a history of type 2 diabetes and, although taking metformin, is not taking the recommended daily dose. Recipients should be titrated, as tolerated, to a dose of at least 850mg twice daily in order to realize the full benefits of metformin therapy.

Please review your recipient's antidiabetic therapy and determine whether an increase in the dosage of metformin is clinically appropriate.

The DUR Board approved as presented.

Performance Indicator #8: Underutilization of Antiplatelet Therapy N=907.

Criteria:

Recipients 18 years of age or older with a history of diabetes (submitted ICD-9/10 diagnosis code for diabetes or inferred from drug therapy) in the last 2 years who meet any of the following criteria:

- History of antiplatelet therapy in the last year, but no claim in the last 90 days.
- History of antiplatelet therapy in the last year with  $< 60$  days of therapy in the last 90 days.
- History of CVD (diagnosis or procedure) in the last 2 years without antiplatelet therapy in the last 45 days.

- Males > 45 to 79 years or Females > 55 to 79 years of age and at least one risk factor (listed below) in the last year without antiplatelet therapy in the last 45 days.

Risk factors include: hypertension (diagnosis or inferred from drug therapy), hyperlipidemia (diagnosis or inferred from drug therapy), family history of CVD, albuminuria, or history of smoking.

The DUR Board approved as presented.

#### Nonadherence

Performance Indicator #9: Nonadherence with Maintenance Diabetes, Antihypertensive and Antilipemic Medications. N=1,691.

Criteria:

- Recipients with diabetes (submitted ICD-9/10 code for diabetes or inferred from drug therapy) in the last 2 years receiving chronic oral antidiabetic, antihypertensive, and/or antilipemic drug therapy who received less than a 90-day supply of the medication during a 90-day period.

The DUR Board approved as presented.

#### Duplicate Therapy

Performance Indicator #10: Duplicate Therapy with Diabetes Medications and GLP-1 Agonists, and DPP-4 Inhibitors in Combination. N=4.

Criteria:

- Recipients receiving sulfonylureas, thiazolidinediones, meglitinides, alpha-glucosidase inhibitors, DPP-4 inhibitors, GLP-1 agonists, or SGLT2 (sodium-glucose co-transporter 2 inhibitors which include canagliflozin (Invokana) and dapagliflozin (Farxiga) in the past 90 days who are receiving multiple sulfonylureas, or multiple thiazolidinediones or multiple meglitinides or multiple alpha-glucosidase inhibitors or multiple SGLT2 inhibitor or multiple DPP-4 inhibitors or multiple GLP-1 agonists in the past 60 days.

The DUR Board approved adding duplication of DPP4 antagonists and GLP1 agonists.

#### Off-Label

Performance Indicator #11: Off-Label GLP-1 Receptor Agonist Use. N=1

Criteria:

- Recipients with a history of GLP-1 (glucagon-like peptide-1) receptor agonist use in the last 30 days. These drugs are also referred to as incretin mimetics. Drugs include exenatide (Byetta), exenatide XR (Bydureon), liraglutide (Victoza), dulaglutide (Trulicity), and albiglutide (Tanzeum), without a history of Type 2 diabetes (submitted ICD-9/10 diagnosis code for diabetes in the last 2 years or inferred therapy from oral antidiabetic therapy in the last year) or who are on insulin or pramlintide (Symlin) therapy with a history of type 1 diabetes in the last 2 years.

Paragraph(s):

GLP-1 agonist use w/o Type 2 Diabetes: According to submitted pharmacy and medical claims, it appears your patient has received a GLP-1 agonist without a diagnosis of type 2 diabetes or other oral antidiabetic medications. Currently GLP-1 agonists are only FDA-approved for the treatment of type 2 diabetes. If the FLP-1 agonist is not being used to treat diabetes, please consider switching to another agent that is FDA approved for the indication that you are treating.

GLP-1 agonist with Type 1 Diabetes: According to submitted pharmacy and medical claims, it appears your patient has received a GLP-1 agonist and has a diagnosis of type 1 diabetes. Currently, GLP-1 agonists are only FDA-approved for the treatment of type 2 diabetes. Please review your patient’s medical record and, if appropriate, discontinue the GLP-a agonist.

The DUR Board approved the criteria.

**Management of Psychotropic Drugs in Youth Proposal**

This proposal is one of the biannual RetroDUR interventions specific to the use of antipsychotic drug in children and adolescents.

On August 16, 2016, Metabolic Monitoring of Children and Adolescents Receiving Antipsychotic Medications was mailed with using the criteria listed below. This was the only criteria used as the intent was highlight the importance of this often overlooked monitoring. Tonight’s proposal with include monitoring and more.

Performance Indicator #1: Monitoring of SGAs: Glucose.

Performance Indicator #2: Monitoring of SGAs: Lipids.

Criteria:

- Recipients less than 18 years of age with a SGA (second generation antipsychotic) prescription in the last 30 days without blood glucose monitoring within the last year and those without lipid monitoring within the last two years using the corresponding procedure billing codes listed below.

Table 3. Procedure Billing Codes for Blood Glucose and Lipid Monitoring for SGA

Procedure	Procedure Description
82947	Blood Glucose
83036	Glycosylated Hemoglobin (Hemoglobin A1c)
80047	Basic Metabolic Panel with Ionized Calcium
80048	Basic Metabolic Panel
80053	Comprehensive Metabolic Panel
80050	General Health Panel
80061	Lipid Panel

Table 4. Lack of monitoring when receiving antipsychotic medications.

Increased Risk of ADE – AA MONITOR KIDS	
Lack of SGA Antipsychotic Blood Glucose Monitoring within last year	1,217
Lack of SGA Antipsychotic Lipid Monitoring within last two years	1,285

Performance Indicator #3 Polypharmacy:  $\geq 3$  Psychotropic Drugs. N=1,310.

Performance Indicator #4 Polypharmacy:  $\geq 4$  Psychotropic Drugs. N=426.

Dr. Reinke explained that the proposed criteria using 35/60 days in possession did not yield the anticipated results with how the Conduent logic is programmed. The Conduent logic measures 35/60 for the 1<sup>st</sup> psychotropic drug and if that criteria was met, then 35/60 of the 2<sup>nd</sup> psychotropic drug need to be met before it moved onto the next drug, then 35/60 of the 3<sup>rd</sup> psychotropic drug and so on. The DHS intent was to flag recipients if they are continuously on three or four psychotropic drugs which, for example, did not necessarily mean that the recipient had to be the same antidepressant but rather if the recipients was on any antidepressant. After modeling and testing, the criteria logic that fits the desired results is the count of prescriptions for two consecutive 30 day periods in the last 60 days. Anticonvulsants in patient with a history of epilepsy are excluded.

The DUR Board approved the criteria.

Performance Indicator #5: Multiple (2 or more) oral second generation antipsychotics (SGAs) N=103.

This is standard duplicate or multiple drugs in the same class criteria.

Criteria:

- Recipients who received two or more oral SGAs for more than 35 out of 60 days.

The DUR Board approved the criteria.

Performance Indicator #6: High Dose: Oral SGAs.

Performance Indicator #7: High Dose: ADHD Medications.

The question arose as to the source of the criteria. The high dose criteria originated in conjunction with the psych consultation project from 2014. The criteria will be reviewed and updated as needed and brought back to a future meeting.

**2017 meeting dates will be:**

- May 10, 2017
- August 9, 2017
- October 11, 2017