Minnesota Department of **Human Services**

Drug Utilization Review (DUR) Meeting May 10, 2017

Members Present

Oluchi Azuka, R.N., Daniel Jude, Pharm.D., Abigail Stoddard, Pharm.D., Pierre Rioux, MD., and Allyson Schlichte, PharmD.

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

Other Attendants
Larry Dent, PharmD.,Conduent

Public Comments: There were no public comments.

Approval of Minutes: Minutes from March 8, 2017 were approved.

Old Business:
For the benefit of newer DUR Board members, slides were reviewed regarding the origins of DUR along with CMS requirements for DUR which include prospective DUR edits, retrospective DUR, an educational (not punitive) approach, and, lastly, the requirements and composition of the DUR Board.

New Business:
RetroDUR-population based interventions

Management of Psychotropic Drugs in Adults Proposal
The purpose is to educate prescribers on opportunities for improving the quality and safety of drug therapy for recipients receiving multiple psychotropic drugs or high dose of antidepressants, second generation antipsychotics, or drugs used to treat ADHD. Criteria were combined from a number of different past interventions regarding psychotropic drugs.

Setting and population: all recipients greater than eighteen years of age. A question was asked regarding the inclusion of program HH. Answer was that recipients with HIV have been excluded from interventions.

High Dose
Performance Indicator #1: High dose ADHD medications. N=301.

Criteria:

- Received a drug to treat ADHD in the last 60 days.
- Dose higher than FDA approved dose in the last 30 days.

- Exclude if less than a 7 days supply.

The DUR Board approved as presented.

Performance Indicator #2: High dose antidepressant medications. N=879

Criteria:

- Received a drug to treat depression in the last 60 days.
- Dose higher than FDA approved dose in the last 30 days.
    - Exception is fluoxetine which is set at 40mg instead of 80mg.

The DUR Board approved as presented.

Performance Indicator #3: High dose second generation antipsychotics (SGA) N=402

Criteria:

- Received a SGA the last 60 days.
- Dose higher than FDA approved dose in the last 30 days.
    - Exception is risperidone which is set at 8mg instead of 16mg.

The DUR Board approved as presented.

Performance Indicator #4: Non-Adherence of ADHD medications, antidepressants, bipolar medications, and SGAs. N=2,400.

Criteria:

- Recipients receiving one of the targeted mediations in the most recent 45 days and 90 to 135 days ago to identify chronic therapy.
- Recipients who received less than a 60-day supply of medication during a 90-day period.

One comment was from a DUR Board member who has experience in the HIV practice area who stated that this was not credible level of adherence.

Dr. Dent responded that for the purpose of retrospective review and based on claims experience so as to not flag false positives, this was the criteria that has worked the best repeated over time.

The DUR Board approved as presented.

<u>Duplicate or Multiple Drug Therapy</u>

Performance Indicator #5: Multiple (2 or more) SGAs. N=185.

Criteria:

The DUR Board approved as presented

- Received a SGA the last 60 days.
- Received two or more oral SGAs for more than 35 out of 60 days.

The DUR Board approved as presented.

Performance Indicator #6: Polypharmacy: >4 Psychotropic Drugs Concurrently. N=3,557.

Criteria:

- Recipients who received targeted medications in the past 60 days.
- Recipients with >/= 4 psychotropic agents (e.g., antidepressants, antipsychotics, antianxiety medications, sedatives, anticonvulsants, lithium) in the last 35 out of 60 days. Antiepilepsy medications used as mood stablizers are excluded from the count if the recipient has a history of epilepsy.

The DUR Board approved as presented.

Performance Indicator #7: Use of Oral Antipsychotics Concomitantly with a Long-Acting Injectable Greater Than 90 Days. N=45.

Criteria:

- Recipients who have received therapy with a long-acting injectable antipsychotic in the most recent 30 days AND chronically for more than 90 days.
- Recipients who have received an oral antipsychotic in the most recent 30 days AND chronically for more than 90 days.

The DUR Board approved as presented.

<u>Lab Monitoring</u>

Performance Indicator #8: Monitoring of SGAs: Glucose and/or Hemoglobin A1c N=1,610.

Criteria:

- Recipients who are receiving SGA therapy within the last 30 days.
- Recipients who do not have a documented blood glucose and/or hemoglobin A1c in the past year

Performance Indicator #9: Monitoring of SGAs: Lipids N=2,370.

Criteria:

- Recipients who are receiving SGA therapy within the last 30 days.
- Recipients who do not have a documented lipid panel in the past 2 years.

The DUR Board approved as presented.

The prescriber letter was approved as presented.

Table 1. Recent Outcomes Reports.

Intervention	Mail Date	12-Month Savings	Clinical Indicators
NSAIDs	12/18/2015	$46,184	-29.3%
Atypical Antipsychotics Optimization in Adults	3/31/2016	$788,095	-19.9%
ADHD High Dose in Kids	5/20/2016	$36,383	-20.4%
Diabetes	7/5/2016	-$469,235	-4.5%
Metabolic Monitoring of SGAs in Kids	8/16/2016	$1,059,727	-13.4%
Anxiolytics & Sedative Hypnotics	9/30/17	$16,025	-23.7%
Total		$1,477,179	-18.53%

Outcome Assessment for Antipsychotics Optimization

Conduent's outcome format was explained. The pre-period is the six months before mailing period. The month the mailing occurs is not counted. The post-period is the following six month period. Recipients and providers are adjusted for those where letters were undeliverable. Recipients are considered continuously eligible if they have a pharmacy claims within the last three months of the six month period. For clinical measures, the recipients with letters mailed to their prescribers are tested again for the presence of the DUR indicator. The difference pre and post is expressed. For the cost portion, the actual average paid amount per recipient pre and post is measured with the difference attributed to the intervention. The savings or cost per month is then multiplied by the number of adjusted targeted recipients. One DUR Board comment was that people regress toward the mean. The results in table 1 for this intervention is decrease fo 19.9% in clinical indicators and a 12-month projected savings of $788,095.

It was noted that the response rate has greatly improved with this contract as Conduent follows up on undeliverable mail due to incorrect address. The correct address is obtained and the intervention is mailed again. The return rate used to be in the 10-12% range and now it is in the 2-4% range.

Annual Program Assessment

Annually, Conduent provides an overall business and clinical analysis. Since the last assessment, there was a 1.9% increase in monthly membership with a 2% decrease paid PMPM. Per therapeutic class, psychotropics are the largest with 21% paid followed by antivirals at 9.5% paid. The antivirals had an amount paid per user month of $861 compared to $95 for psychotropic drugs. Five of the top ten drugs on amount paid were psychotropics which included aripiprazole, mixed amphetamines, methylphenidate, lisdexamfetamine, and lurasidone. The clinical analysis by disease state showed the highest number of opportunities for diabetes (21,659), mental health (17,679), and infectious disease (15,086). The recommendations for next year's interventions were for mental health/psychotropic drugs, diabetes, and polypharmacy where there are 3,575 opportunities.

2017 meeting dates will be:

- August 9, 2017
- October 11, 2017