Minnesota Department of Human Services
DUR Board Meeting

October 11, 2017

Members Present
Daniel Jude, Pharm.D., Pierre Rioux, MD., and Abigail Stoddard, Pharm.D.,

DHS Staff Present
Mary Beth Reinke, PharmD., and Chad Hope, PharmD.

Other Attendants
Larry Dent, PharmD.,Conduent

Public Comments: There were no public comments.

Approval of Minutes: Minutes from August 9, 2017 were approved.

Old Business: Dr. Reinke previewed the draft summary of the Minnesota Opioid Prescribing Recommendations developed by the OPWG (Opioid Prescribing Workgroup). The official announcement and press release is soon to be forthcoming. These recommendations will be discussed more fully at the next meeting in the context of developing a DUR

New Business:
Dr. Reinke stated that up to three population-based interventions: benzodiazepines, gastrointestinal disorders, and asthma will be discussed and ranked to select one for the first quarter of 2018. During FFY 2017, there were three solid interventions, polypharmacy, treatment of diabetes mellitus, and the new, expanded psychotropic drugs in adults which are good choices again for FFY 2018.

RetroDUR-population based interventions
Dr. Dent, Conduent, stated that psychotropic drugs in youth was mailed September 8, 2017 to 690 providers regarding 2,144 patients and on October 4, 2017, psychotropic drugs in adults was mailed.

Benzodiazepine Anxiolytics & Controlled Sedative/Hypnotics
This was mailed last year on September 30, 2016. There was 23.7% overall clinical improvement and the estimated 12-month cost avoidance was $16,052. This intervention is more about safety and appropriate use than it is about the cost of the drugs.

This intervention was reviewed at the May 11, 2016 DUR Board meeting. The May 2016 presentation included new criteria: (1) concurrent use of opioids or buprenorphine agent, muscle relaxant, and benzodiazepines anxiolytics, called a Triple Threat. There are two Double Threats which includes (2) the use of opioids or buprenorphine with muscle relaxants and (3) use of opioids or buprenorphine with benzodiazepine anxiolytic. Conduent programming logic for concurrent drugs are 30 days of therapy with a benzodiazepine out of the past 35 days and then 7 days of overlap with an opioid to trigger the flag.

Dr. Reinke asked for DUR Board feedback regarding which skeletal muscle relaxants to be included. At the May 2016 DUR Board meeting, cyclobenzaprine was added to carisoprodol which was the other skeletal muscle relaxant in the intervention. Feedback was solicited again about the inclusion of cyclobenzaprine. At the state OPWG meeting, there were two voting members that stated they would not include cyclobenzaprine. For fee-for-service (FFS) August 2017 claims data, cyclobenzaprine accounts for 88% of drug utilization in this class, n=484 distinct recipients. Therefore, the inclusion or exclusion of cyclobenzaprine will make a significant impact in the number of "hits". DUR Board recommendation was that there was no clinical evidence or guidelines to support that only select skeletal muscle relaxants be included and that cyclobenzaprine be excluded as a combination drug of concern. Therefore, cyclobenzaprine will continue to be included in the "Triple Threat" and "Double Threat" criteria.

Gastrointestinal Disease Management
From Conduent's annual program assessment, gastrointestinal drugs are eighth in drug spend. It was noted by a DUR Board member that in sixth position was unclassified drug products so if this category would be divided better, the drug spend position for gastrointestinal (GI) drugs may be seventh. In all cases, the gastrointestinal disease drug spend is significant enough to at least consider as an intervention.

May 2014 was the last time GI was a mailed intervention. In 2016, *H. pylori* treatment guidelines were updated. These guidelines are included in the extended duration with unknown diagnosis criteria where there are n=670 occurrences. Past rationale for not selecting this intervention were DUR Board members' comments concerning how hard it is to convince patients to discontinue proton pump inhibitors.

Asthma Disease Management
This intervention was last mailed on March 13, 2017 so there was insufficient time for the outcome study to be completed which would have assisted with ranking the three choices. Given that the benzodiazepine anxiolytics and controlled sedative/hypnotic intervention is more topical to current state concerns about overuse and appropriate use of opioids, the asthma disease management was not even discussed.

2018 Meeting Dates
March 21, 2018
May 16, 2018
August 15, 2018
October 17, 2018