

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

March 21, 2018

Members Present

Oluchi Azuka, R.N., Ryan Fremming, Pharm.D., Daniel Jude, Pharm.D., Pierre Rioux, MD., and Allyson Schlichte, Pharm.D.,

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 August 9, 2017 were approved.

Old Business: None.

New Business:

Dr. Larry Dent presented the Annual Program Assessment with recommendations. Three were the same as the previous year: Psychotherapeutic agents, Diabetes Management, and Polypharmacy. The most recent mailing was benzodiazepines and sedatives which included criteria for concurrent use of benzodiazepines and opioids.

Opioid Naïve RetroDUR Intervention Draft Proposal

In 2015, recognizing the need to address opioid prescribing practices within the state, the Minnesota legislature authorized the Opioid Prescribing Improvement Program (OPIP), which in turn called for the formation of the OPWG, an external, community-based group of experts. (Minnesota Statute § 256B.0638 Opioid Prescribing Improvement Program). This group has been meeting for over a year. The final version will be posted after approved by both the Commissioner of Human Services and the Commissioner of Health.

The Minnesota Opioid Prescribing Guidelines apply to all opioid prescribers in the state of Minnesota. The set of sentinel opioid-prescribing measures, for the quality improvement measurement portion, will apply only to MHCP-enrolled health care prescribers.

Tonight's proposed intervention was developed from criteria found in the draft guidelines.

The first opioid prescription should be not-more-than (NMT) a 3 day supply or NMT 20 units or NMT 100 MME following an acute injury. Only in rare cases depending on the surgical procedure, would the first opioid prescription be NMT 200 MME per Rx and NMT 7 days. Results using FFS November 2017 claims are below.

FFS only Study month: November 2017	Recipient Count
Opioid Rx within last 30 days: (count distinct recipient IDs)	4,370
Exclude cancer diagnosis (count distinct recipient IDs)	665
Exclude recipients if any other opioid Rx in the last 90 days (3 months) using both FFS & MCO claims.	1,152
Potential recipients (count distinct recipients)	2,553
Does first opioid Rx exceed 3 day supply? (count distinct recipient) = A	922
Does first opioid Rx exceed 100mg MME? (count distinct recipient) = B	94
Does the first opioid Rx exceed 20 tablets (count distinct recipient) = C	806
Is A or B or C exceeded? (count distinct recipient)	1,132
Does the first opioid Rx exceed a 7 day supply? (count distinct recipient) = D	246
Does first opioid Rx exceed 200mg MME? (count distinct recipient) = E	42
Is D or E exceeded? (count distinct recipient)	265

Criteria will be finalized dependent on the content in the final Minnesota Prescribing Guidelines.

There are future plans to lower opioid line level lists from 120mg MME to 90mg MME in keeping with CDC recommendations.

Feedback was solicited on the inclusion of (1) a morphine equivalent conversion table and/or (2) a table that showed the maximum number of units could be dispensed before exceeding the daily maximum of morphine milligrams equivalent. The feedback was if the second table was included then the first table would not need to be included.

The meeting was adjourned.

2018 Meeting Dates

May 16, 2018
 August 15, 2018
 October 17, 2018