

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

Final

May 16, 2018

Members Present

Ryan Fremming, Pharm.D., Pierre Rioux, MD., Allyson Schlichte, Pharm.D., and Abigail Stoddard, 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 March 21, 2018 were approved.

Old Business: None.

New Business:

Dr. Larry Dent stated the most recent RetroDUR intervention was mailed March 5, 2018 to 1,283 providers regarding 1,413 recipients on the topic of benzodiazepines and sedative hypnotics.

Management of Psychotropic Drugs in Adults Proposal

The purpose is promote the safe and cost-effective use of psychotropic drugs in adults. The overview of the issues covered include:

- Use of ADHD medications, antidepressants, and SGAs at doses above recommended maximum are associated with adverse outcomes and associated costs.
- Individuals who receive multiple psychotropic medications are at an increased risk of drug-drug or drug-disease interactions, duplicate or unnecessary therapy, non-adherence, and hospitalizations.
- Use of multiple SGAs has not been shown to improve efficacy or outcomes.
- Management of metabolic side effects of SGAs should include regular monitoring of BMI, blood pressure, fasting blood glucose or hemoglobin A1c and fasting lipid profiles.

Population is all adults receiving targeted drug therapy in the past 60 days.

Table 1. Number of FFS Exceptions for Psychotropic Drugs in Adults.

Performance Indicators	FFS Exceptions
• High Dose: ADHD Medications	519
• High Dose: Antidepressants	756
• High Dose: Second Generation Antipsychotics (SGA)	448
• Non-Adherence:	
○ ADHD Medications	13
○ Antidepressants	2,286
○ Bipolar Medications	76
○ SGAs	66
○ Total	2,441
• Multiple (2 or more) Oral SGAs	237
• Polypharmacy: ≥ 4 Psychotropic Medications	1,175
• Monitoring of SGAs: Glucose and/or Hemoglobin A1c	2,289
• Monitoring of SGAs: Lipids	3,546

Criteria

High Dose Indicators for ADHD Medications, antidepressants, and second generation antipsychotic drugs (SGA) were approved by the DUR Board. The maximum daily doses tables included in the mailing were updated with new drugs which include antidepressants: Forfivo XL®, Aplenzin®, Khedezla®, Pexeva®, and Olectro®. Vraylar® is the new SGA added to Table 3.

Non-adherence for ADHD medications, antidepressants, bipolar medications, and SGAs was approved by the DUR Board. A question was raised if adherence or non-compliance is the appropriate term. Conduent answered that non-compliance is used in the paragraphs sent to prescribers.

The criteria applied that defines chronic therapy are recipients who are receiving the targeted medications in the most recent 45 day and in the period of 90 to 135 days ago. Then, the criterion of receiving less than a 60-day supply of medication during a 90-day period is applied to determine the target recipients.

DUR Board approved the all the proposed criteria below:

Multiple ≥ 2 oral SGAs. Criteria is two or more oral SGAs for more than 35 of 60 days.

Polypharmacy ≥ 4 psychotropic drugs in the last 60 days. Anti-seizure medications that can also be used as mood stabilizers were not included in the polypharmacy count if the recipient had a history of epilepsy/seizures in the last two years.

Lab Monitoring indicators include lack of hemoglobin A1C in the past year and lack of lipid panel in the past two years.

The last criteria was concomitant use of long-acting injectable plus oral antipsychotics for greater than 90 days.

The DUR Board recommended that more references for use of multiple psychotropics be added and updated as there was only one reference and it was dated 2004.

RetroDUR Proposal “New Opioid Prescribing Recommendations will cause FFS Claim Rejections at the Pharmacy when Thresholds Exceeded”

The two-fold purpose of the letter is to alert prescribers of the two upcoming changes at the FFS POS.

1. There will be a decrease from current opioid line level maximum of 120 mg Morphine Milligram Equivalents (MME) to 90 mg MME. The planned effective date is on or after August 20, 2018.
 - The current MME maximum is 120mg MME. The new proposed MME maximum at the pharmacy point-of-service (POS) is 90mg MME which is in keeping with State and Federal Opioid Prescribing Guidelines. There would be an anticipated 200 recipients with ongoing opioid prescriptions that are greater than 90mg MME but less than the current 120mg MME. For this part of the intervention, a list of prescriber’s FFS patients who may be affected will be included in the mailing.

2. For the new FFS POS opioid edit, the initial opioid Rx (at the ingredient level) will be limited to a 7-day supply. The planned effective date is on or after October 1, 2018. The edit will have a 90-day look back of FFS claims to determine if opioid should be limited to an initial seven day supply. If the prescriber wants to exceed the initial 7-day limit, a prior authorization will need to be obtained. The next opioid prescription, if it is the same ingredient, will revert to a maximum of a 34-day supply when the new date of service is within 90-days of the previous date of service.
 - Conduent data analysis: for FFS January 2018, there were 6,684 opioid prescriptions. Of these, 4,068 (61%) were for a greater than 7-day supply. Of this 61%, there were 390 prescriptions where the patient did not have a same ingredient opioid in the last 90 days.
 - The UPPW (FFS and managed care pharmacy) is working to reach a consensus about the 7-day first fill. If reached, this would apply to FFS as well as all managed care plans.
 - For this part of the RetroDUR mailing, individual recipients will not be identified. Instead, in order to reach the largest number of opioid prescribers, prescribers associated with any opioid prescription in the last 90 days, regardless of the days supply, will receive this letter as one way to notify them of this upcoming change.

This DUR mailing is in addition to the standard DHS prescriber updates posted on the DHS website. Dr. Dave Hoang stated there are plans to reach out to the Minnesota Medical Association and Minnesota Board of Medical Practice.

Members of the DUR Board stated that both issues could be included in the same letter even though there were different effective dates. The format and content were approved. There will be no response form.

The meeting was adjourned.

2018 Meeting Dates: August 15, 2018 and October 17, 2018