

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

March 20, 2019

Members Present

Ryan Fremming, Pharm.D., Daniel Jude, PharmD., Allison McClanahan, MSN, RN, Pierre Rioux, M.D., 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 October 17, 2018 were approved.

New Business:

Ad Hoc Polypharmacy Analysis

A DHS staff analysis was performed by a University of Minnesota pharmacy student on a DUR rotation. The purpose was to learn more about the drugs associated with recipients identified in the polypharmacy intervention which has been selected annually as one of the four annual interventions. This analysis reviewed the drugs at the recipient level. Findings of the DHS internal analysis, "Description of FFS Medicaid Population Recipients receiving \geq Drugs in the Calendar Month of September, 2018" was presented. There were n=1,854 recipients (4% of all recipients) with \geq 10 HCISequences drugs for September 2018. N=1,521 (82%) had 10-14 drugs and n=287 (15%) had 15-24 drugs with the remaining 3% were \geq 25 drugs. This group was 60% females. In the < 10 drugs group, 50% were females and 50% were males. The average age was 47.4 and the median age was 53 for the \geq 10 drugs group. There was a corresponding increase in the number of drugs with increasing recipient age. The drugs were grouped into the following categories: heart, mental health, pain, diabetes, pulmonary, gastrointestinal, infectious disease, and miscellaneous which included HIV, cancer, EENT, immunosuppressive, irrigation products, nutrition, steroids, thyroids, topical formulations, and vaccines. The average number of drugs per grouping was provided. The highest number of drugs per grouping was mental health at 3.54. The overall average number of drugs was twelve. Results show that these recipients are being treated for a number of comorbid chronic conditions.

Polypharmacy Disease Specific Proposal

At the previous meeting, it was suggested that a way to make the standard polypharmacy intervention more robust than just sending a paragraph regarding the number of medications was to also provide disease specific intervention paragraphs. Conduent used recipients in the polypharmacy intervention

and ran against their rules engine to identify all hits for this subset population. Results were indicators from asthma, CVD and/or CHF, Diabetes, GI Disorders, Mental Health, and Opioid Therapy.

Asthma Indicators

All patients receiving the targeted drug therapy within the last 30 days AND patients who have had 10 or more medications filled within the most recent 30 days of therapy and with the following flags:

- Duplicate Inhaler Therapy: SABA, LABA, and/or ICS. Candidates with > 35 or more days of duplicate ingredient overlapping therapy.
- Overuse of oral glucocorticoids. Candidates receiving oral glucocorticoids with 90 or more days of therapy in the most recent 120 days.
- Overuse of SABA MDIs: Candidates receiving 5 or more SABA inhalers in the last 120 days.

All three asthma indicators were approved as presented.

Cardiovascular Disease and/or Heart Failure Indicators

All patients receiving a NSAID for >90 days in the last 150 days and patients who have had 10 or more medications filled within the most recent 30 days of therapy and with the following flags:

- NSAID Use in Patients with CVD. Patients with documented cardiovascular disease in the last 2 years.
- NSAID Use in Patients with HF. Patients with documented heart failure in the last 2 years.

Only the NSAID use in Patients with HF was approved, not the criteria regarding CVD.

Diabetes Indicators

All patients receiving the targeted drug therapy within the last 30 days AND patients who have had 10 or more medications filled within the most recent 30 days of therapy and with the following flags:

- Inadequate Lab Monitoring: Candidates without documentation of routine chemistries/laboratory monitoring (A1c, lipids, microalbuminuria, and/or SrCr) within the frequency recommended by the American Diabetic Association (ADA) guidelines.
- Duplicate Non-insulin Antidiabetic Therapy. Candidates receiving multiple oral antidiabetic agents or GLP-1/DPP-4 inhibitors concurrently in the last 60 days.
- Non-Insulin Drug-Drug and/or Drug-Disease Interactions. Candidates with a history of a comorbid condition in the last 2 years that places them at increased risk of a serious adverse event.

Inadequate Lab Monitoring was removed because it did not fit the theme.

GI Disorder Indicators

All patients receiving the targeted drug therapy within the last 30 days AND patients who have had 10 or more medications filled within the most recent 30 days of therapy and with the following flags:

- (PUD) who may be candidates for H. pylori testing secondary to an extended duration of PPI therapy
- PPI Long Duration: Candidates with no indication for long term use beyond 60 days of the last 120 days and are not on a NSAIDs and/or ASA.
- Duplicate H2RA and/or PPI Therapy: Candidates with a history of at least 35 days of overlapping therapy for targeted medications in the last 60 days.

Mental Health Disorders Indicators

All patients receiving the targeted drug therapy within the last 30 days AND patients who have had 10 or more medications filled within the most recent 30 days of therapy and with the following flags:

- **Antidepressant Extended Duration:**
 - Single episode depression (>12 months). Candidates with more than 12 months of antidepressant therapy for diagnosis of depression, single episode.
 - Bipolar disorder. Candidates with more than 12 months of antidepressant therapy for diagnosis of bipolar disorder.
- **Benzodiazepine Chronic Use > 4 months.** Candidates who have received a benzodiazepine anxiolytic with 90 or more days of therapy in the past 120 days. Individuals diagnosed with epileptic seizures or muscle disorders will be allowed chronic therapy with clonazepam, clorazepate, diazepam, or lorazepam.
- **Duplicate Antidepressants:** Patients receiving multiple antidepressants concurrently in the last 60 days
- **Duplicate Anxiolytic and/or Sedative/Hypnotic Therapy:** Candidates receiving multiple anxiolytics concurrently in the last 60 days.
- **Increase ADE: Risk of Serotonin Syndrome.** Candidates receiving an SSRI with another serotonergic antidepressant for more than 35 of the past 60 days.
- **Inadequate SGA Lab Monitoring:** Candidates receiving a SGA, who do not have a documented blood glucose and/or hemoglobin A1c in the past year and lipid panel in the last 2 years
- **Long Acting Injectable Antipsychotic with Oral Agent:** Candidates who have received an oral antipsychotic in the most recent 30 days AND chronically for more than 90 days.
- **Multiple SGAs (2 or more) and/or Polypharmacy (4 or more psychotropic medications):** Candidates who received two or more oral SGAs for more than 35 of 60 days and/or receiving \geq 4 psychotropic agents (e.g., antidepressants, antipsychotics, antianxiety medications, sedatives, anticonvulsants (epilepsy excluded), lithium in the last 60 days.
- **Sedative/Hypnotic Chronic Use > 4 months.** Candidates who have received a controlled sedative hypnotic with 90 or more days of therapy in the past 120 days.

All were approved except for Inadequate SGA Lab Monitoring which was removed because it did not fit the theme.

Opioid Indicators

All patients receiving the targeted drug therapy within the last 30 days AND patients who have had 10 or more medications filled within the most recent 30 days of therapy and with the following flags:

- **Opioid, Antipsychotic, Benzodiazepine, and/or Muscle Relaxant Interaction:** Candidates with concurrent therapy for an opioid, antipsychotic, benzodiazepine, and/or muscle relaxant.
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Opioid use with benzodiazepine, and/or muscle relaxants was approved. More information regarding the SUPPORT Act or H.R.6 will be presented at the next meeting regarding opioids and antipsychotic used concurrently.

Medication Adherence Proposal

Conduent suggested this proposal. Candidates are recipients receiving current drug therapy in the most recent 45 days and chronic therapy in the last 90 to 135 days. As a sampling, adherence was provided for the following disease states.

- Antiasthmatics: Inhaled Corticosteroids, n=432
- Anticonvulsants, n = 1,057
- Antidepressants, n = 1,403
- Antidiabetics: Non-insulin Medications, n = 756
- Antihypertensives, n = 1,505
- Antilipemics, n= 777
- Second-Generation Antipsychotics: Oral Medications, n = 853
- COPD: Inhaled Medications, n = 237
- Thyroid Replacement, n= 468

The DUR Board provided feedback. While the information may be useful, it is hard to incorporate follow-up within in a practice's workflow. Since the adherence indicator can be included within most disease intervention, this intervention was not be used as a standalone intervention. Comment of the proposed letter was that the extensive list of thirty-six websites would need to be vetted.

The meeting was adjourned.

2019 Meeting Dates

May 15, 2019

August 21, 2019

October 16, 2019