

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

May 15, 2019

Members Present

Ryan Fremming, Pharm.D., Daniel Jude, PharmD., Pierre Rioux, M.D., Allyson Schlichte, Pharm.D., and Abigail Stoddard, Pharm.D.

DHS Staff Present

Mary Beth Reinke, PharmD.

Other Attendants

Larry Dent, PharmD., Conduent

Public Comments: There were no public comments.

Approval of Minutes: Minutes from March 20, 2019 were approved.

Department Update:

The Uniform PDL goes into effect July 1, 2019. For FFY 2018, the Minnesota Annual DUR Survey to CMS included reporting from each of the eight Medicaid Managed Care Organizations (MCOs).

Old Business:

Dr. Schlichte provided DHS with comments after a review of all the clinical paragraphs used for Diabetes Mellitus Intervention. These changes will be incorporated into the clinical paragraphs.

Revised Polypharmacy Disease Specific Proposal

While discussed at length at the last meeting, this intervention was brought back to finalize the recommendations. Using the subset of the recipients identified with the current polypharmacy criteria, Conduent's criteria rules engine was applied to identify disease state issues. Results were positive for indicators from asthma, CVD and/or CHF, Diabetes, GI Disorders, Mental Health, and Opioid Therapy. A summary of the DUR Board recommendations from tonight's discussions are listed below:

1. Remove opioid indicators referring to patients with concurrent therapy with an opioid,
2. For recipients with diabetes mellitus, use the duplicate non-insulin antidiabetic therapy indicator but remove the adverse drug events (ADE) indicators.
3. Continue to use word Polypharmacy on letter instead of calling it Disease Specific Polypharmacy or Expanded Polypharmacy.
4. Do not include response forms.
5. Remove HR 6 or SUPPORT Act sentence in letter.
6. Remove 2nd to last sentence in opening paragraph of letter starting with "Improvement..."
7. Two choices were given for description on Medication Therapy Management Services in the provider letter. Below is the chosen paragraph about MTMS

“Medication Therapy Management Services (MTMS) are available and covered by Minnesota Health Care Programs (MHCP). [2005, Minnesota Statute §256B.0625, subd. 13h.] These comprehensive medication reviews are provided either face-to-face or via interactive video (ITV) by licensed pharmacists enrolled with the Minnesota Health Care Programs (MHCP).

What is included in a comprehensive medication review?

- Each drug is determined if appropriately indicated and if the most effective drug is it appropriately dosed to meet therapy goals without causing excessive toxicities.
- Medication adverse effects are identified and discussed.
- Adherence to prescribed drug regimen is determined.
- Overall, the effectiveness and safety of the current drug therapy is assessed.
- A written plan which includes goals and actions to resolve any identified issues is delivered to the patient and communicated to the patient’s other health care providers.

[Medication Management Therapy Services (MSTM), Provider Manual, MN Department of Human Services accessed 5/8/2019]”.

New Business:

Opioid Proposal including Antipsychotic Drugs and Benzodiazepines (HR6)

Before discussing the specifics of the SUPPORT ACT (HR6) recently passed by Congress and the next RetroDUR population intervention, a thirty minute update was provided on Minnesota State efforts regarding appropriate use of opioids. These were the result of Minnesota Session Laws 2015, Chapter 71: Sec. 61. STATEWIDE OPIOID PRESCRIBING IMPROVEMENT PROGRAM.

The commissioner of human services, in collaboration with the commissioner of health, shall report to the legislature by December 1, 2015, on recommendations made by the opioid prescribing work group under Minnesota Statutes, section 256B.0638, subdivision 4, and steps taken by the commissioner of human services to implement the opioid prescribing improvement program under Minnesota Statutes, section 256B.0638, subdivision 5.

Minnesota Statute § 256B.0638 created the Opioid Prescribing Improvement Program (OPIP). After two years of work, OPIP now consists of opioid prescribing guidelines, sentinel prescribing measures, provider education, reporting, and a quality improvement program. One of the main goals is to prevent the progression from opioid use for acute pain to chronic opioid use. Another goal is to reduce unnecessary variation in opioid prescribing. Each Minnesota Medicaid opioid prescriber will receive a comparison of their prescribing metrics to the average of their specialty group (there are 30 different specialty groups) across seven opioid prescribing measures. These first year reports will be information and sent electronically via the MN-ITS mailbox this summer.

H.R. 6—16. Contains the following:

Title 1. SEC. 1004. MEDICAID DRUG REVIEW AND UTILIZATION. (a) MEDICAID DRUG

UTILIZATION REVIEW.— (1) STATE PLAN REQUIREMENT. ...“(III) a claims review automated process (as

designed and implemented by the State) that monitors when an individual enrolled under the State plan (or under a waiver of the State plan) is concurrently prescribed opioids and—

“(aa) benzodiazepines; or

“(bb) antipsychotics. “(ii) MANAGED CARE ENTITIES.—The State requires a claims review automated process described in subclause (III) of such clause. Complete information is found at:

<https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf>

While use of opioids and benzodiazepines concurrently has been already been addressed in RetroDUR interventions, opioids and antipsychotics have not. Minnesota FFS uses First Data Bank as the source of drug-drug interaction information. Both of these opioid drug-drug interactions are level 3 which means to assess risk to the patient and take action as needed. Level 1, which means contraindicated, and level 2 where action is required to reduce the risk of severe adverse interaction are both messaged at the point-of-service. The DUR Board decision was to use a RetroDUR approach to alert prescribers of the opioid drug interactions with antipsychotics and opioids with benzodiazepines.

In a recent 30-day period, the fee-for-service (FFS) Medicaid population had 2,794 recipients who received opioids; 3,599 recipients who received benzodiazepines, and 7,036 recipients receiving antipsychotic medications. The distribution of results per cumulative days of overlap was presented.

- The proposed DUR criteria was > 7 days of overlap during a 30 day period was approved by the >DUR Board. The estimated number of occurrences was n=442 (16%) of opioids and benzodiazepines, n=256 (9%) of opioids and antipsychotics, and n=116 (4%) where all three drugs were used.
- Multiple Prescribers \geq 2 prescribers for drugs: “opioids & benzos” or drugs: “opioids & antipsychotics” for > 7 days overlap was approved.

A summary of the DUR Board recommendations are below:

1. Send as a stand-alone mailing
2. Mail the 4th quarter of calendar year to correspond with CMS October 1st implementation date and to provide separation from Opioid Report Card Mailings.
3. Do not include response forms.
4. Remove link to Support Act in opening paragraph of letter and add as a footnote.
5. Use > 7 days of overlap for concurrent criteria
6. Use 2 or more providers for coordination of care indicator
7. Do not include Medication Assisted Treatment (MAT) drugs, such as Suboxone, when identifying the drug-drug interactions. Methadone for opioid use disorder (OUD) is not covered through FFS Medicaid pharmacy benefit.
8. Remove 4th bullet in Summary table regarding Chronic Opioid Analgesic Therapy or COAT > 90 MME
9. Add disclaimer sentence to closing paragraph: This DUR letter is not used for the DHS Opioid Prescribing Improvement Program.

Outcome Methodology using Polypharmacy as an Example was moved to the August 21, 2019 meeting.

The meeting was adjourned.

2019 Meeting Dates

August 21, 2019
October 16, 2019