Minnesota Department of Human Services
DUR Board Meeting

March 10, 2021

Members Present
Ryan Fremming, PharmD., Daniel Jude, PharmD., Karen Pedersen, PharmD., and Allyson Schlichte, PharmD.

DHS Staff Present
Mary Beth Reinke, PharmD., Dave Hoang, PharmD.

Other Attendants
Ariene Casey, PharmD, Kepro, Tanner Bain, Kepro.

Public Comments: There were no public comments.

Approval of Minutes: Minutes from the December 9, 2020 meeting were approved.

New Business:

For the PPI criteria approved at the December 2020 meeting, letters are to be mailed March 15, 2021. There are 1,201 letters and 1,345 distinct patients for the patients receiving long-term proton pump inhibitors (PPIs). For the patients receiving long-term proton pump inhibitors (PPIs) with PUD without Test or Treatment for *H.pylori*, there were 127 letter and 113 distinct patients identified.

The target mailing date is March 31, 2021 for the respiratory criteria approved at the December 2020 meeting.

The focus for this meeting will be the SUPPORT Act. Besides the original provisions, on December 31, 2020, an additional ruling was finalized to include new Medicaid DUR provisions which are effective March 1, 2021. To comply with CMS regulations, Kepro is contracted to do two SUPPORT Act RetroDUR mailings each contract year.

An overview of the SUPPORT Act was provided by Dr. Ariane Casey, Kepro.

"The Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act'' or the ''SUPPORT for Patients and Communities Act'', H.R.6 was passed by the 115th Congress of the United States of America, January 3, 2018 to provide for opioid use disorder prevention, recovery, and treatment.
There are four DUR provisions listed under Section 1004 of the SUPPORT Act.

1. Claims Review Requirements
    a. Opioid Naïve Days' Supply Limit, Quantity limit, and Subsequent Fill
    b. Days' Supply
    c. Early Refill

d. Duplicate therapy
e. Quantity limits
f. Maximum daily morphine milligram equivalent (MME)
g. Concurrent therapy
    i. Opioids and Benzodiazepines
    ii. Opioids and Antipsychotics
    iii. Other potential criteria deemed appropriate by the state
h. Opioid use with a history of MAT/OAD
i. Opioid antagonist/reversal agent use in those at risk for opioid overdose

2. Program to Monitor Antipsychotics in Children
3. Fraud and Abused Identification
4. Managed Care Organization

Kepro has two mailing formats available. While the special mailing format was employed for the PPIs and the Respiratory Drugs interventions, the individual profile review format is recommended for SUPPORT Act intervention. This means that individual patient profiles are reviewed by the Kepro clinical pharmacist and the most important SUPPORT Act criteria identified with an individual patient's drug profile is selected as the primary therapeutic consideration. The primary therapeutic consideration is the only one reflected in the cover letter. However, up to two additional therapeutic considerations may be chosen and these will be listed under the primary therapeutic consideration page just before the enclosed patient profile. The DUR Board asked questions about the manual review process.

Opioid and Benzodiazepine Concurrent Use
Criteria:

- Inclusion: All patients with a claim for a 30-day supply for a benzodiazepine and 30-day supply of an opioid within 28 days of each other in the last 90 days
- Exclusion: Any patient with a diagnosis of cancer, a claim for an antineoplastic agent, or diagnosis of palliative care in the last 180 days

Potential Opportunities: 1,044
Alert Message: Co-administration of opioids and benzodiazepines should be done with extreme caution as the combination may result in respiratory depression, hypotension, profound sedation, coma, and death. If concurrent administration is clinically warranted, consider dosage reduction of one or both agents. Re-evaluate the patient's treatment plan on a regular basis to determine the necessity for continued concomitant use of these agents. The SUPPORT Act of 2018 requires that Medicaid monitor the concurrent use of opioids and benzodiazepines.

There was no additional DUR Board feedback.

Opioid and Antipsychotic Concurrent Use
Criteria:

- Inclusion: All patients with a claim for a 28-day supply for an antipsychotic and 28-day supply of an opioid within 28 days of each other in the last 90 days
- Exclusion: Any patient with a diagnosis of cancer, a claim for an antineoplastic agent, or diagnosis of palliative care in the last 180 days

Potential Opportunities: 613
Alert Message: The concurrent use of an opioid with an antipsychotic may cause hypotension, profound sedation, respiratory depression, coma, and death. Because of these risks, reserve concomitant prescribing

of these drugs for use in patients for whom alternative treatment options are inadequate. If co-administration is required, consider dosage reduction of one or both agents. The SUPPORT Act of 2018 requires that Medicaid monitor the concurrent use of opioids and antipsychotics.

There was DUR Board discussion about the inclusion of long-acting antipsychotics. Dr. Casey will review the SUPPORT Act again to see if any distinction was made between oral and injectable antipsychotics.

Duplicative Short-Acting Opioids
Criteria:

- Inclusion: All patients with claims for at least a 2-day supply for 2 or more different short-acting opioids within 25 days of each other in the last 90 days
- Exclusion: Any patient with a diagnosis of malignant neoplasms or sickle cell in the last 180 days

Potential Opportunities: 1,534
Alert Message: The patient is receiving therapeutic duplication of short-acting opioids. The SUPPORT Act of 2018 requires that Medicaid monitor the use of opioids.

Duplicative Long-Acting Opioids
Criteria:

- Inclusion: All patients with claims for at least a 21-day supply for 2 or more different long-acting opioids within 28 days of each other in the last 90 days
- Exclusion: Any patient with a diagnosis of malignant neoplasms in the last 180 days

Potential Opportunities: 7
Alert Message: Therapeutic duplication of long-acting opioid analgesics may be occurring. It is typically appropriate to treat a patient with only one extended-release opioid for around-the-clock therapy.
There was no additional DUR Board feedback.

Maximum Daily Morphine Milligram Equivalent (MME)
Currently, as part of the prospective point-of-sale (POS) edits, any opioid prescription that exceeds 90 MME per day requires a prior authorization (PA) for the claim to be paid. This edit is limited to the single opioid prescription being dispensed and does not incorporate if the patient is prescribed additional opioids.

However, Kepro's RxExplorer system is able to calculate a cumulative MME for all opioids prescriptions that a patient is obtaining where FFS Medicaid is the payer. The proposed criteria will be primarily identify chronic use of opioids.

Criteria developed for the SUPPORT Act's new provision to address acute use and/or opioid naïve patients will be presented at the next DUR meeting.

Criteria:

- Inclusion: All patients with claims for at least a 30-day supply for 2 or more different opioids in the last 90 days that cumulatively exceeds more than 90 MME

Potential Opportunities: 612
Alert Message: It appears that the patient may be receiving high dose (> 90 mg morphine equivalents per day) opioid therapy. Higher doses of opioids put the patient at risk for opioid-related adverse effects and

overdose. Consider assessing the effectiveness of the chronic opioid therapy and if modification to the pain management plan may be beneficial. Some patients may benefit from a change to opioid regimen or substitution with non-opioid analgesics.

There was no additional DUR Board feedback.

DUR Board roll call vote was to approve the SUPPORT Act intervention.

The DUR Board meeting was adjourned.

The 2021 DUR Board meeting schedule is below.

- May 12th
- August 11th
- October 13th