Minnesota Department of Human Services
DUR Board Meeting

December 8, 2021

Members Present
Amanda Elliott, PharmD., Karen Pedersen, PharmD., and Ann Philbrick, PharmD.

DHS Staff Present
Mary Beth Reinke, PharmD., DUR Coordinator.

Other Attendants
Ariane Casey, PharmD, Kepro, Cory Chambliss, Kepro, and Han Kwon, PharmD., Kepro.

Public Comments: There were no public comments.

Approval of Minutes: Minutes from September 15, 2021 meeting were approved.

Dr. Reinke, DUR Coordinator, presented DUR 101 background information for new members, Amanda Elliott, Pharm.D. and Ann Philbrick, Pharm.D.

Old business:
Psychotropic Drugs in Youth #2 mailed 10/11/2021 was from 860 regular profile reviews resulting in 551 letters mailed and two special mailings regarding monitoring (702 reviews) resulting in 411 letters mailed.

Diabetes Mellitus Management approved at the September meeting resulted in 1,087 profile reviews with a resulting 768 intervention letters mailed on 10/29/2021.

New business:
Central Nervous System (CNS) Effects

Intervention format will be individual patient profile review. During the DUR Board presentation, first muscle relaxants then sedatives were presented allowing comment on each criteria and corresponding provider message per drug(s) within the drug class. Below is summary information.

Muscle Relaxants and Sedatives Summary

A. Duplicate Therapy within the Same Class
   Criteria:
   - Inclusion: All patients with a claim for more than one muscular relaxing agent for 30 days in the last 90 days within 25 days of each other.

   Muscle relaxants had 111 occurrences and sedatives had 28 occurrences.

DUR Board discussion and recommendations: A question arose if the patient had a paid claim for a short length of therapy but then switched therapies, would that trigger a review. Kepro confirmed both of the medications had to be for 30 days each and overlap for at least 25 days in order to identify those using duplicative therapy long-term.

B. Drug-Drug Interactions
Criteria: Level 1 and 2 drug-drug interactions (DDI) per First Data Bank (FDB) clinical module
- Inclusion: All patients with a claim for a muscular relaxing agent or sedative and an interacting medication for 30 days within 28 days of each other.

Muscle relaxants had 22 occurrences, all involving tizanidine with weak or moderate CYP1A2 inhibitors. Sedatives had four occurrences.

C. Drug-Disease Interactions
Criteria: Level 1 and 2 drug-disease interactions per First Data Bank (FDB) clinical module.
- Inclusion: All patients with a claim for a muscular relaxing agent or sedative for 30 days in the last 90 days with an interacting disease condition in the last 90 days or on drugs suggesting the disease state in the last 28 days.

Muscle relaxants had 87 occurrences involving tizanidine for 33 times and cyclobenzaprine for 54 times. Sedatives had eight occurrences.

D. High Dose
Criteria:
- Inclusion: All patients with a claim for a muscular relaxing agent or sedative that exceeds the FDA-approved maximum daily dose for 30 days in the last 90 days.

Muscle relaxants had three occurrences and sedatives had 19 occurrences.

E. Minimum FDA Age Requirements
Criteria:
- Inclusion: All patients under or above the FDA-approved specified age(s) with a claim for a muscular relaxing agent or sedative for 30 days in the last 90 days.

Muscle relaxants had 20 occurrences and sedatives had 24 occurrences.

F. Appropriate Duration
Criteria:
- Inclusion: all patients with a claim for a muscular relaxing agent in the last 90 days for longer than the specified timeframe.

Muscle relaxants had 319 occurrences with 315 involving cyclobenzaprine.

Sedatives had 755 occurrences of which 687 involved the use of nonbarbiturate sedative-hypnotics (ex. zolpidem). Three messages used for sedatives are below:
Sedative agents are usually intended for short-term use. (44 occurrences)

The failure of insomnia to remit after 7 to 10 days of treatment may indicate the need to evaluate for an unrecognized primary psychiatric or medical illness. (24 occurrences)

The use of nonbarbiturate sedative-hypnotics (ex. zolpidem) is intended for short-term use (less than 4 to 8 weeks). Chronic use of pharmacologic therapy for insomnia should be limited to cases where the benefits are felt to outweigh the risks. (Estimated to be 687 occurrences)

DUR Board discussion and recommendations: the board members in attendance accepted and approved the criteria because the zolpidem message included a) a patient should be re-evaluated, as these agents are not to be used long-term, b) there is a disclaimer statement that alerts the provider there is still room to make a patient-centered decision, and c) since the patient's entire profile is being included, it is common that prescribers might not be fully aware how often their patient is filling the sedative.

DUR Board roll call vote was to approve Muscle Relaxants and Sedatives Intervention as discussed.

Additive CNS Sedation

A. Drug-Drug interactions

Criteria: Level 1 and 2 DDI per First Data Bank (FDB) clinical module had 572 occurrences.

- Inclusion: All patients with a claim for an agent that has a risk of CNS depression and an interacting CNS depressant for 30 days within 28 days of each other.

Alert Messages:

Kepro provided eleven specific examples although there are many drug combinations that have the same alert message only with differing drugs. The most prevalent message with 314 occurrences was the combination of first-generation antihistamines and CNS depressants that should be used with caution due to potentiation of sedative action caused by CNS depressants. Second most common message about the combination of [drug name] and [CNS depressant agent] may produce additive sedative effects with 87 occurrences. Third most common message was exercising caution when a guanfacine-containing agent is co-administered with a CNS depressant with 78 occurrences.

DUR Board roll call vote was to approve the Additive CNS Sedation section as discussed.

<u>High Risk Score – Patient Profile Reviews</u>

Using Kepro's RxExplorer, patients' claims information are analyzed for risk based on (1) the severity of drug therapy problems based on documented literature supporting a low, moderate, or high severity and (2) patient's risk factors including age, gender, multiple providers greater than two, multiple pharmacies greater than two, concomitant therapy or diagnosis and negating therapy or diagnosis. Risk scores are systemically assigned based on the patient's cumulative and updated data records. It is dependent on the diagnosis or therapy related to the criteria in question. There are 5,096 active criteria. Each patient's individual risk score is determined. The review would be for the 1,500 patients with highest risk scores.

DUR Board discussion and recommendations: the board members agreed that key is an individual profile review rather than relying solely on an automated process. A patient's cumulative risk score may be high due to summing several similar criteria. The manual profile review would allow for the selection of the most appropriate paragraph for the individual case.

DUR Board roll call vote was to approve the High Risk Score Patient Profile Reviews as discussed.

The next DUR Board meeting will be February 9, 2022. The meeting was adjourned.