



**Minnesota Department of Human Services
Drug Utilization Review (DUR) Board Meeting**

April 13, 2022

Members Present

Amanda Elliott, PharmD., Daniel Jude, Pharm.D., Karen Pedersen, PharmD., Ann Philbrick, PharmD., and Gregg Schaeppi.

DHS Staff Present

Mary Beth Reinke, PharmD., DUR Coordinator.

Other Attendants

Ariane Casey, PharmD and Kepro, Cory Chambliss, Kepro.

Public Comments: There were no public comments.

Approval of Minutes: Minutes from Feb. 9, 2022 meeting were approved.

Old business:

The Psychotropic Drugs in Youth, mailed March 4, 2022, consisted of 760 profile reviews and 443 provider letters. The blood glucose and lipid monitoring special mailing went to 816 providers regarding 2,583 patients. The Psychotropic Drugs in Adults, mailed April 7, 2022, consisted of 661 profile reviews and 767 provider letters. The blood glucose and lipid monitoring special mailing included 4,191 patients and 2,910 provider letters.

New business:

The intervention format is individual profile reviews except where noted otherwise.

Non-Steroidal Anti-Inflammatory Drugs

Non-steroidal anti-inflammatory drugs (NSAIDs) are common medications that are commercially available as a legend and OTC medication. However, NSAIDs contain drug interactions and risk organ damage with inappropriate use. Six indicators were presented.

A. Duplicate Therapy

Criteria: patients with a claim for more than one NSAID for 30 days in the last 90 days within 25 days of each other. There were 88 occurrences.

B. Drug-Drug Interactions

Criteria: adult patients with a claim for an NSAID and an interacting medication for 30 days within 28 days of each other. Level 1 and 2 drug-drug interactions were included. Total occurrences were 248. Per drug group occurrences were ACEIs/ARBs 31; Beta Blockers 16; Diuretics 38; Anticoagulants 46; Platelets 102; others 15.

C. Drug-Disease Interactions

Criteria: patients with a claim for an NSAID 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. Level 1 and 2 drug-disease interactions are included. There were 323 total occurrences. Top occurrences include monitor if NSAIDs or COX-2 inhibitors are used in a patient with pre-existing asthma (without known aspirin sensitivity) and contraindicated if aspirin-sensitive asthma (71 occurrences); patients with cardiovascular or cerebrovascular disease (54 occurrences) ; patients with hypertension (46 occurrences); increased risk of heart attack or stroke in patients with or without heart disease or risk factors for heart disease (46 occurrences); adjustments if pre-existing renal conditions (22 occurrences); the remaining 15 criteria had 15 or less occurrences each or a total 52 occurrences.

D. High-Dose

Criteria: patients with a claim for an NSAID that exceeds the maximum daily dose for 30 days in the last 90 days. There was one occurrence which was for meloxicam.

E. Age

Criteria: patients under or over the specified age with a claim for an NSAID for 30 days in the last 90 days. There were 163 occurrences for older and elderly patients.

F. Therapeutic Appropriateness

Criteria: patients with a claim for an NSAID in the last 90 days for longer than the specified timeframe. There were 65 occurrences.

Non-Adherence of Select Drug Treatment Categories

Criteria: patients with a drug claim (for more than 60 days in the past 6 months) with less than or equal to 70 days or less in the last 90 days for the following groupings. There was a total of 696 occurrences.

- A. Hyperlipidemia: there were 145 occurrences, which include bempedoic acids, fenofibrates, and juxtapid.
- B. Cardiovascular: there were 200 occurrences, which include ACE inhibitors, antiarrhythmics, antiplatelets, ARBs, beta-blockers, calcium-channel blockers, and diuretics (thiazide, loop, potassium-sparing).
- C. Antipsychotics: there were 179 occurrences, which include first-generation and second-generation antipsychotics.
- D. Antidepressants: there were 167 occurrences including SSRIs, SNRIs, MAOIs, tetracyclics, and bupropion.
- E. Lithium: there were five occurrences.

Montelukast - Black Box Warning (BBW)

Background: Black Box Warnings are the harshest safety-related warning assigned to a drug by the Food and Drug Administration (FDA), and the last stop before a recall notice. Drugs receive this label in the case of serious, often deadly adverse reactions, which have been reported to the FDA after the drug was originally approved. While the BBW includes all leukotriene inhibitors, montelukast is the RetroDUR focus based on utilization.

- A. Criteria: patients with a montelukast claim for 30 days in the last 30 days and a diagnosis of adverse neuropsychiatric events in the last 90 days. There were 302 occurrences. This will be a profile review.

Alert Message: Neuropsychiatric events including agitation, aggression, anxiousness, dream abnormalities and hallucinations, depression, insomnia, irritability, restlessness, suicidal thinking or behavior, and tremor have occurred with montelukast. Evaluate the risks and benefits of continuing treatment if such events occur. For allergic rhinitis, the FDA is recommending that montelukast be reserved for patients who have an inadequate response or intolerance to alternative therapies.

- B. Criteria: patients with a montelukast claim for 53 days in the last 60 days and a diagnosis of allergic rhinitis in the last 60 days. Patients with an asthma diagnosis in the last 180 days were excluded. This will be a special mailing where prescribers will receive a list of their patients.

DUR board approved both Criteria A and B as well as the inclusion of a response form.

The mailing priority was montelukast first, NSAIDs second, and non-adherence third.
The next DUR Board meeting will be Aug. 10, 2022. The meeting was adjourned.