

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

**August 10, 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. Kepro, Cory Chambliss, Kepro, and Alena Mitchell, PharmD., Kepro.

**Public Comments:** There were no public comments.

**Approval of Minutes:** Minutes from April 13, 2022 meeting were approved.

**Old business:**

The Montelukast BBW (black box warning) mailed on June 13, 2022, consisted of 303 profile reviews with a resulting 357 provider letters. The special mailing asking providers to consider changing therapy in patients receiving montelukast identified 1,516 patients with a resulting 1,028 prescriber letters.

The SUPPORT Act mailing, an ongoing biannual mailing, consisted of 575 patients identified with 750 providers. The profile review portion resulted in 264 prescriber letters regarding 164 patients. The special mailing portion involved 411 patients with 486 prescriber letters sent.

**New business:**

**Intervention Outcomes for federal fiscal year (FFY) 2021 (Oct. 1, 2020 – Sept. 30, 2021)**

Kepro explained terminology related to outcome timelines as a pre-period, a null-period (14 days), and the post-period (180 days post null-period). Targeted providers and targeted patients are those in the pre-period whereas adjusted targeted providers and adjusted targeted patients are those in the post-period. Patients must have fee for service (FFS) eligibility and drug claims during the post-intervention period to be included in the analysis. Prescribers must have received an intervention letter. Returned mail is re-sent to a different address but if never delivered then the prescriber-patient is not included in the post-period. Changes in the clinical criteria are reported pre-period compared to post-period. The economic impact is determined using the drug costs in the pre-intervention period compared to the post-intervention period.

The clinical outcomes summary per intervention follows:

1. Overuse of proton pump inhibitors (PPI) showed an overall 40% clinical improvement.
2. Respiratory Management showed an overall 54% clinical improvement.
3. SUPPORT Act #1 showed an overall 79% clinical improvement.

4. SUPPORT Act #2 showed an overall 48% clinical improvement.
5. Psychotropic in Youth #1 showed a 49% clinical improvement.
6. Psychotropic in Youth #2 showed a 52% clinical improvement.
7. Gabapentinoids Evaluation showed a 43% clinical improvement.
8. Diabetes Management Evaluation showed a 77% clinical improvement.

The six-month economic outcome for the eight interventions was estimated at \$862,731. This is based on difference in average drug cost paid per month for the patients in the pre-period compared to the average paid per month for patients in post-period. The percent change is determined as well as the average savings per patient per month. The average savings per patient per month is multiplied by the number of patients in the post-period and the number of months in the post-period to calculate the economic outcome. Kepro determines this impact using the cost of all drugs, not just the targeted drugs.

### **Diabetes Management 2022**

Given the extent of clinical indicators and their improvement in FFY 2021, this intervention is again recommended. The criteria were updated using the American Diabetes Association (ADA) 2022 clinical practice recommendations. Only changes were found in the drug-to-drug interactions section and were minimal. As before, the largest number of occurrences in the proposed indicators is the underutilization area with 936 occurrences. Underuse of antihypertensive therapy was 499 occurrences, underuse of antihyperlipidemic therapy was 111 occurrences, and underuse of metformin was 326 occurrences. The DUR Board approved.

### **Recommended Change in Current Psychotropic Drugs in Youth Process**

Currently, a profile review process is used for the clinical indicators whereas a special mailing is used for the second generation antipsychotic (SGA) monitoring of blood glucose and the SGA monitoring of lipids. Going forward the special mailing format and process be used for both the clinical indicators and the SGA monitoring which will ensure that all youth will be included in both mailings.

The next DUR Board meeting will be October 12, 2022. The meeting was adjourned.