

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

**October 12, 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 August 10, 2022 meeting were approved.

**Old business:**

The Psychotropic Drugs in Youth intervention was mailed September 6, 2022. For inappropriate age, there were 147 profile reviews resulting in 144 provider letters. Using the special mailing format for the remaining six criteria (three or more concurrent psychotropic drugs, two or more second generation antipsychotics (SGA), high dose per age for SGA and high dose per age for drugs used to treat ADHD (Attention-deficit/hyperactivity disorder) SGA blood glucose monitoring, and SGA lipid monitoring) there were 4,165 provider letters; 1,742 distinct patients; and 2,414 specific drug criteria-patient combinations.

The Muscle Relaxers/Sedative Hypnotics/CNS Depressant post-intervention outcome showed 311 adjusted targeted patients. Overall, there was a 50.15% clinical improvement in the post-period with a six-month estimated cost savings of \$31,971.

**New business:**

**Overuse of CNS Depressant Controlled Substances**

Drug classes are (1) anxiolytic drugs (alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, halazepam, lorazepam, meprobamate, and oxazepam) and (2) sedative drugs (butabarbital, chloral hydrate, daridorexant, estazolam, eszopiclone, flurazepam, lemborexant, quazepam, secobarbital, strazepam, suvorexant, temazepam, triazolam, zaleplon, and zolpidem). The greatest occurrences are with anxiolytic drug group (938 opportunities) compared to sedative drug group (149 opportunities).

Criteria:

1. Duplicate therapy and overuse

Inclusion criteria are patients with a claim for more than one drug in the same class for 30 days in the last 90 days within 25 days of each other. There were 1,032 occurrences of which therapeutic duplication of anxiolytic agents were 828 occurrences, sedative/hypnotics were 89 occurrences, and benzodiazepine sedative/hypnotics were six occurrences.

2. High dose anxiolytic agents were 109 occurrences.
3. Drug-drug and drug-disease interactions criteria has no occurrences.

The format will be individual profile review. While trazodone is not a controlled substance, a potential new criterion was suggested, concurrent use of zolpidem and trazodone. The DUR Board approved all criteria presented.

### **Risks Associated with Renal Impairment**

Proposed criteria included drug-drug interactions, drug-disease interactions, high dose, and therapeutic appropriateness. Occurrences were 1, 134, 54, and 171 respectively. The most prominent occurrences per criteria group was metformin for drug-disease interaction; pregabalin and rosuvastatin for high dose; and “anti-hypertensive medication if a diagnosis of chronic kidney disease” for therapeutic appropriateness. The format will be individual profile review. The DUR Board approved all criteria.

When asked to rank the two proposals, the DUR Board unanimously recommended the Overuse of CNS Depressant Controlled Substances over Risks Associated with Renal Impairment.

The next DUR Board meeting will be January 11, 2023. The meeting was adjourned.