Minnesota Department of Human Services
DUR Board Meeting

August 9, 2023

Members Present
Amanda Elliot, Pharm.D., Arnes Huskic, M.D., Daniel Jude, Pharm.D., Karen Pedersen, PharmD., and Ann Philbrick, PharmD.

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

Other Attendants
Cory Chambliss, Kepro, and Alena Mitchell, PharmD, Kepro.

Public Comments: There were no public comments.

Approval of Minutes: The May 10, 2023, meeting minutes were approved.

Old business:

For the Psychotropic Drugs in Adults intervention, 3,378 letters were mailed June 2023. For the SUPPORT Act intervention, 677 letters were mailed July 2023.

New business:

Diabetes Management Evaluation

For the October 19, 2022, mailing, there were 576 adjusted targeted patients and 750 adjusted targeted prescribers in the six-month post intervention period. Overall, clinical indicator improvement was 94.8% and the six-month estimated cost savings was $137,557.

Diabetes Management Intervention

The Diabetes Management Interventions, criteria was approved by the DUR Board for a 2023 mailing.

1. Duplicate therapy with the same class.
   Criteria: more than one diabetic medication [TZD, sulfonylurea, metformin, DPP-IV, SGLT2, alogliptin, exenatide, insulin-GLP1] in the same class for 30 days in the last 90 days within 25 days of each other. There were 41 occurrences.
2. Drug-drug interactions.

Criteria: a claim for an antidiabetic agent (oral, non-insulin injectable, and insulin) and an interacting medication for 30 days. [Information source is FDB: level 1 DDI clinical module]. There were 19 occurrences.

3. Drug-disease interactions.
   Criteria: a claim for an antidiabetic agent (oral, non-insulin injectable, and insulin) for 30 days in the last 90 days with an interacting disease condition in the last 180 days or on drugs suggesting the disease state in the last 90 days. [Information source is FDB: level 1 DDI clinical module]. There were 150 occurrences.
4. High dose.
   Criteria: a claim for an antidiabetic agent (oral or non-insulin injectable) that exceeds the manufacturer's maximum daily dose for 30 days in the last 90 days. There were 11 occurrences.
5. Minimum FDA age requirements.
   Criteria: a under the specified age with a claim for an SGLT2, DPP-4, or GLP1 for 30 days in the last 90 days. There are 0 occurrences.
6. Non-adherence.
   Criteria: a claim for a diabetic medication (oral or non-insulin injectable) (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.
   There are 128 occurrences.
7. Underutilization Hypertension Guideline/Treatment
   Inclusion criteria: patients with a claim for an antidiabetic agent (oral, non-insulin injectable, and insulin) for 30 days in the last 90 days, with a diagnosis of hypertension or diabetic nephritis in the last 90 days. There were 704 occurrences.
   Exclusion criteria: patients with a claim for an ACEI/ARB.
8. Underutilization Hyperlipidemia Guideline/Treatment
   Inclusion criteria: patients aged 20 to 75 years with a claim for an antidiabetic agent (oral, non-insulin injectable, and insulin) for 30 days in the last 90 days within the specified age range.
   For those 20 to 39 years of age, identification requires a diagnosis of family history of atherosclerotic cardiovascular disease (ASCVD).
   Exclusion criteria: All patients with a claim for a statin and/or ASCVD drug in the last 90 days.
   There were 617 occurrences.
9. Underutilization Metformin Guideline/Treatment
   Inclusion criteria: patients with a claim for a non-metformin hypoglycemic (oral or non-insulin injectable) for 30 days in the last 90 days.
   Exclusion criteria: patients with a claim for metformin in the last 90 days and/or a contraindication in the last 180 days.
   There were 450 occurrences.

All criteria were approved by the DUR Board.

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