Minnesota Department of Human Services
DUR Board Meeting

March 13, 2024

Members Present
Amanda Elliot, Pharm.D., Daniel Jude, Pharm.D., and Ann Philbrick, PharmD.

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

Other Attendants
Cory Chambliss, Kepro, Alena Mitchell, PharmD, Kepro, and Ariane Casey, Pharm.D., Kepro.

Public Comments: There were no public comments.

Approval of Minutes: The October 11, 2023 meeting minutes were approved.

Old business:
The status of two approved mailing was provided. For Overuse of PPIs, 1,238 letters were mailed regarding extended duration of PPI therapy with no indication for long-term use. For extended duration of PPI therapy in patients with PUD without test or treatment of *H,pylori*, there were 98 letters mailed. The Support Act #1 mailing was sent February 8, 2024. There were 699 letters mailed regarding 673 patients.

New business:
Overuse of Controlled Substances Evaluation 2023
The intervention mailing date was December 15, 2022, regarding 136 patients. At the six-month post period, 123 patients were evaluated. The results was a 61.32% improvement in duplicate therapy and overuse and 35.29% improvement in high dose with an overall clinical change of 57.72%. The six-month savings was $49,808.94.

Overuse of Controlled Substances Proposal 2024
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). Anxiolytic agents had 422 and sedative agents had 739 performance indicator occurrences. Total potential opportunities are 1,161.
Criteria:

1. Duplicate therapy and overuse had 601 occurrences.
   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.
2. Drug-drug interactions had 103 occurrences.
3. Drug-disease interactions had 448 occurrences.

4. High dose sedative had 9 occurrences.

The format will be individual profile review. The DUR Board approved all criteria presented.

Non-Adherence Evaluation 2023

The intervention mailing date was April 11, 2023, regarding 477 patients. At the six-month post period, 400 patients were evaluated with an overall clinical change of 93.8% and a six-month savings of $212,962. Similar improvement occurred across drug classes: hyperlipidemia (88.9%), cardiovascular (91.7%), antipsychotics (96.2%), and antidepressants (95.1%).

Non-Adherence Proposal 2024

Potential opportunities totaled 639. Opportunities per drug class was 130 for hyperlipidemia, 190 for cardiovascular, 130 for antipsychotics, and 4 for lithium. The comment made was that the numbers seem to be lower than seen in pharmacy practice. The DUR Board approved without any changes.

Muscle Relaxant Therapies with Diagnosis of Substance Abuse

This was a new proposal to identify patients with a history of drug abuse and claims for a muscle relaxant. Inclusion criteria were all patients with a claim for a muscle relaxer for at least at 90-day supply within the last 180 days and a diagnosis of substance abuse within the last 180 days. There was no exclusion criteria. There were 127 occurrences. The alert message would be: “Based on a recent diagnosis of substance abuse, this patient is at high-risk for abusing or misusing their current muscle relaxant therapy. These therapies can be used either alone in high doses or in combination with other controlled substances to induce euphoric states or improve tolerance to narcotics”.

The format would a special mailing. The DUR Board approved the intervention.

Of the three proposals, Overuse of Controlled Substances was ranked first; non-adherence, second; and muscle relaxant therapies, last.

The meeting was adjourned.