



Drug Utilization Review Board Meeting Minutes July 12, 2022

DUR Board Members in attendance: Tim Bourke, RP., Charlie Moore, R.P., Anthony Ross, M.D.

DUR Board Members not in attendance: Tom Dunn, R.P., Bruce Houghton, M.D., Susan Howard, MD., David Randolph, RP., Phil Vuchetich, RP; Robert Wergin, MD.

Nebraska Medicaid & LTC attendees: Carisa Schweitzer Masek, RP, Deputy Director of Population Health; Leah Spencer, R.N., Program Specialist; Dianne Garside, R.P., Ken Saunders, R.P., Director of Pharmacy for Nebraska Medicaid,.

Contracted attendees: Nikia Bennette-Carter, RP, Magellan Rx Management; Jamie Benson, RP, Nebraska Total Care; Shannon Nelson, RP, Nebraska HealthyBlue; Bernadette Ueda, RP, United Health Care.

Public visitors in attendance: Carmen Chinchilla, NAAAI; JJ Roth, Mirum Pharma; Sean Jones, Takeda; Don McCaffrey, Vertex; Amy Reynoldson, NMA; Porscha Showers, Gilead; Tami Sova, Biogen.

I. Opening and Introductions

The meeting was called to order by Ken Saunders at 6:33 pm. Public attendees were directed to complete the sign-in sheet to be added to the meeting minutes. The DUR director made known that the Open-Meetings Act was available. A quorum was not established at the beginning of the meeting.

II. Conflict of Interest

No changes in conflict of interest were declared.

III. Agenda approval

A quorum was not established at the beginning of the meeting. No vote may be taken. No changes to the agenda were made.

IV. Approval of Minutes from DUR Board May meeting.

A quorum was not established at the beginning of the meeting. No vote may be taken. Charlie Moore made a correction that he was not present at the May meeting. Jamie Benson, NTC, made a correction to the erroneous spelling of 'patient' on page 3.

Carisa Schweitzer Masek informs the Board that some non-board members had called the State with questions from the May minutes which will be set forth for review for the Board at the next meeting, including any drafted revisions.

V. DUR Topics:

Updates to the drafted prior authorization form for the drug class, immunomodulators, were reviewed. Drafted revisions include feedback from the May meeting as well as criteria review of the Global Initiative for Asthma-GINA guidelines, the American Gastroenterological Association, The Joint Task Force on Practice Parameters, and previous discussion by of the State with Dr. Vinay Mehta, Allergist-Immunologist.

There was discussion driven by Dr. Ross regarding the authorization guideline revision for CSU. He states that for mast cell cytolysis or activation syndrome, the addition of prior authorization criteria of treatment failure, or a contraindication to a second generation antihistamine is limiting treatment of other medications that are used to treat CSU if the patient has Mast Cell Cytolysis- Activation Syndrome. He states that other medications are currently of standard of care for treatment, especially when the etiology is not known. Dr. Ross will send the State information for review.

Saunders presented State Medicaid data on Naloxone use by Medicaid members in 2020 through 2022. It was noted that the presented totals in the data did not calculate to match the claim data in rows. The data showed an upward trend through time on Naloxone use. It was clarified that Medicaid expansion which started in October 2020 may have contributed to the higher utilization. The Board agrees to presenting quarterly totals and separate the monthly data as to avoid confusion in interpretation of the data in the future. The Board members also agree that data utilizing PDMP information may be combined with Medicaid prescription data to catch any missing prescriptions that were billed outside of Medicaid claims.

Secondly, the State presented data, within the same time frame as the Naloxone, where members were dispensed a long-acting inhaler but did not have a prescription dispensed for a short-acting inhaler. The same calculation clarification was made as with the Naloxone data. Approximately 75% of members were prescribed and dispensed a combination of both. Moore also notes a positive trend where patients prefer the short-acting inhalers and having the combination prescription of a long-acting.

Discussion on preferred inhalers and spacer coverage with Medicaid and the managed care plans. The preferred drug list outlines preferred and non-preferred medications while the spacers are durable medical equipment. Charlie Moore makes a statement that Medicaid reimbursement should cover the cost of services by the pharmacy.

VI. Future Meeting Date

The next meeting is scheduled for September 13th, 2022. There was discussion whether there was possibility of virtual meeting attendance with future meetings. Carisa Schweitzer Masek and State personnel noted that the Open Meetings Act recognizes that no more than one-half of the meetings in a calendar year may be virtual conferencing. The attending Board members agreed that if a virtual meeting was possible, the November 2022 meeting would be preferred.

VII. Concerns & Comments

Board: Charlie Moore brings a question to the MCO representatives about how the reimbursement rate for generic medications is determined. He states that he is getting, as a pharmacy provider, approximately 50 percent of the cost to purchase the generic medication Virbryd. Shannon Nelson of HealthyBlue NE states that some medication pricing may change from the purchase date to the time a medication is dispensed. The managed care plans will review the information and get back to Moore.

DUR Director and State representatives: Schweitzer Masek provides awareness that the State submitted the last fiscal year federal DUR survey information. As with past meetings information was provided to the Board regarding the requirement for Nebraska prescribers to check the PDMP for C-II medications. An education campaign will be implemented for providers which will provide information on requirements and resources. An update will be presented at the next meeting.

Magellan representatives: None

Managed Care Organization (MCO) representatives: Jamie Benson of Nebraska Total Care reminds the State that she had sent an email regarding a possible DUR project related to extended use of Proton Pump Inhibitors (PPI) from Nebraska Total Care's P&T committee related to chronic risk of community acquired pneumonia. Letters were sent out to providers if a member has been on a PPI for an extended amount of time. Benson also discusses rebound reflux, treatment and other health risks. It was pointed out that many PPIs are PDL medications. The State will review the information sent and determine bringing this discussion back to the DUR.

Public attendees: Amy Reynoldson, Executive Vice President of the Nebraska Medical Association (NMA), comments on behalf of the NMA Board President and members. She indicates that previous meeting discussion tonight may have addressed their concerns. Reynoldson asks if the prior authorization form was available to the public as the Open Meetings Act all documentation presented needs to be available. Schweitzer Masek responds that the form is a draft form and will follow-up to determine what documents need to be available to the public. Reynoldson states that the NMA wants to partner with the State to be educated on the PDMP.

Reynoldson reads a letter addressed to the DUR Board from the NMA and the Nebraska Academy of Allergy, Asthma & Immunology (NAAAI) regarding the recommendations for treatment of chronic spontaneous urticaria (CSU) which is in opposition of the step therapy recommendations in the State's prior authorization form. The letter also points out NMA support for LB 337 legislation which requires State Insurers to provide a clear process for a health care provider or patient to request an exception to the step therapy protocol.

Reynoldson points out that with the earlier discussion of the Immunomodulator prior authorization form revisions, that the DUR Board take action to remove policy that requires additional step therapy. She again recognizes that action has been made to achieve this recommendation based on the draft prior authorization discussed in this meeting.

VIII. Adjournment

Bourke made a motion to adjourn and a second by Ross. A quorum was not established at the beginning of the meeting. No vote may be taken. Saunders adjourned the meeting at 7:45 PM.