Nebraska Medicaid DUR Board Meeting
Tuesday, May 14, 2019
DRAFT pending approval at July Meeting

DUR Board Members in Attendance:
Nichole Boggs, UNMC PharmD Candidate
Jerrick Bowers, CU PharmD Candidate
Lynn Carlson, RP
Shana Castillo, RP
Eric Gall, RP
Bruce Houghton, MD
Norman Kelley, MD
Madeline Leiter, CU PharmD Candidate
Roger Mattson, RP
Charlie Moore, RP
Marcia Mueting, RP
David Randolph, RP
Phil Vuchetich, RP
Robert Wergin, MD
Angela Wong, UNMC PharmD Candidate

DUR Board members not in Attendance:
Kevin Borcher, RP
Susan Howard, MD
Kirk Muffly, MD

Guests in Attendance:
Jill Bot, RP Magellan Medicaid Administration
Valarie Simmons, Magellan Medicaid Administration
Carisa Masek, RP Nebraska Medicaid & LTC Services
Jenny Minchow, RP Nebraska Medicaid & LTC Services
Shannon Nelson, RP, WellCare of Nebraska (WC)
Kevin Peterson, RP, Nebraska Total Care (NTC)
Bernadette Ueda, RP, United Health Care (UHC)

Public Members in Attendance:
Melissa Basil, Abbvie
Aimee Redhair, Biogen
Melissa Laurie, Bristol-Myers Squibb
Sean Parker, Bristol-Myers Squibb
Michelle Shirley, Indivior
Valerie Ng, Indivior
Brent Hildebrand, Gilead
Karen Einbinder, Greenwich Biosciences
Kendra Davies, Greenwich Biosciences
Jim Baumann, Pfizer
Doug Wood, Viiv
Kelsie Post, UNMC PharmD Candidate
Ku'ulei Stuhr, UNMC PharmD Candidate

I. Opening and Introductions

The meeting was called to order at 6:30 p.m. by DUR Director, Marcia Mueting. The Director recognized Nicole Boggs and Madeline Leiter for their service to the DUR Board as student members. Board members, guests and public attendees introduced themselves. The Director noted that a copy of the Open Meeting Laws and the meeting materials were available. Public attendees were asked to complete the sign-in sheet if they wished to be listed in the minutes as attending.

II. Declaration of Any Conflict of Interest Changes

No changes were declared.

III. Approval of the Agenda

A motion was made by Lynn Carlson with a second from Bob Wergin to approve the agenda as presented. Vote as follows: Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Kelley-yes, Mattson-yes, Moore-yes, Randolph-yes, Vuchetich-yes, and Wergin-yes. Motion carried.

IV. Approval of Minutes from March Meeting

A motion was made by Norman Kelley with a second from Bruce Houghton to approve the minutes as presented. Vote as follows: Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Kelley-yes, Mattson-yes, Moore-yes, Randolph-abstain, Vuchetich-yes, and Wergin-yes. Motion carried.

V. Update on Recommendations from March Meeting

No discussion.

VI. Retrospective DUR

A. Current Profile Review

1. Restricted Services (RS)

A DUR Board member asked why the criteria for restricted services review included a patient's utilization of three or more pharmacies. The DUR Board discussed that it is common for patients to utilize more than one pharmacy due to need of specialty pharmacies, pharmacies when the patient is away from home, hospital outpatient pharmacy discharge medications, mail-order pharmacy, etc.

Part of UHC's Criteria is to examine patients that have a diagnosis code of poisoning or overdose within the past 180 days. A DUR Board member asked if the other plans included this in their criteria. Both TC and WC stated that usually a patient's visit to the ED for toxicity or overdose will trigger a review.

B. New Business

1. Patients taking stimulants without an FDA-approved diagnosis on file

After a lot of discussion, it was established that diagnosis code data were pulled from medical claims and matched to pharmacy claims data in order to establish a list of patients who were receiving stimulants without an FDA-approved diagnosis. Some board members were concerned about the use of stimulants for treatment of obesity and depression (for terminally ill), but these are considered FDA-approved indications or are listed in the compendia, and allowable for Medicaid coverage. The DUR Board reached a consensus that prescribers of patients with no FDA-approved indication on file should be notified that an FDA-approved indication and diagnosis code must be present in the medical record for the stimulant to be covered. It was recommended that providers should be notified within the next few months of this requirement to allow for time to apply changes to the coding of patient office visits. The board recommends that after January 1, 2020 prescriptions for stimulants will be rejected if there is no appropriate diagnoses

code in the medical claims data. The board also agreed that this should be reviewed again before the edit goes into effect.

2. Concomitant use of Stimulants and Benzodiazepines
Susan Howard apologized for being unable to attend the meeting but provided her expertise on this topic by phone in advance of the meeting with the Director. Per her clinical judgement, it is neither safe nor recommended to use stimulants with benzodiazepines. A board member stated that although he does not prescribe these together, there are cases where a short-term benzodiazepine prescription could be indicated despite stimulant use (i.e. for anxiety while flying). Board members agreed that data should be collected to evaluate which benzodiazepines are being used with stimulants, how many patients are prescribed both, and if the prescriptions are coming from the same prescriber. This topic will be reviewed in either the July or September meeting.

3. Antidepressant Persistence in Patients Diagnosed with MDD
This topic was not discussed because plans are already being evaluated on this.

D. Recommendations for Future Profile Reviews
The board agreed that focus should remain on current topics before introducing new profile reviews.

VII. Prospective DUR

A. New Business

1. New Drug Review

Epidiolex

The Director requested that the phrase "not for monotherapy" be added to the draft criteria because studies included only patients that were on multiple antiepileptic agents. Since this drug is not part of a PDL class, managed care plans may draft their own criteria. The board discussed the data about the number of requests, the approvals, and denials. Most denials were appealed and later approved due to the addition of an appropriate diagnosis code. Public comment was offered by Kendra Davies from Greenwich Biosciences. She presented about approved indications, clinical trial data, adverse effects, the difference between CBD and THC, as well as other information from the package insert of Epidiolex. Board members discussed data about the number of requests for Epidiolex, and how many of those requests were approved or denied. Most denied requests were appealed and later approved after the addition of an appropriate diagnosis code. A motion was made to recommend the draft criteria as amended by Bruce Houghton with a second from Bob Wergin. Vote as follows: Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Kelley-yes, Mattson-yes, Moore-yes, Randolph-yes, Vuchetich-yes, and Wergin-yes. Motion carried.

VIII. Special Requests from the Department

None.

IX. Future Meeting Dates

July 9, 2019
September 10, 2019
November 12, 2019

X. Concerns and Comments from

Board – None.
Director – None.
State Representatives- None.
Managed Care Organization Representatives- None.
Public Attendees- None.

XI. Adjournment

A motion was made by Charlie Moore with a second from Phil Vuchetich to adjourn at 7:58 p.m. Vote as follows: Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Kelley-yes, Mattson-yes, Moore-yes, Randolph-yes, Vuchetich-yes, and Wergin-yes. Motion carried.