NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Drug Utilization Review Board
Meeting Minutes

March 9, 2021

Webex virtual webinar

DUR Board Members in attendance: Kevin Borcher, RP; Tim Bourke, RP; Susan Howard, MD, Charlie Moore, RP; MD; David Randolph, RP; Anthony Ross, MD; Phil Vuchetich, RP

DUR Board Member not in attendance: Bruce Houghton, MD; Robert Wergin, MD

DHHS attendees: Carisa Masek, Director of Population Health; Leah Spencer, R.N; Dianne Garside, RP; Spencer Moore, RP

Contracted attendees:
Nikia Bennette-Carter, RP, Magellan Rx Management, Jenni Pandak, Magellan RX Management
Jamie Benson, RP, Nebraska Total Care; Maria Martin, RP, Nebraska Total Care; Shannon Nelson, RP, Healthy Blue Nebraska; Bernadette Ueda, RP, United Health Care.

Public visitors were in attendance per Webex webinar.

I. Call to Order:

The meeting was called to order by Carisa Masek on March 9, 2021 at 6:30 pm CDT. Members and attendees were welcomed. New board member Tim Bourke was asked to introduce himself. The Open-Meetings Law was made known as available on the NE Medicaid Pharmacy website.

II. Conflict of Interest

No conflicts of interest were declared.

III. Agenda approval

The March 9, 2021 meeting agenda was accepted as presented.

IV. Meeting Minutes; January 12, 2021

Phil Vuchetich declared that discussion regarding the Hereditary angioedema medications was not noted on the minutes. The minutes will be updated for the May, 2021 meeting.

V. Update on Recommendations (January 2021) meeting-DUR Board Policy

Carisa Masek shares that she and Ken Saunders had reviewed with State legal, the language of required seven-member quorum. With the current decline of membership, there has been recent challenges with achieving quorum. Carisa asks if board members have feedback on leaving the quorum or changing to 50% of voting members. Phil Vuchetich recites language he has seen other boards use: 'a simple majority of the voting membership of the DUR board will constitute a quorum'. Kevin Borcher indicates that it is similar to what the DUR policy has in place currently and that while during this challenging time with membership, there has been discussion to change quorum form traditional 50% +1 to a lower percentage. Borcher notes that if Dr. Ross could call into this meeting, a quorum could be met today following the traditional policy in place.

Carisa indicates that the State agrees and calls on Dr. Ross to assist him in getting working audio for this virtual call or perhaps chat during the call.

Phil Vuchetich advises that regarding items regarding voting on item section #4 and section item section #5, after the last edits, there appears to be a duplicate related to ' When a quorum is present, a simple majority is needed for a vote to pass or fail.' In section #5, line 'Items and conflicts on the Board will be resolved by majority vote of the voting members present'. He recommends that this duplicate language only be in one section. Carisa states that this section will also go to legal review.

VI. Special Topics

Carisa Masek gave legislative updates on three pharmacy related bills. LB 270 and LB 375 are bills which discuss PBM's. A hearing has taken place however the bills have not moved to the floor. LB 20 allows self-administered hormonal contraceptive for a three-month initial fill and then a physician discretionary 12 month fill. There has been an amendment for Medicaid members which is still in committee.

VII. Retrospective DUR

Old Business- The taper to the 90 MME is complete as of December 2020. Carisa Masek announces that a request by the State to remove the taper update will be placed on the agenda for the May 2021 meeting. She asks the board members if they have recommendations as to whether they would like to have any routine reports or evaluations to determine if changes to opioid practices are occurring. If no vote is made, she requests a discussion as to monitoring MME and opioid trends and a decision as to when the committee want data brought forth. Kevin Borcher asks if the State is able to monitor the number of prescriptions or patients prescribed over 90 MME, excluding exceptions where some patients who meet diagnosis exclusion of over 90 MME; tracking the number of MME or the number of patients over 90MME. Carisa indicates that both are possible for tracking and asks for clarifications if reporting would be for the number of prescriptions over 90 MME or the number of patients or both? Kevin Borcher expresses that he would lean toward the number of patients.

Phil Vuchetich voices that he has not heard any trending from the MCOs reviews since tapering to the 90 MME threshold and asks if there have been trends noted for over 90 MME over-rides. The managed care organizations share that hospice and cancer diagnosis are excluded from the 90 MME limit. Clinical criteria for requests for an over-ride include an attempt to taper down

within the last six months or rationale why they are not able to meet the 90 MME threshold. Routine review of tapering attempts are required. There is also a PDMP check and requirement of a urine screening every six months. Additional criteria by some MCO plans may require a pain contract, managed by one provider. Additionally, the MCOs have the restricted services program for those who may be over-utilizing prescribers or pharmacies to obtain CII. There is a 90 day look-back to assist in determination of a restricted status to a provider/pharmacy or case management for certain patterns of over-utilization.
After the MCO discussion, Phil Vuchetich points out the use of pain contracts presented. He recommends looking at patients who are prescribed over 90 MME and also more than one provider/prescribers.

Dave Randolph suggests the consideration of restricting those over 90 MME to one provider and one pharmacy.

Phil Vuchetich states that historically the data is brought back to the next meeting and after reviewing, a determination would be made based on that review for frequency of data presentation.

Carisa states this take away recommendation for May 2021 DUR Board meeting agenda:
- Patients receiving over 90 MME
- Number of unique patients
- Patients greater than one provider/prescriber

At 7:05 pm, Dr. Anthony Ross has joined with audio capabilities. The roll call was retaken. David Randolph announces he must drop for a priority appointment.

A motion is made by Kevin Borcher for MME data over 90 MME to be presented at the May, 2021 meeting. Anthony Ross seconded. The vote was unanimously approved.

Support Act data is presented to board members. Carisa Masek reviews data with committee members on concurrent use of opioids and anti-psychotics, opioids and benzodiazepines, and opioids and gabapentin or pregabalin. She asks for recommendations on what data and how often they would recommend review of the data and supporting providers and patients on opioid use.

Phil Vuchetich remarks that there does not seem to be any trends and appears stable. He asks if there comparison against national data could be made.

The next meeting agenda will add the following item for discussion as to whether the board structure requires that a vote will be needed for a data request or can the board make a request without a vote by the board.

After lengthy discussion, Carisa Masek outlines a data request for May 2021 DUR Board meeting:

- Trends for support act data and research comparison against national data, if available
- Reach out to other Medicaid States for trends for comparison

- How many patients were on medication short term (one time prescription).

Phil Vuchetich expresses that he does not feel the board is in full understanding the capabilities that the State has for data research. He questions if data can be correlated to medication possession ratio (90 day supply counts for 90 day supply). Diagnosis were not historically consistent in State data in many cases and understanding the capabilities of the new State system may help the committee determine specificity of their requests.

Carisa responds the State is still exploring all of the capabilities and recommends that the board makes their request and the State will investigate the functionality of the data system. She discusses that the system would be described as an 'intermediary level' while medication ratio would be considered expert level data. The Managed Care Organizations may also be called on for information to fill in gaps of data research. Medicaid can research correlating diagnosis with prescriptions but can only be more confident in the functionality after completing the inquiry.

VIII. Prospective DUR

Dianne Garside of the State proposes to the committee DUR criteria to review at DUR meetings. Categories of review proposed as minimum requirements:

- Non-PDL drugs
- New boxed warnings that need new criteria prior to P&T
- Complex drug classes and new drug classes
- DUR Board requests
- Annually drug Prior authorization criteria for review

New medication claim limitations that are approved FDA prescribing information will be added when it comes to the market.

Phil Vuchetich remarks that in the past a new drug has been on prior authorization for six months. After something is on the market for six months, if the experience of PA has had concerns with rejections for inappropriate or off-label prescribing, those are the drugs the DUR Board has reviewed for a formal framework for prior authorization to make the prior authorization reviews more efficient. He gives the example that a medication that has not had any prior authorizations would not need for formal prior authorization criteria for the whole class. He states that the main reason has been for drugs that have a large number of prior authorizations, the criteria creates an efficient process for review. Kevin Borcher cites the example that some criteria reviews have been established related to new medications for prior authorization for criteria limits. Vuchetich responds that usually if it is an additional product with step therapy based on research, a formalized prior authorization may be developed to follow the step therapy recommended by the research when add on drugs should never be used alone.

Vuchetich informs that the DUR Board develops clinical criteria with consultation with expert providers and manufacturers who do the research. The DUR Board uses best practice for diagnosis and treatment and those updates of the criteria should be made annually.

Bernadette Ueda of UHC remarks she recalls there has been previous discussion with the Nebraska P&T for criteria to be reviewed for medications Embrel, Humira, and Otezla which

have diagnosis code limits but do not take into consideration for other therapies first. Masek remarks that board members must make the request.

Vuchetich asks if the P&T committee have any requests for the DUR Board to review and and add more structured prior authorization criteria around preferred agents. Dianne Garside states that no request has been made. The State will bring the discussion to the May P&T committee meeting.

The State would like to bring the new PDL immune modulators drug class the May, 2021 DUR board meeting for produr criteria review. Phil Vuchetich agrees that the asthma immune modulators for review. He reminds that there has not been an annual review on anything for almost two year. There is a new Hereditary angioedema class (HAE) that is on the PDL which the DUR has not reviewed. Garside states that the HAE drug criteria will be added to the May 2021 agenda.

Masek states that there are some prior authorization forms which have been developed for specific medications that the State will develop a timeline for the DUR Board to review.

IX. Future Meeting Dates

The next DUR Board meeting will be May 11, 2021. Carisa Masek reminded that if an in-person meeting is allowed, there will be virtual access as well.

X. Concerns & Comments

Holly Budlong of Abbvie questions if further guidelines regarding comments that are provided in the meetings will be made. She also questions if manufacturers will be able to review clinical criteria prior to the DUR. Carisa Masek provides explanation that structure involves 5 minutes to discuss comments at the end of the meeting and also states that manfacturers will not review criteria prior to DUR.

XI. Adjournment

A motion was made Kevin Borcher to adjourn the meeting. A second was made by Charlie Moore. The vote was unanimously approved. The meeting was adjourned at 8:00 pm.