

Nebraska Medicaid DUR Board Meeting
Tuesday, January 8, 2019
DRAFT pending approval at March Meeting

DUR Board Members in Attendance:

Nichole Boggs, UNMC PharmD Candidate
Kevin Borchert, RP
Lynn Carlson, RP
Shana Castillo, RP
Eric Gall, RP
Bruce Houghton, MD
Susan Howard, MD
Norman Kelley, MD
Madeline Leiter, CU PharmD Candidate
Charlie Moore, RP
Marcia Muetting, RP
Kirk Muffly, MD
Phil Vuchetich, RP
Robert Wergin, MD

DUR Board members not in Attendance:

Roger Mattson, RP
David Randolph, RP

Guests in Attendance:

Jill Bot, RP Magellan Medicaid Administration
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 Laurie, Bristol-Myers Squibb
Sean Parker, Bristol-Myers Squibb
Kent Van De Mark CU PharmD Candidate
Nancy Bell, Pfizer
Ann Willet, Pfizer
Lindsay Brescha UNMC PharmD Candidate
Leslie Chudomelka UNMC PharmD Candidate
Jaiyu Cui UNMC PharmD Candidate
Feiyan Ding UNMC PharmD Candidate
Yan Jin UNMC PharmD Candidate
Jenna Ulfers UNMC PharmD Candidate
Chao Wang UNMC PharmD Candidate
Yike Wang UNMC PharmD Candidate
Nakaisha Wiegert UNMC PharmD Candidate

I. Opening and Introductions

The meeting was called to order at 6:30 p.m. by DUR Director, Marcia Muetting. 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. Board members, guests and public attendees introduced themselves.

II. Declaration of Any Conflict of Interest Changes

No changes were declared.

III. Approval of the Agenda

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

IV. Approval of Minutes from November Meeting

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

V. Update on Recommendations from November Meeting

DUR Board members asked why the implementation of the recommendation was postponed until May regarding the edit to stop claims for long-acting opioids in patient who were opioid naïve. Jenny Minchow noted that she may be able to work out a faster timeline.

VI. Retrospective DUR

A. Current Profile Review

1. Restricted Services (RS)

Marcia Mueeting reported that in Fee-For-Service (FFS) the criteria for restricted services review is patients utilizing 6 or more prescribers and 3 or more pharmacies in a month. No patients met the criteria in November or December.

Bernadette Ueda shared that UHC patients are evaluated on a 9-3-3 basis where the patient is taking one of the 9 targeted medications, utilizing 3 or more pharmacies and 3 or more prescribers or the patient has a history of poisoning or overdose in the previous 180 days. In November, 29 patients met the criteria and were reviewed. 14 of these patients were added to Restricted Services, 15 patients were removed from Restricted Services. In December, upon biennial review, 1 patient was evaluated, and it was determined that Restricted Services would continue. UHC has a total of 128 patients in Restricted Services and all of them are enrolled in case management.

Kevin Peterson explained that NTC patients are evaluated on the criteria of 6 or more prescribers and 3 or more pharmacies in a month, as well as a matrix which includes the number of emergency room visits and possible drug overdose. In November, 16 patients met the criteria and were reviewed, 12 of whom were referred to case management, 4 were placed in Restricted Services and 1 patient was removed from Restricted Services. In December, 24 patients met the criteria for review, 18 were referred to case management and 6 were placed in Restricted Services. NTC has a total of 38 patients in Restricted Services.

Shannon Nelson reported that WC patients are evaluated on the criteria of utilizing 3 or more controlled substances, 3 or more prescribers and 3 or more pharmacies as well as patients who visit the emergency room 6 or more times or more than 3 facilities in a 90-day period. In November, 26 patients met the criteria and were reviewed, 11 were referred to case management, 2 were placed in Restricted

Services, 12 patients required no action. A biennial review was performed on 1 patient who was released from Restricted Services. In December, 21 patients met the criteria and were reviewed, 9 were referred to case management, 1 was placed in Restricted Services and 11 required no further action.

DUR Board members asked if the focus of these reviews is only controlled substances. The MCO plan representatives indicated that other issues are addressed and often a patient utilizing multiple providers is referred to case management for better coordination of care. A question was asked about the criteria for continuing of Restricted Services on biennial review. The MCO plan representatives cited instances such as patients paying cash for prescriptions, asking for early refills or switching lock-in prescribers are indicators that a patient may need to remain in Restricted Services.

B. New Business
None

C. Recommendations for Future Profile Reviews

Marcia Mueting suggested that the DUR Board consider the next reviews to include patients concomitantly taking opioids and benzodiazepines, and patients concomitantly taking opioids and antipsychotics per HR 6.

The DUR Board last discussed concomitant use of opioids and benzodiazepines in 2014, when for the time period of March to May was examined and found that there were 1,891 prescribers who had 2,356 patients who met the criteria. Upon review, it was discovered that many of these patients were receiving the medications from separate prescribers.

There was discussion on whether an edit should be put in place to prevent concomitant use and what the criteria for that edit should be. There was consensus that patients who received these medications from separate prescribers may be at higher risk of overdose. Marcia Mueting will work with each of the plans to gather data on these issues for discussion at the March meeting. Bernadette Ueda shared that for UHC, there were 5,467 patients taking opioids and 1,324 patients taking opioids and benzodiazepines concomitantly in the 3rd quarter of 2018.

VII. Prospective DUR

A. New Business

1. MME Daily Limit of 250

Marcia Mueting noted that this limit will be put in place in June. DUR Board members discussed the dynamics between pharmacy corporate policies restricting opioid prescriptions and payor restrictions.

B. Old Business

1. MME Daily Limit of 300

Marcia Mueting asked for feedback from the MCOs regarding the December 2018 implementation of this limit. Kevin Peterson said that there were some opportunities for prescriber education on this issue and that NTC issued prior authorization overrides for some patients who could not taper the dose below 300 MME by the implementation of the edit. Bernadette Ueda explained that UHC allowed some patients to be “grandfathered” from the limit until January.

VIII. Special Requests from the Department

None.

IX. Future Meeting Dates

January 8, 2019

March 12, 2019

May 14, 2019

July 9, 2019

September 10, 2019

November 12, 2019

X. Concerns and Comments from

Board – A Board Member inquired about any information available on Medicaid expansion. Jenny Minchow noted that there was a webpage on DHHS’ website for information. (See <http://dhhs.ne.gov/medicaid/Pages/MedicaidExpansion.aspx>)

Director – Annual Review of Policy Statements

Marcia Muetting noted that there were a few draft changes proposed. A motion was made by Norman Kelley with a second from Phil Vuchetich to approve the Policy Statements as drafted. Vote as follows: Borchert-yes, Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Howard-yes, Kelley-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

State Representatives- None.

Managed Care Organization Representatives- None.

Public Attendees- Nancy Bell shared that the prescribing of Narcan has become a hot topic at many professional meetings.

XI. Adjournment

A motion was made by Kirk Muffly with a second from Kevin Borchert to adjourn at 7:35 p.m. Vote as follows: Borchert-yes, Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Howard-yes, Kelley-yes, Moore-yes, Muffly-no, Vuchetich-yes and Wergin-yes. Motion carried.