

Nebraska Medicaid DUR Board Meeting  
Tuesday, March 12, 2019  
*DRAFT pending approval at May Meeting*

**DUR Board Members in Attendance:**

Nichole Boggs, UNMC 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  
Kirk Muffly, MD  
Robert Wergin, MD

**DUR Board members not in Attendance:**

Kevin Borchert, RP  
Susan Howard, MD  
David Randolph, RP  
Phil Vuchetich, RP

**Guests in Attendance:**

Jill Bot, RP 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  
Holly Budlong, Abbvie  
Jim Graves, Bristol-Myers Squibb  
Sean Parker, Bristol-Myers Squibb  
Michelle Shirley, Idivior  
Garth Wright, Genentech  
Ryan Flugge, NovoNordisk  
Mike Frey, NovoNordisk  
Rick Kegler, Otsuka  
Dave Poskey, UCB  
Kent Van De Mark CU PharmD Candidate  
Andrew Stoecklein, 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 Carisa Masek, new pharmacy administrator with Medicaid & LTC Services. 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 Bob Wergin with a second from Norman Kelley to approve the agenda as presented. Vote as follows: Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Kelley-yes, Mattson-yes, Moore-yes, Muffly-yes, and Wergin-yes. Motion carried.

## **IV. Approval of Minutes from January Meeting**

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

## **V. Update on Recommendations from January Meeting**

No discussion.

## **VI. Retrospective DUR**

### **A. Current Profile Review**

#### **1. Restricted Services (RS)**

Marcia Muetting offered a printed report of the reviews and action of each plan. Bernadette Ueda noted that UHC is revising their process and currently has 123 patients in Restricted Services.

#### **2. Follow Up on Previous Projects**

##### **a. Diabetics between 40 and 75 years old not taking a statin**

Kevin Peterson of NTC noted that the numbers of patients decreased between 2017 and 2018 because of their outreach to members and messaging to the pharmacies with their MTM program which encourages pharmacists to engage patients. Shannon Nelson of WC explained that the increase in patients between 2017 and 2018 could be due to the churn of patients switching plans. The Director clarified that the reports are not controlled to assure that the same patient groups were represented in each year.

##### **b. Patients with Asthma Filling 2 or More Short-Acting Beta Agonist Inhalers (SABAs) in 30 days with no Inhaled Corticosteroid on File**

Bernadette Ueda of UHC noted that she is monitoring the fill ratio on the SABAs compared to the controller meds. Board members agreed that a better indicator would be consistent use of 2 or more SABAs over a longer time period.

#### **3. Patients taking more than 250 MME**

It was observed that the number of patients exceeding 250 MME decreased in the time period prior to the implementation of the 300 MME limit in December of 2018. Board members asked if there have been any impacts to decreasing the limits, but none were reported. Plans are looking at specific types of pain, such as low back pain, to offer alternatives to opioids.

### **B. New Business**

#### **1. Data on Patients Taking Concomitant Opioids and Benzodiazepines**

Shannon Nelson of WC provided data on a study done in Medicare patients taking opioids and benzodiazepines concomitantly. DUR Board members identified the key

points of the study to be that time period that patients are in greatest risk of overdose is in the first 90 days of concomitant use and patients had a higher risk of overdose when the medications were prescribed by multiple prescribers. Bernadette Ueda of UHC reported that there is currently in place a soft edit for concomitant use of opioids and benzodiazepines. A motion was made by Kirk Muffly with a second by Bob Wergin to recommend a soft edit for any new start (none in past 90 days) for opioid/benzodiazepine combination when not prescribed by the same prescriber for a patient already on an opioid or benzodiazepine. Vote as follows: Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Kelley-yes, Mattson-yes, Moore-yes, Muffly-yes, and Wergin-yes. Motion carried.

## **2. Data on patients taking concomitant opioids and antipsychotics**

Board members expressed concern over the lack of data regarding harm caused by this combination of medications. A motion was made by Eric Gall with a second from Bob Wergin to recommend that we continue to monitor this issue by reviewing use of concomitant opioids by antipsychotic in 6 months. Vote as follows: Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Kelley-yes, Mattson-yes, Moore-yes, Muffly-yes, and Wergin-yes. Motion carried.

## **C. Recommendations for Future Profile Reviews**

Recommendations for future profile reviews included use of benzodiazepines and stimulants, Xeljanz dosing, antidepressant persistence in newly diagnosed patients per HEDIS measure and compliance with newer anticoagulants.

## **VII. Prospective DUR**

### **A. New Business**

#### **1. Prospective DUR Edits**

Each plan submitted Table 1 from the CMS Annual Report which details the top PA requests by drug name and drug class, the top reasons for denial, the top 10 drugs by amount paid, and the top 10 drugs by claim count. DUR Board members did not find the information useful.

## **VIII. Special Requests from the Department**

The Department asked the DUR Board for a review of the issue of off-label use of stimulants.

## **IX. Future Meeting Dates**

May 14, 2019

July 9, 2019

September 10, 2019

November 12, 2019

## **X. Concerns and Comments from**

**Board** – Concerns were expressed about how difficult it was to hear comments from other Board members in the new venue.

**Director** – None.

**State Representatives**- None.

**Managed Care Organization Representatives**- None.

Public Attendees- Ryan Flugge noted that the data on the use of statins in diabetics is difficult to interpret and should not be disregarded as death from cardiovascular disease is highest in this patient population. Ryan encouraged the DUR Board to pursue projects that decrease cardiovascular disease.

**XI. Adjournment**

A motion was made by Lynn Carlson with a second from Charlie Moore to adjourn at 8:08 p.m. Vote as follows: Carlson-yes, Castillo-yes, Gall-yes, Houghton-yes, Kelley-yes, Mattson-yes, Moore-yes, Muffly-yes, and Wergin-yes. Motion carried.