

Mental Health Medication Advisory Committee
Meeting Minutes, Open Session
May 12, 2020 2:00pm – 4:30pm

Drug Utilization Review Board

Due to COVID-19, this meeting was held virtually.

Committee Members:

DeAnn Jenkins, MD (Chair)
Vishal Adma, MD, MS, CMQ, CPE
Holly Cobb, ARNP (absent)
Bradley Grinage, MD (absent)
Rebecca Klingler, MD
Charles Millhuff, DO
Karen Moeller, PharmD, BCPP
Taylor Porter, MD
Jill Reynoldson, PharmD, BCPP

KDHE-DHCF/Contractor Staff:

John Esslinger, MD, Medicaid Medical Director
Annette Grant, RPh
Victor Nguyen, PharmD
Carol Arace, Senior Administrative Assistant

MCO Staff:

Alan Carter, PharmD, Aetna Better Health of Kansas
Janette Mueller, RPh, United Healthcare Community Plan
Angie Yoo, PharmD, Sunflower State Health Plan

DXC Staff:

Kathy Kaesewurm, RN, BSN
Karen Kluczykowski, RPh
Harry Vu, PharmD

Public attendees:

Ariane Casey, KEPRO;
Erin Hohman, Janssen;
Mark Romereim, MD,
High
Plains MHC;
William Warnes,
Sunflower Health Plan;
Shannon Whilham

TOPIC	DISCUSSION	DECISION
I. Call to Order A. Introductions B. Announcements	<p>Call to Order: Dr. Jenkins called the meeting to order at 2:06 pm. Dr. Jenkins did a roll call of the committee members and requested a brief introduction of each member.</p> <p>Announcements: None.</p>	
II. Old Business A. Review and Approval of February 11, 2020 Meeting Minutes	<p>Committee Discussion: The state requested to table the minutes due to an internal process error, where the final draft was not what the committee was reviewing. Ms. Grant apologized for that oversight.</p>	<p>Dr. Porter moved to table the minutes to the next meeting. Dr. Millhuff seconded the motion. The motion carried unanimously.</p>
B. Multiple Concurrent Mental Health Medication Retro-DUR Analysis	<p>Background: Use of drugs from several mental health medication classes concurrently, could lead to an ineffective drug regimen and increased risks for side effects. Ms. Grant presented data to the committee to help determine what outlier prescribing might look like. This will help to determine what criteria could be used to do a Retro-Drug Utilization Review (RDUR) analysis for provider education purposes.</p> <p>Public Comment: None.</p> <p>Committee Discussion: A committee member asks whether the data represented only antipsychotic drugs or all mental health medications. The state said that it was all mental health medications. If there was an ER and IR of the same medication, that only counted as one drug. Additionally, if there were more than one strength of a drug used, this was only counted as one medication. Additional high level de-identified patient drug utilization data was presented. Data alone can be insufficient. Because each case is really a story, a set of concurrent factors would be needed to determine possible outlier cases for provider follow-up.</p> <p>Once outlier cases are identified, the diagnosis on file, a treatment plan, and location(s) of service, and other relevant factors should be considered when evaluating each case. Patients taking over five mental health medications, the “low hanging fruit”, should be reviewed first.</p> <p>There was discussion about consultation programs being developed. Washington State and KU Med were a couple places with these services in place. The state said that goal is to determine the criteria that would flag for MCO provider peer-to-peer review for educational purposes.</p> <p>Dr. Will Warnes from Sunflower Health Plan mentioned their psychotropic medication utilization review process. Provider reach out and education is currently part of their process.</p> <p>While reviewing dose regimen cases for patients taking ADHD medications, the committee requested more clarity for drug strengths being used and when there was less than a 30 day supply dispensed. This would assist in the consideration of a multiple concurrent limitation for the ADHD PA criteria.</p>	<p>Dr. Moeller motioned to approve the RDUR criteria. Dr. Reynoldson seconded the motion. The motion was approved, except for Dr. Porter.</p>

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	<p>The following was agreed upon for RDUR claims review criteria:</p> <p><u>Criteria indicating need for further review (with psychiatrist).</u> Ages < 6: 4+ concurrent drugs. Ages 6 – <10: 5+ drugs. Ages ≥10: 6+ drugs. All places of service. All provider types. For concurrent use >60 days.</p>	
<p>C. Antidepressant Medications- Safe Use for All Ages</p>	<p>Background: At the February MHMAC meeting, a dosing table was proposed, but due to lack of time, this was tabled until the May meeting. A change in the table presented at this meeting was made to Wellbutrin XL, as labeling suggests 450mg as the upper FDA limits for adults.</p> <p>Public Comment: None.</p> <p>Committee Discussion: There was discussion of the “Not approved” labeling in the table. The state commented that the “Not Approved” mirrored past mental health PA decisions on this topic. Using “insufficient evidence” doesn’t tell the PA reviewer whether or not they can approve the PA, so this was the language agreed upon. Review of the table key notes reflected this information and was amended to meet current committee recommendations. There was some discussion about other indications for drugs in the table. Imipramine dosing for enuresis was added to the table. Table doses for pediatric dosing reflects the 2019 Texas Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version).</p>	<p>Dr. Porter motioned to approve the PA, as amended. Dr. Moeller seconded the motion. The motion was approved unanimously, as amended.</p>
<p>III. New Business A. Prior Authorization Criteria 1. ADHD Medications- Safe Use for All Ages</p>	<p>Background: Adhansia XR was approved and was added to the PA drug list and dosing table. A future meeting will address a possible need for multiple concurrent PA criteria.</p> <p>Public Comment: None.</p> <p>Committee Discussion: The committee requested bringing back the ADHD data from today with the recommended clarifications. Additionally, the Texas guidelines might be used for consideration of the multiple concurrent criteria consideration.</p>	<p>Dr. Porter motioned to approve the PA. Dr. Millhuff seconded the motion. The motion was approved unanimously.</p>

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IV. Open Public Comment	None.	
V. Adjourn	The meeting adjourned at 4:27pm.	Dr. Porter motioned to adjourn the meeting. Dr. Klingler seconded the motion. The motion passed unanimously.

The next MHMAC meeting is scheduled for August 11, 2020.

*All MHMAC approved PA criteria are presented to the DUR Board for final approval. Approved MHMAC PAs are posted to the KDHE website:
http://www.kdheks.gov/hcf/pharmacy/pa_criteria.htm