Mental Health Medication Advisory Committee
Meeting Minutes, Open Session
February 11, 2020 2:00pm – 4:30pm

Drug Utilization Review Board Meeting Location: DXC Technology, Building #283, Capital Room 6511 SE Forbes Ave, Topeka, KS 66619	**Committee Members Present:** DeAnn Jenkins, MD (Chair) Vishal Adma, MD, MS, CMQ, CPE Holly Cobb, ARNP Bradley Grinage, MD Rebecca Klingler, MD Charles Millhuff, DO Karen Moeller, PharmD, BCPP Taylor Porter, MD Jill Reynoldson, PharmD, BCPP **Committee Members Absent:** None. **KDHE-DHCF/Contractor Staff Present:** John Esslinger, MD, Medicaid Medical Director Annette Grant, RPh Victor Nguyen, PharmD **MCO Staff:** Alan Carter, PharmD, Aetna Better Health of Kansas Kelly Courington, PharmD, Sunflower State Health Plan Janette Mueller, RPh, United Healthcare Community Plan **DXC/HID Staff Present:** Kathy Kaesewurm, RN, BSN	**Public Attendees:** Erin Hohman, John Madigan, Janssen; Audrey Rattan, Alkermes; Mark Romereim, MD; Carley Warner; Will Warnes, MD, Sunflower; Coleman Wheeler, MD, UHC. *Illegible names on the sign-in sheet were not included.

TOPIC	DISCUSSION	DECISION
I. Call to Order A. Introductions B. Announcements	**Call to Order:** Dr. Jenkins called the meeting to order at 2:02 pm. **Announcements:** Ms. Grant introduced Dr. Jill Reynoldson, PharmD, BCPP, to the committee.	
II. Old Business A. Review and Approval of August 13, 2019 Meeting Minutes	**Committee Discussion:** None.	Dr. Moeller moved to approve the minutes as amended. Dr. Porter seconded the motion. The motion carried unanimously.
B. Multiple Concurrent Mental Health Medication Retro-DUR Analysis 1. Retro-DUR Analysis Criteria	**Background**: Ms. Grant proposed also looking into the drug regimens in addition to the total number of drugs used to help determine the criteria for Retro-DUR analysis and corresponding provider education. **Public Comment**: None. **Committee Discussion**: The State pulled and analyzed data for patients taking multiple concurrent mental health medications for 60 days or more. Drugs that only differed in IR/ER or different strengths were not considered different drugs in counting the total number of concurrent mental health drugs. Drugs used for side effect treatment were not counted in the total number of concurrent drugs used. The state shared that a prior authorization came to the state for review due to a prescriber requesting to prescribe four antipsychotics for a patient. The State denied the request for not having confirmation that the prescriber consulted with a psychiatrist. After the prescriber consulted with a psychiatrist, the patient received a treatment plan that not only used fewer antipsychotics but was also more effective for the patient. The State mentioned that the highlight of the case was not just preventing excessive medication use, but also the clinical drug knowledge and expertise that was conveyed by the psychiatrist to the primary provider. The committee had questions about the number of prescribers that had high-prescribing practices, and whether it was more effective to have individual conversations with prescribers, compared to just sending out RDUR letters. The State was still working on bringing a more complete picture of the prescribing patterns to the committee, rather than just presenting the number of patients using certain quantities of mental health drugs concurrently. The state requested this agenda item be tabled until May before establishing parameters for the RDUR criteria.	Dr. Klingler moved to table this agenda item until the May meeting. Dr. Porter seconded the motion. The motion carried unanimously.

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C. Review of the Kansas Version of the Texas Guidelines for Psychotropic Medication Utilization Parameters	**Background**: The Kansas version of the Texas Health and Human Services Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health guidelines has been discussed in previous MHMAC meetings. This document is intended to provide guidance for doctors when prescribing mental health medications. **Public Comment**: None. **Committee Discussion**: The state requested that the committee remove the potential oversight of the Kansas Version of the Texas Health and Human Services Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health guidelines from this committee. Even though the foster children are Medicaid patients, there is a specific state charter that supports the Foster Child Psychotropic Medication Workgroup activity where this document originally came from. There is an updated Texas Health and Human Services Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health document (6th Version), dated June 2019. A committee member mentioned how he thought the section regarding Medication Assisted Treatment (MAT) with the youth population would have been an excellent resource for providers to have. The MHMAC chair, Dr. Jenkins, who is also a member of the state Foster Child Psychotropic Medication Workgroup, who will be promoting the Kansas version of the Texas document assured the committee that the specific MAT section will be revisited in the future. However, they are currently interested in getting an initial Kansas version approved as soon as possible. The decision was to remove the oversight of the Kansas version of the guidelines out of the purview of the Mental Health Medication Advisory Committee.	Dr. Moeller motioned to move this document out of this committee. Dr. Porter seconded the motion. The motion carried unanimously.
III. New Business A. Prior Authorization Criteria 1. Antidepressant Medications – Safe Use for All Ages	**Background**: Additional review of Spravato™ PA Criteria. Addition of a dosing table. **Public Comment**: Dr. Mark Romereim, MD, a psychiatrist from Hays, Kansas, presented his information to the committee regarding the use of Spravato™ (esketamine) in his current practice. He had two parts he wanted to address to the committee: how to properly purchase the medication and the criteria requirement of a MADRS or HAM-D before initiating therapy. The State responded that the facility needed to set up a "Buy and Bill" option and that they would provide guidance on this, outside of this committee. The committee then proceeded to speak about MADRS and HAM-D scoring tools. Dr. Will Warnes, MD, a psychiatrist from Sunflower Health also brought up similar questions as Dr. Romereim. Erin Hohman, a representative from Janssen Pharmaceuticals spoke on behalf of Spravato™ to answer questions.	Dr. Porter motioned to approve the amendments and to table the antidepressant medication dosing limit table. Dr. Adma seconded the motion. The motion carried unanimously.

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	Committee Discussion: Parts of the committee discussion pertained to the public comments. Discussions from the committee consisted of the MADRS and HAM-D versus the use of PHQ-9, and the requirements for initiating Spravato™ therapy. Comments that were brought up regarding MADRS and HAM-D were about how these scales are only seen in clinical trials and usually not used in actual clinical practice, except for this drug. Changes were made to the criteria based upon committee discussion. The requested addition of a dosing table was tabled for a future meeting due to time constraints. Dosing considerations should be given for drugs used for other indications, such as imipramine for bed wetting and amitriptyline used for migraine prevention.	
2. Antipsychotic Medications – Safe Use for All Ages	**Background**: Addition of 2 new agents: Secuado® (asenapine transdermal) and Caplyta® (lumateperone). **Public Comment**: Dr. Warnes made a request for the committee to discuss in a future meeting regarding the topic of pediatric patients with ADHD/ODD/DMDD and severe aggression. Mood disorder may be an option for antipsychotic use, but that may not always be warranted. **Committee Discussion**: The State discussed how the efficacy studies for Caplyta® did not have strong evidence for positive results. The basis of this stance was due to how higher strengths did not result in higher effects, but rather a negative result. A committee member mentioned that there might be a therapeutic window of efficacy for this drug, and more safety information will become available as the drug remains on the market. The State and committee agreed to move Caplyta® and Secuado® to the antipsychotic table and to add step therapy criteria. The state also discussed that they moved to a more streamlined process for drug prior authorizations. Using treatment guidelines to guide drug use, step-therapy, and the use of disease activity scales to help guide "treat to target" results. Concerns voiced by the committee were about: how streamlining might lead to an over-simplification, how using a "score" cannot capture the full clinical "picture" of how well a patient is doing, how these scales might deter prescribers from certain therapies. After discussion, the State mentioned that more consideration might be needed for mental health medication use.	Dr. Moeller moved to approve the additions of Secuado and Caplyta dosing to antipsychotic table, and to add Caplyta to step therapy in the PA Criteria. Dr. Millhuff seconded the motion. The motion carried unanimously.
IV. Open Public Comment	Dr. Porter made a comment that the committee appreciates physician colleagues for coming to and attending board meetings.	None.
V. Adjourn	Dr. Porter moved to adjourn. Holly Cobb, ARPN, seconded the motion. Dr. Jenkins adjourned the meeting at 4:34 p.m.	

The next MHMAC meeting is scheduled for May 12, 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