

Minutes
Drug Utilization Review Board Meeting
DATE: **December 10, 2014**



Meeting Purpose: Quarterly Board Meeting
Meeting opened at 6:00 PM by Chair, Patrick Reilly

Attendance: Tracy Applebee-Cole, R.PH; Timothy Fensky, R.PH; Leslie S. Fish, Pharm. D; Karin Gardner Johnson, M.D.; Sophie McIntyre, Pharm D.; Brian O'Neil, R.PH; Patrick Reilly, R.PH.

Absent: Adam Bard Barrows, M.D.; Camilla S. Graham, M.D., MPH; Sarah McGee, M.D.; Audra R. Meadows, M.D. MPH; Karin Ryle, M.S., R.PH.

Agenda Items:

- I. Welcome and Introductory Remarks
- II. Acceptance of the September 10, 2014 DUR Board Minutes
- III. Overview of a Hepatitis C Medication Monitoring Program in a State Medicaid Program
- IV. Intravenous Immunoglobulin Quality assurance Analysis
- V. Urinary Antispasmodics Quality Assurance Analysis
- VI. MHDL Update
- VII. DUR Operational Update
- VIII. MassHealth Update
- IX. Acthar (corticotropin) Quality Assurance Analysis

| Agenda Item | Discussion | Conclusions/Follow Up |
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| Review of Minutes | Acceptance of the September 10, 2014 Minutes were deferred until the next meeting due to attendance. | Follow Up: N/A |
| Action | Bring September 2014 Minutes to March DUR Board. | Conclusion: N/A |

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| Overview of a Hepatitis C Medication Monitoring Program in a State Medicaid | The Hepatitis C Medication Monitoring Program was discussed | Follow Up: Informational |

| Program | | |
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| Action | <p>Background</p> <ul style="list-style-type: none"> • HCV infection is the most common chronic blood borne infection in the United States • High cost and potential for off-label use have necessitated insurers to evaluate approach to access these medications • Selecting a regimen with the best chance of virologic cure, while monitoring medication adherence, may promote cost-effective care <p>Objectives</p> <ul style="list-style-type: none"> • Promote cost-effective regimen use through telephonic prescriber outreach on prior authorization (PA) requests • Identify members with undetectable HCV viral load 12 weeks post-therapy completion (SVR12) by conducting prescriber outreach • Promote medication adherence through refill reminders using pharmacy claims data <p>Interventions</p> <ul style="list-style-type: none"> • Clinical pharmacists contact prescriber <ul style="list-style-type: none"> ▪ Discuss use of alternative regimens ▪ Discuss appropriateness of therapy deferral ▪ Close or extend PAs, if clinically appropriate • Pharmacy associates contact prescriber <ul style="list-style-type: none"> ▪ Inform of refill being due ▪ Inquire if virological cure has been achieved • Ten members completed therapy with more cost-effective, pharmacist-recommended regimen • Estimated cost avoidance: \$569K to \$1.2M <p>Harvoni</p> <ul style="list-style-type: none"> • Does not require administration with peg-interferon • The addition of ribavirin may be necessary for some patients • Short treatment duration of eight weeks for some patients • New oral regimens may be approved in 2014-2015 | <p>Conclusion: Informational</p> |

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| Intravenous Immunoglobulin Quality Assurance Analysis | A quality assurance analysis of Immunoglobulin agents was discussed. | Follow Up: Informational |
| Action | <p>Discussed the following:</p> <ul style="list-style-type: none"> Immunoglobulins are produced by B-cells and are also known as antibodies Although considered equally effective in the clinical setting, not all preparations are considered equivalent Medical history as well as risk factors such as age and comorbid disease states (e.g., diabetes, renal impairment, heart disease, IgA deficiency, etc.) should be considered during product selection. March 1, 2014 to August 31, 2014, there were a total of 97 utilizers, with a total of 459 paid claims There were 100 Prior Authorization Approvals & 27 Denials <p>Proposed the following recommendations:</p> <ul style="list-style-type: none"> The following updates were recommended to the current PA form: add section for member weight, laboratory reference ranges, information on location of administration, and history of stability on an immune globulin | Conclusion: Proceed with proposed changes as stated. |

| Agenda Item | Discussion | Conclusions/Follow Up |
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| Urinary Antispasmodic Quality Assurance Analysis | A quality assurance analysis of the Urinary Antispasmodic agents was discussed. | Follow Up: Informational |
| Action | <p>Discussed the following:</p> <ul style="list-style-type: none"> There were 444 members that filled 1,467 claims for urinary antispasmodics totaling \$275,703 From 3/1/14 to 8/31/14, the highest utilized agent was Enablex® 7.5 mg From 3/1/14 to 8/31/14, the average cost per claim of generic Detrol LA® was \$209 | Conclusion: Proceed with proposed changes as stated. |

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| | <p>Proposed the following recommendations:</p> <ul style="list-style-type: none"> • Consensus guidelines from AUA recommend urinary antispasmodic agents as second-line with no preferred agent • Detrol LA[®] became available generically in January 2014 • Recommended generic Detrol LA[®] 2 mg only require PA above quantity limits | |
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| Agenda Item | Discussion | Conclusions/Follow Up |
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| MassHealth Drug List Update | Overview of Drug List additions and changes effective 12/15/14, 2/23/15 and 3/9/15 | Follow Up: |
| Action | <p>Discussed the following changes and additions to the MassHealth Drug List:</p> <ul style="list-style-type: none"> • Harvoni[®] (ledipasvir /sofosbuvir) added as prior authorization effective 12/15/14. • There will be 21 new drugs Effective 2/23/15 <p>Effective 2/23/15, six drugs will no longer require prior authorization and one drug will change to require prior authorization.</p> <p>Other updates include:</p> <ul style="list-style-type: none"> • One new prior authorization form • Updates to two Initiative documents. | |

| Agenda Item | Discussion | Conclusions/Follow Up |
|---------------------------|---|--|
| Operational Update | Quarterly Operational Updates | Follow Up Informational |
| Action | <p>Provided MassHealth Operational Overview:</p> <ul style="list-style-type: none"> • PA requests have risen to a high of approximately 9,000 requests in October • The average wait time is under 20 seconds per month • The average abandoned rate is under 2% | Conclusion: Quarterly updates will continue to be provided as needed |

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| | <ul style="list-style-type: none"> • Provider outreach risen • DUR Appeals have risen due to increase volume • Top 10 medications requested for PA: Abilify, duloxetine, lidocaine patch, buprenorphine/naloxone, Lyrica, Suboxone, Advair, montelukast, OxyContin, atorvastatin | |
| MassHealth Quarterly Update | <ul style="list-style-type: none"> • MassHealth preparing for a Transition of Government and working with the new administration • The health insurance exchanging is working and functioning well • Working on renewed and expanded waiver from CMS for all the services MA provides in our Medicaid program • Budget cuts are required in Medicaid due to 9C cuts; not affecting pharmacy program at this time • On 11/24 the pediatric behavioral health medication initiative was launched | Conclusion: Quarterly updates will continue to be provided as needed |

Deleted: Health Insurance

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: _____