Minutes
Drug Utilization Review Board Meeting
DATE: December 11, 2024

Meeting Purpose: Quarterly Drug Utilization Board Meeting
Meeting opened at 6:00 p.m. by Rebekah Rice, RPh

The meeting was conducted under Massachusetts Public Meeting Law requirements.

Attendance: Mehmet Furkan Burbak, MD; Melissa Coyle, PharmD; Timothy Fensky, RPh; Colleen Labelle, MSN, RN-BC, CARN; Lori Lewicki, RPh; Sarah M McGee, MD; Rebekah Rice, RPh, CDCES; Christy Stine, MD, PhD

Absent: Laura Spring, MD; Karen Ryle, MS, RPh

Agenda Items:
- Welcome and Introductory Remarks
- Minutes
- Growth Hormone Quality Assurance Analysis
- Antipsychotics Quality Assurance Analysis
- Anemia of Chronic Kidney Disease Quality Assurance Analysis and Clinical Update
- MHDL Update
- DUR Operational Update
- MassHealth Update
- Hepatitis Antiviral Agents Assurance Analysis
- Open Forum

Agenda Item	Discussion	Conclusions/Follow-up
Minutes	Motion to approve the minutes for September 2024 was made by Sarah M McGee, MD and was seconded by Timothy Fensky, RPh.	**Follow-up** Minutes are approved.

Agenda Item	Discussion	Conclusions/Follow-up
Growth Hormone (GH) Quality Assurance Analysis	**<u>Growth Hormone Quality Assurance by Dr. Kaelyn Boss</u>** This evaluation of current medical literature provided a brief overview of new guideline recommendations in this disease state.	**<u>Follow-up</u>** Informational/Advisory
Action	Discussion • Reviewed available GH agents and their indications • Compared long-acting GH agents • Summarized MassHealth management of the class • Discussed updates to MassHealth management for January 2025 Conclusions • There currently are many available GH agents, the majority of which are administered once daily. • GH agents are generally used for management of short stature in pediatric patients, while in adults there is a broader range of symptoms that may be targeted. • There are three FDA-approved long-acting GH agents that are available; all are approved for pediatric growth hormone deficiency (GHD) and one is approved for adult GHD. • MassHealth criteria varies by indication. • Effective January 6, 2025, MassHealth will manage short-acting GH with preferred drug designation for Genotropin® and will manage long-acting GH with preferred drug designation for Skytrofa®, and Sogroya®.	**<u>Conclusion</u>** The board reviewed and accepted the presentation.

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Agenda Item	Discussion	Conclusions/Follow-up
Antipsychotics Quality Assurance Analysis	**<u>Antipsychotics Quality Assurance Analysis by Dr. Amy Dionne</u>** This of current medical literature provided a brief overview of new guideline recommendations in this disease state.	**<u>Follow-up</u>** Informational/Advisory

Agenda Item	Discussion	Conclusions/Follow-up
Action	Discussion • Provided overview of antipsychotic medications • Reviewed most current treatment guidelines • Summarized the MassHealth antipsychotic class management • Discussed trends in utilization and prior authorizations (PA) • Reviewed new product additions • Provided a look to the future: pipeline overview Conclusions • The antipsychotic class has been managed through a variety of mechanisms, including PA on branded products, special formulations, quantity limits, and polypharmacy. • Our trends in utilization and PAs demonstrated appropriate use of medications and guidelines. • The FDA approval of Cobenfy® provided a new way to treat schizophrenia • Additional products with new mechanisms of action are in the pipeline. Questions • The board members discussed factors they consider when prescribing initial or adjunctive therapy (e.g., when their patient is tolerant of a medication, but not seeing a significant change in symptoms).	**Conclusion** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
Anemia of Chronic Kidney Disease (CKD) Quality Assurance and Clinical Update	**Anemia of Chronic Kidney Disease Quality Assurance Analysis and Clinical Update by Dr. Edward Pudim** This evaluation of current medical literature provided a brief overview of new guideline recommendations in this disease state.	**Follow-up** Informational/Advisory
Action	Discussion • Provided a background on anemia of CKD • Described current medications and medications in the pipeline for the treatment of anemia of CKD	**Conclusion** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
	• Summarized anemia of CKD treatment recommendations from clinical practice guidelines • Reviewed current MassHealth management and findings from two QA analyses for medications to treat anemia of CKD • Discussed recommended changes to MassHealth management of medications for anemia of CKD Conclusions • Anemia is a common complication in patients with CKD on dialysis and is associated with increased risk of CKD progression, major adverse cardiovascular event (MACE), and mortality. • Treatment for anemia of CKD starts by addressing correctable causes, such as iron deficiency, before considering use of erythropoiesis stimulating agents (ESAs) or hypoxia-inducible factor prolyl hydroxylase inhibitors (HIF-PHIs). • ESAs and HIF-PHIs all carry a black-box warning for increased risk of death, cardiovascular (CV) and thromboembolic events, and stroke, along with warnings for use in patients with active or recent malignancy. • ESAs are suggested as first-line treatment over HIF-PHIs in the draft 2025 Kidney Disease Improving Global Outcomes (KDIGO) guideline, which aligns with current MassHealth management of these agents. • MassHealth approval criteria were updated to assess for appropriate ESA syringe or vial size and to manage Retacrit® (epoetin alfa-epbx) at parity with Epogen® (epoetin alfa), based on pricing changes. • Vafseo® (vadadustat) will be added to the MassHealth Drug List with approval criteria matching Jesduvroq® (daprodustat).	

Agenda Item	Discussion	Conclusions/Follow-up
MassHealth Drug List (MHDL) Update	**MHDL Update by Dr. Yrielda Morava** MHDL overview included new additions, changes in PA status, and related attachment updates to be implemented with a recent publication rollout.	**Follow-up** Informational/Advisory

Agenda Item	Discussion	Conclusions/Follow-up

Action	Discussion
	• Effective January 6, 2025:
	  ○ There were 20 additions to the MHDL; and
	  ○ There were 20 changes in PA status.
	• There were several changes to Coverage Status for Brand Name Preferred Over Generic List; FDA"A"-rated Generics; 90-day Initiative; and Updates and Changes to the MHDL.
		Conclusion
		The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
DUR Operational Update	**DUR Operational Update by Dr. Jeannine Beauregard** DUR operational overview included statistics associated with PA review and PA response, and call center metrics.	**Follow-up** Informational/Advisory
Action	Discussion • Operational statistics, including PA and call center metrics up to December 31, 2024, were discussed. • All metrics met or exceeded service level agreements.	**Conclusion** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
MassHealth Update	**MassHealth Update by Dr. Kimberly Lenz** MassHealth Update is a summary of recent developments in MassHealth in the context of pharmacy, managed care, or public health.	**Follow-up** Informational/Advisory
Action	Discussion • Reviewed current clinical program initiatives • Provided direct negotiation status update • Discussed operational updates	**Conclusion** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
Hepatitis Antiviral Agents Quality Assurance	**Hepatitis Antiviral Quality Assurance Analysis by Dr. Collin Jerard** This evaluation of current medical literature provided a brief overview of new guideline recommendations in this disease state.	**Follow-up** Informational/Advisory
Action	Discussion • Provided an overview of hepatitis C virus (HCV) • Reviewed current management of HCV direct-acting antivirals (DAAs) • Summarized recent clinical literature on HCV • Identified trends in pharmacy utilization and PA requests • Highlighted upcoming changes to MassHealth management of HCV DAAs Conclusion • Preferred HCV DAAs account for nearly all the pharmacy utilization. • Point of sale (POS) rules were recently updated to remove criteria looking for drug-drug interactions within pharmacy claims history. • POS rules allow most claims for select DAAs to pay at the pharmacy without PA as of October 1, 2024. • MassHealth guidelines will be updated to be aligned with the most recent AASLD/IDSA HCV Guidance on treatment interruptions in treatment-naïve patients, without cirrhosis or with compensated cirrhosis, receiving Mavyret® or sofosbuvir/velpatasvir.	**Conclusion** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
Open Forum	**Open Forum**	**Follow-up** Informational/Advisory

Meeting adjourned at 8:00 p.m.

Respectfully submitted by Mylissa Price

Date: _____