

Drug Utilization Review Board Meeting Minutes

DATE: December 14, 2022



**Commonwealth
Medicine**

Meeting Purpose: Quarterly Drug Utilization Board Meeting
Meeting opened at 6:00 p.m. by Christy Stine, MD, PhD.

The meeting was conducted under Massachusetts Public Meeting Law requirements.

Attendance: Mehmet Furkan Burbak, MD; Melissa Coyle, PharmD; Timothy Fensky, RPh; James Gagnon, RPh, PharmD; Colleen Labelle, MSN, RN-BC, CARN; Lori Lewicki, RPh; Greg Low, RPh, PhD; Sarah M McGee, MD; Karen Ryle, MS, RPh; Laura Spring, MD; Christy Stine, MD, PhD;

Absent: Michael Thompson, MD

Agenda Items:

- Welcome and Introductory Remarks
- Minutes
- Addressing Healthcare Disparities in Pharmacy
- Clinical Team Update
- Respiratory Agents, Inhaled Quality Assurance Analysis
- MHDL Update
- Drug Utilization Review (DUR) Operational Update
- MassHealth Update
- Open Forum
- Antidepressants Quality Assurance Analysis

Agenda Item	Discussion	Conclusions/Follow Up
Minutes	A motion to approve the minutes for September 2022 was made by Sarah M McGee, MD, and seconded by Timothy Fensky, RPh.	<u>Follow Up</u> Minutes are approved.

Agenda Item	Discussion	Conclusions/Follow Up
Addressing Healthcare Disparities in Pharmacy	<p><u>Addressing Healthcare Disparities by Dr. Thomas Pomfret and Dr. Eliza Anderson</u></p> <p>This MassHealth update provided strategies on how to reduce the impact of healthcare disparities on members who are part of the pharmacy program.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
<p>Action</p>	<p>Discussion</p> <ul style="list-style-type: none"> • Explained and highlighted the importance of addressing health disparities to improve health equity. • Described strategies in addressing diversity-related data and opportunities to improve reporting. • Reviewed the current MassHealth DUR strategy and approach to address health disparities to improve health equity. • Discussed potential operational and clinical opportunities to enhance program and pharmacy efforts in addressing health disparities. • Importance of Addressing Health Disparities <ul style="list-style-type: none"> ○ Understanding of health plan membership and needs ○ Method to target adherence ○ Method to improve outcomes ○ Financial improvements for the plan ○ Ethics <p>Concluding Recommendations</p> <ul style="list-style-type: none"> • There is currently a lot of work to be done to unravel systemic practices and reform equitable approaches to health care. • There still needs to be engagement with strategic partners as well as the need to seek external review of policies and recommendations. • When initiating health disparities, we need to take the time to identify priorities as well as specific areas in the organization or program. • Map out a course and tackle one priority at a time. Then evaluate and report outcomes, and advocate for ongoing program enhancements. • Remain focused on the patient and their social needs when developing programs and policies. <p>Questions</p> <ul style="list-style-type: none"> • Question presented to the board <ul style="list-style-type: none"> ○ If resources including manpower and budgets were not an issue, what would be your initial focus/target area to help address health disparities and improve health equity? 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

	<ul style="list-style-type: none"> ▪ Low stated that Mass General-Boston is doing the same with race and clinical calculators. He stated that the initial effort would involve accurately collecting data at the front end, but they are missing data. He stated one issue that they have is that some populations do not feel like sharing data so makes it difficult to target certain populations for quality improvement. ▪ Gagnon agreed with Low's points of view. There are challenges for small practices to collect and aggregate the data. He suggested that a multidisciplinary team with experience in this area is helpful. ▪ Pomfret also stated there can be mistrust from members about how the data used and that disclaimers may be helpful. Timeliness of information for data that does or does not change is important. He also stated that MassHealth recognized the silo issue in the system and there is no process to go backward, only forwards. ▪ Lewicki stated that this issue has been happening at the pharmacy level. She has noticed this problem with processing claims. ▪ Stine inquired if it should be removed for it to be processed. <ul style="list-style-type: none"> • Pomfret replied that depending on the state, it can cause an issue, since it is reported at the federal level and at the they are working on this issue. 	
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Agenda Item	Discussion	Conclusions/Follow Up
Clinical Team Update	<p><u>Clinical Team Update by Dr. Mark Tesell</u></p> <p>This overview was a summary of the current projects and accomplishments of the clinical pharmacist team of the MassHealth Drug Utilization Review Program and the Office of Clinical Affairs.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Clinical Teams Activities Overview – July 1, 2021 to June 30, 2022 • Formulary Management <ul style="list-style-type: none"> ▪ New drugs that were reviewed: 55 ▪ Criteria that were updated: 31 (for new formulation, strength, and indication) ▪ Evidence Based Medicine Evaluations: 141 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

- Quality Assurance Analyses: 13
 - Also were addressed were new indications and formulations etc. (e.g., criteria update)
- Associated DUR guideline updates: 200+ currently maintained
- Changes to QA Process
 - Included Managed Care Organization pharmacy and medical claims utilization
 - Evaluated short-term pipeline impacts
- Takeaways of Innovation Station
 - Key Benefits
 - Identified improvement strategies
 - Accountability structure
 - Team leadership opportunities
 - Communication forum
 - Unified Preferred Product List – Deployed on January 1, 2021
 - Identification of Agents Included
 - Preferred products that existed
 - Identified the cost saving opportunities
 - Identified the class unification to promote uniform care
 - Unified Guideline Development
 - ~40 unified guidelines
 - Stabilized and grandfathered
 - Support
 - MHPPM debriefing sessions
 - Solicit feedback on policies
 - MCO FAQ releases
- Fully Unified Pharmacy Benefit - April 2023
 - Rationale
 - Uniform prescription drug management across the Massachusetts Medicaid population
 - Reduced confusion and potential administrative complexities for physicians who have Medicaid patients with different PDLs
 - Smoothed continuity of care transitions for members who change Medicaid plans
 - Aligned Pharmacy Benefit Inclusions
 - PA status
 - Clinical criteria
 - Medical benefit design/drug coverage
 - Over the counter coverage

	<ul style="list-style-type: none"> ○ UPPL Unification Special Projects <ul style="list-style-type: none"> ▪ EBM Process <ul style="list-style-type: none"> • Goal: Clinically appropriate management that maximizes the lowest net cost products ; <ul style="list-style-type: none"> ○ Reviewed stability and POS rules ▪ Medical Benefit Evaluation <ul style="list-style-type: none"> • Goal: aligned the Medical Benefit (MB) management across plans • Market Intelligence <ul style="list-style-type: none"> ○ Pipeline Monitoring <ul style="list-style-type: none"> ▪ One to two years pre-approval <ul style="list-style-type: none"> • Snapshots and DUR board summary (as needed) • CE program (annual) ▪ One year pre-approval <ul style="list-style-type: none"> • Budget Impact Forecasting (BIF) projections (three times per year) ▪ Six months pre-approval <ul style="list-style-type: none"> • Preliminary Drug Review, New Drug Review, • Negotiation support ▪ The pipeline has been monitoring more than 2,000 drugs in the pharmaceutical pipeline ▪ Fiscal Impact of top drivers ▪ Moving forward: quality assurance of estimates ○ Contract Negotiation Support <ul style="list-style-type: none"> ▪ Supporting OCA in Manufacturer Negotiations <ul style="list-style-type: none"> • Value-Based Contracting (VBC) Support • Drug Value Assessment Team • Clinical Initiatives <ul style="list-style-type: none"> ○ Opioid and Benzodiazepine Management <ul style="list-style-type: none"> ▪ Future Strategies <ul style="list-style-type: none"> • Dose reductions • Polypharmacy initiatives (gabapentin, stimulants) • First-fill program ○ Opioid Dose Reduction <ul style="list-style-type: none"> ▪ Accumulated 180 MME dose limit – April 1, 2023 ▪ Opioid first-fill initiative – June 2023 ○ PBHMI <ul style="list-style-type: none"> ▪ Call Center Review: High Risk Member ▪ High Risk Case Workup ▪ Discussion at TCM, intervention planned ▪ Outreach to prescriber through peer-to-peer process ▪ Outcomes Monitoring ○ Care Coordination Referrals to Primary Care ACO and MBHP 	
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	<ul style="list-style-type: none"> ○ Others and Moving Forward <ul style="list-style-type: none"> ▪ Patient Care Clinical Initiatives <ul style="list-style-type: none"> • Compounding (high-cost ingredient management) • PBHMI laboratory monitoring • Special Populations/PA recertification program • Adult Stimulant Use PA program • Digital Therapeutics Support • Durable medical equipment Expansions • Healthcare Disparities Workgroup • Education <ul style="list-style-type: none"> ○ Staff Development <ul style="list-style-type: none"> ▪ Rollout Guideline Trainings ▪ Clinical Forum ▪ Continuing education programs ○ Managed Care Pharmacy Resident DUR Rotation <ul style="list-style-type: none"> ▪ Contributed to client project work ▪ Clinical Review ▪ Participated in TCM workgroup (case presentations, provider outreach, quality improvement project) <ul style="list-style-type: none"> • Opioid workgroup • PBHMI workgroup ▪ Special Populations support <ul style="list-style-type: none"> • Medication reviews, consults • Nursing continuing education (Nebulizer Treatments and Inhalers, COVID-19: Updates & Clinical Pearls) • Patient home visits ▪ Pipeline tracking and budget impact forecasting ▪ Monitoring programs ▪ Drug value assessment team ▪ Student precepting ▪ Longitudinal research projects ○ Resident Research (AMCP Annual) <ul style="list-style-type: none"> ▪ Anderson et al. Analysis of Health Care Utilization and Costs Among Patients with Asthma Initiating Dupilumab ▪ Hoang et al. Changes in Health Care Resource Utilization Following Initiation of Ustekinumab in members with Inflammatory Bowel Disease. ○ Resident Research (ADURS) <ul style="list-style-type: none"> ▪ Anderson/Hoang et al. Characterization of Stimulant Utilization in a State Medicaid Program • ○ Student APPE <ul style="list-style-type: none"> ▪ Affiliated with eight Schools of Pharmacy 	
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	<ul style="list-style-type: none"> ▪ Students contributed to new drug reviews, clinical review case discussions, and pipeline updates ▪ New in FY22: student rotation in Managed Care and Health Policy (Northeastern University) • Dissemination <ul style="list-style-type: none"> ○ Publications <ul style="list-style-type: none"> ▪ American Journal of Managed Care <ul style="list-style-type: none"> • PA recertification program ○ Public Presentations <ul style="list-style-type: none"> ▪ Resident Posters (AMCP, ADURS) ▪ AMCP <ul style="list-style-type: none"> • A Practical Framework in Managing Value-Based Contracts • A State's Collaborative Response to Address Health Disparities and Treatment Access During the COVID-19 Pandemic • Fellow Poster: Diagnosed Prevalence of Mild Cognitive Impairment and Alzheimer Disease ▪ EMPAA <ul style="list-style-type: none"> • Not Yet Eliminated: The Current State of Hepatitis C Treatment and Policy ○ Commonwealth Medicine Blogs <ul style="list-style-type: none"> ▪ Topic overviews, several on MassHealth programs <ul style="list-style-type: none"> • Cell and Gene Therapy Reimbursement • Value-Based Purchasing Arrangements • Accelerated Approval Pathway • Digital Therapeutics • Antidepressant Pipeline <p>Questions</p> <ul style="list-style-type: none"> • Tesell congratulated Pomfret on being the AMCP representative to the ASHP Crediting Commission based on the great work of the Managed Care Pharmacy DUR Program. Other members of the Board offered their congratulations. 	
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Agenda Item	Discussion	Conclusions/Follow Up
Respiratory Agents, Inhaled	<u>Respiratory Agents, Inhaled Quality Assurance Analysis by Dr. Karen Stevens</u>	<u>Follow Up</u> Informational/Advisory

Quality Assurance Analysis	This was an evaluation of current medical literature and provided a brief overview of new guideline recommendations in this disease state.	
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Described inhaled respiratory agents' classifications. • Discussed latest treatment guidelines for asthma and chronic obstructive pulmonary disease (COPD). • Evaluated current MassHealth utilization and PA summaries. • Reviewed implications of recent ProAir market discontinuation. • Presented recommendations based on Quality Assurance review. • Summary <ul style="list-style-type: none"> ○ MassHealth requires PA for many of the high net-cost respiratory inhalers and nebulizers. <ul style="list-style-type: none"> ▪ Stability on medications (which do not have preferred formulation) will be accepted as a clinical rationale for approval. <ul style="list-style-type: none"> • Exceptions: albuterol, fluticasone, and fluticasone/salmeterol inhalers ○ A large number of claims for these agents was handled via POS rules. <ul style="list-style-type: none"> ▪ 4,535 claims paid due to POS for six months ▪ 1,655 PA requests for six months ▪ The initial denial rate and absolute denial rates were very similar (48% and 42% respectively) ○ The top 5 inhalers by total spend did not require PA. - This accounted for 74% of overall spend. • Recommendations from QA Analysis <ul style="list-style-type: none"> ○ AirDuo RespiClick (fluticasone/salmeterol) <ul style="list-style-type: none"> ▪ Lowered net cost for brand compared to authorized generic for past three quarters. <ul style="list-style-type: none"> • Recommended to add to BOGL • Part of UPPL • Under review ○ Brovana (arformoterol) and Perforomist (formoterol inhalation) <ul style="list-style-type: none"> ▪ Lowered net cost for generic arformoterol and formoterol for past three quarters <ul style="list-style-type: none"> • Recommended to remove agents from BOGL • Not part of UPPL ○ Long-acting antimuscarinics/long-acting beta agonists (LAMA/LABA) class <ul style="list-style-type: none"> ▪ Lowered net cost for two agents: Anoro (umeclidinium/vilanterol) and Stiolto (tiotropium/olodaterol) 	<p><u>Conclusion</u> N/A</p>

	<ul style="list-style-type: none"> Recommended to require Bevespi (glycopyrrolate/formoterol) and Duaklir (aclidinium/formoterol) to step through one of these agents Pipeline <ul style="list-style-type: none"> PT027 (albuterol/budesonide) <ul style="list-style-type: none"> Potential 1st in class, inhaled, fixed-dose combination rescue medication containing short-acting beta agonists (SABA) and budesonide Recommended by FDA Advisory Committee 16 to 1 for treatment of asthma in people ≥ 18-year-old PDUFA 1st half 2023 <p>Questions</p> <ul style="list-style-type: none"> Low inquired about the Global Initiative for Asthma (GINA) update and if the albuterol single one-day rescue inhaler approval. <ul style="list-style-type: none"> Stevens responded that the quantity limit has been removed. Low had a follow up question about the release dates. Stevens responded there is an inhaler that is on the market. She then stated there is no date available for the second inhaler. Low inquired about MDI inhaler and if HFA will be phased out due to environmental impacts. Stevens responded that she had noticed the difference but has not seen any further information on switching patients. 	
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Agenda Item	Discussion	Conclusions/Follow Up
MHDL Update	<p><u>MHDL Update by Dr. Christopher Nelson</u></p> <p>MHDL Overview included new additions, changes in Prior Authorization (PA) status, and related attachment updates to be implemented with a recent publication rollout.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> There were seven additions to the MHDL Drug list effective as of December 12, 2022. Of the seven additions, all the additions will require PA. Changes in PA status <ul style="list-style-type: none"> 14 cerebral stimulants and miscellaneous agents will require prior authorization within the newly established age limit. 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

	<ul style="list-style-type: none"> ○ One cerebral stimulants and miscellaneous agents will require prior authorization within the newly established age limit. ○ Three iron replacement agents will no longer require prior authorization. ○ Three topical corticosteroids will no longer require prior authorization. ○ One oral antibiotic agent will no longer require prior authorization. ○ One oral antibiotic agent will require prior authorization. ○ One hepatitis antiviral agent will no longer require prior authorization. ● Changes to the MassHealth Brand Name Preferred Over Generic Drug List <ul style="list-style-type: none"> ○ Three agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List. ○ Two agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List. ● Changes to the MassHealth 90-day Initiative <ul style="list-style-type: none"> ○ Four agents may be allowed or mandated to be dispensed in up to a 90-day supply. ● Changes to the Miscellaneous Documents on the MassHealth Drug List <ul style="list-style-type: none"> ○ The MassHealth Pharmacy Program Public Health Emergency Response document has been updated to reflect recent changes. ○ The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List. ○ The MassHealth Over-the-Counter Drug List has been updated to reflect recent changes to the MassHealth Drug List. ○ Five drugs will be added to the MassHealth Supplemental Rebate/Preferred Drug List. ○ Three drugs will be removed from the MassHealth Supplemental Rebate/Preferred Drug List. ○ One initiative has been updated and added to the New Pharmacy Initiatives. ○ The MassHealth ACPP/MCO Unified Pharmacy Product List has been updated to reflect recent changes to the MassHealth Drug List. ○ The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List. 	
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DUR Operational Update	<p><u>DUR Operational Update by Dr. Arthur Lam</u></p> <p>DUR Operational Overview included statistics associated with Prior Authorization (PA) review and PA response, and call center metrics.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>										
Action	<p>Discussion</p> <ul style="list-style-type: none">MassHealth PA requests from 2019 to December 2022 (calendar year to date) showing with COVID leniencies initiated in March 2020 and then some removed in August 2020.MassHealth call center volume from 2019 to December 2022 (calendar year to date) showing with COVID leniencies initiated in March 2020 and then removed in August 2020.The monthly average for PAs from 2017 to 2022 (to date) was reviewed. The peak average was 10,547 per month in 2018 while currently, in 2022 (to date), the average per month was 8,960.The call abandonment rate was generally less than 2% (overall average is 1.3%).The average wait time for an answered call was generally under the 30-second range (overall average is 13 seconds).The average treatment time was consistently around four minutes.MassHealth Appeals: The current monthly average is four.Provider Outreach Volume: The current monthly average is 518 calls.Top Ten Medications Requested for Prior Authorization – October 1, 2021 to September 30, 2022. <table><tr><td>1. Freestyle Libre Prior Authorization</td><td>6. Botulinum Prior Authorization</td></tr><tr><td>2. Dexcom Prior Authorization</td><td>7. Ozempic Prior Authorization</td></tr><tr><td>3. Clindamycin Age Restriction</td><td>8. Humira (CF) Prior Authorization</td></tr><tr><td>4. Tretinoin Age Restriction</td><td>9. Pregabalin Prior Authorization</td></tr><tr><td>5. Testosterone Prior Authorization</td><td>10. Linzess Prior Authorization</td></tr></table> <ul style="list-style-type: none">Prior Authorization Compliance Response Time – October 2021 to September 2022<ul style="list-style-type: none">Total requests:107,415 requests77% of all PAs decisions within six hours.99.9% of all PAs decisions in less than 24 hours.	1. Freestyle Libre Prior Authorization	6. Botulinum Prior Authorization	2. Dexcom Prior Authorization	7. Ozempic Prior Authorization	3. Clindamycin Age Restriction	8. Humira (CF) Prior Authorization	4. Tretinoin Age Restriction	9. Pregabalin Prior Authorization	5. Testosterone Prior Authorization	10. Linzess Prior Authorization	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>
1. Freestyle Libre Prior Authorization	6. Botulinum Prior Authorization											
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4. Tretinoin Age Restriction	9. Pregabalin Prior Authorization											
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	<ul style="list-style-type: none"> ○ Over 50% of all PAs decisions in less than three hours • Prior Authorization Compliance Response Time during call center hours – October 2021 to September 2022 <ul style="list-style-type: none"> ○ Total requests: 107,415 requests ○ 96% of all PAs decisions within six hours. ○ 99% of all PAs decisions in less than nine hours. 	
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Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	<p><u>MassHealth Update by Dr. Kimberly Lenz</u></p> <p>MassHealth Update is a summary of recent developments in MassHealth in the context of pharmacy, managed care, or public health.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Legislative Updates <ul style="list-style-type: none"> ○ Continue to work under public health emergency. <ul style="list-style-type: none"> ▪ Continue to work with the State disaster plan amendment. ○ Continue to work with Gov. Elect Healey to brief her on the unit. It has been a smooth transition. • Unified Formulary <ul style="list-style-type: none"> ○ Full unification for April 2023 • Claims Processing <ul style="list-style-type: none"> ○ Optional 90-day Supply Program <ul style="list-style-type: none"> ▪ 12% claims are processed as 90-day claims ○ Mandatory 90-day Supply Program <ul style="list-style-type: none"> ▪ Scheduled to go live on for December 19, 2022 ▪ Will put out a Pharmacy Fax detailing how to enter overrides (e.g., not safe to dispense 90 days, adherence packaging, etc.) • End of FY22 <ul style="list-style-type: none"> ○ Supplemental rebate contracts for 57 drugs 21 manufacturers ○ Eight value-based contracts with manufacturers ○ Over ~\$350 million (annualized) savings <p>Questions and comments</p> <ul style="list-style-type: none"> • Lenz wanted to thank the team for the hard work behind the scenes to get the work done. She wished everyone a happy holiday. 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

Agenda Item	Discussion	Conclusions/Follow Up
Open Forum	<u>Open Forum</u>	<u>Follow Up</u> Informational/Advisory
Action	Discussion <ul style="list-style-type: none"> This presentation was tabled until the next DUR Board meeting. 	<u>Conclusion</u> N/A

Agenda Item	Discussion	Conclusions/Follow Up
Antidepressants Quality Assurance Analysis	<u>Antidepressants Quality Assurance Analysis by Dr. Ashley Chiara</u> This overview was an evaluation of current medical literature and had provided a brief overview of new guideline recommendations in this disease state.	<u>Follow Up</u> Informational/Advisory
Action	Discussion <ul style="list-style-type: none"> This presentation was tabled until the next DUR Board meeting. 	<u>Conclusion</u> N/A

Meeting adjourned at 8:00 p.m.

Respectfully submitted by Mylissa Price

Date: _____