Minutes
Drug Utilization Review Board Meeting
DATE: December 9, 2015

**Meeting Purpose:** Quarterly Open Board Meeting
Meeting opened at 6:00 p.m. by Chair, Sarah McGee

**Attendance:** Adam Bard Burrows, M.D.; Timothy Fensky, R.PH.; Leslie S. Fish, Pharm.D.; Karin Gardner Johnson, M.D.; Sarah M. McGee, M.D.; Sophie McIntyre, Pharm.D.; Patrick Reilly, R.PH.; Christy Stine, M.D.

**Absent:** Audra R. Meadows, M.D., MPH; Sherry Nykeil, M.D.; Karen Ryle, M.S., R.PH; Arthur Yu-shin Kim, M.D.

## Agenda Items:

I. Welcome and Introductory Remarks
II. DUR Clinical Update
III. Pediatric Behavioral Health Medication Initiative Update
IV. Diabetic Testing Supplies Quality Assurance Analysis
V. Omalizumab (Xolair) Quality Assurance Analysis
VI. MHDL Update
VII. DUR Operational Update
VIII. MassHealth Update

| Agenda Item | Discussion | Conclusions/Follow Up |
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| **Review of Minutes** | Motion to accept the September Quarterly Board minutes | **Follow Up**<br>Informational |
| **Action** | Accepted | |

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| **DUR Clinical Update** | Fiscal Year 2015 | **Follow Up**<br>Informational |
| **Action** | ➢ Reviewed clinical projects and accomplishments<br>➢ Total number of NDRs: 73<br>➢ Summarized/quantified new drug reviews, guidelines, and proposals<br>➢ Total number of guidelines: 146<br>➢ Total number of QAs: 48<br>➢ Clinical Proposals: 4 | |

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| | ➢ Discussed progress related to MassHealth clinical initiatives<br>➢ Total cases sent to clinical review: 1,924<br>➢ Clinical Initiatives<br>o Cardiovascular Agents<br>o Biosimilars<br>o Cystic Fibrosis<br>o Hepatitis C<br>o Opioid Management<br>o PBHMI<br>o Progesterone Agents9<br>o PCSK<br>o Synagis<br>• Provided an overview of pharmacy resident and student contributions on the DUR rotation.<br>• Presented an overview of disseminated work related to the MassHealth pharmacy program.<br>• Described trends in clinical projects. | |

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| **PBHMI Update** | Pediatric Behavioral Health Medication Initiative Update | **<u>Follow Up</u>**<br>Informational |
| **Action** | ➢ Presented an overview of the PBHMI Initiative including<br>➢ Requirement and guidelines<br>➢ Reviewed Implementation Timeline<br>➢ Total PAs from 11/24/14 to 11/30/15: 18,478<br>➢ Provided overview of the Therapeutic Class Management (TCM) Workgroup<br>➢ Workgroup members<br>➢ Responsibilities<br>➢ Challenges<br>➢ Lessons Learned and Successes<br>➢ Provided analyses for the future<br>➢ Members with denied PBHMI pharmacy claims and behavioral health medical claims (e.g., hospitalization, emergency room visits)<br>➢ Collaboration with other state agencies to identify PBHMI longitudinal outcomes and trends<br>➢ Identifying care coordination and other services to provide optimal member care<br>➢ Impact of PBHMI on prescribing trends based on submitted PA requests and pharmacy claims | |

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| **Diabetic Testing Supplies QA Analysis** | Quality Assurance Analysis for Diabetic Testing Supplies | **Follow Up**<br>Informational |
| **Action** | • Described necessity and recommended frequency of self-monitoring of blood glucose (SMBG) in the management of diabetes mellitus.<br>• Reviewed the implementation timeline of MassHealth diabetic testing supplies initiative.<br>• Discussed changing trends in test strip utilization.<br>• Highlighted sampling of prior authorization requests.<br>• Discussed recommendations and next steps based on quality assurance analysis results.<br>• Presented conclusions<br>➢ There has been significant adoption of preferred diabetic testing supplies.<br>➢ Pharmacy program cost on average is $70/claim prior to rebate.<br>➢ Prior authorization requests reviewed appropriately<br>➢ Approvals & Denials<br>➢ Presented recommendations<br>➢ No significant recommended changes to the PA process.<br>➢ Requests for Accu-Chek Aviva that state that the member requires the bolus dose calculating function will be reviewed on a case-by-case basis. | |

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| **Omalizumab QA Analysis** | Quality Assurance Analysis of Omalizumab (Xolair) | **Follow Up**<br>Informational |
| **Action** | • Discussed background information on Xolair (omalizumab) and its use in clinical practice for the management of allergic asthma and chronic idiopathic urticaria (CIU).<br>• Evaluated recent utilization and cost data for MassHealth members.<br>• Presented an overview of current prior authorization (PA) requests for Xolair<br>➢ 84 Approvals<br>➢ 37 Denials<br>• Reviewed historical comparison of utilization from last evaluation.<br>• Discussed recommendations to current MassHealth clinical criteria.<br>➢ Presented recommendations<br>o Minor changes were recommended for approval criteria of CIU: requirement of prescriber to be an allergist/immunologist or dermatologist or to provide consultation notes from one.<br>o Clarification provided to consultants when reviewing initial requests for doses > 150 mg every 4 weeks for CIU. | |

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| | o Specific outgoing denial message was created to alert prescribers when MassHealth is looking for medical necessity for initial dose > 150 mg.<br>o No changes made to approval criteria for allergic asthma. | |

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| **MHDL Update** | MassHealth Drug List Update | **Follow Up**<br>Informational |
| **Action** | • MassHealth Drug List (MHDL)<br>➢ Tentative date for implementation is February 8, 2016.<br>➢ Of the 25 medication being added<br>o 22 of those drugs will require prior authorization.<br>o Two medications will be added to the PBHMI in addition to age and quantity limits.<br>o Two medications will be covered without a PA requirement.<br>➢ There will be updates to tables, PA forms and Initiative documents. | |

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| **DUR Operational Update** | Operational Update for Drug Utilization Review | **Follow Up**<br>Informational |
| **Action** | Provided MassHealth Operational Overview:<br>• Peak of 12,000 PAs due to the PBHMI<br>• Average about 7,000 calls per month<br>• Under 2% abandon rate<br>• Under 20 seconds for answer call times<br>• Under 4 minutes for call handling times<br>• Average about 750 calls per month<br>• Top ten drugs requested for PA include: duloxetine, Harvoni, clonidine, lidocaine, Abilify, guanfacine, methylphenidate, Suboxone, Lyrica, risperidone<br>• Decision times on PAs during working hours are<br>o 81% within 6 hours<br>o 97% less than 9 hours | |

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| **MassHealth Update** | Update from MassHealth | **Follow Up**<br>Informational |
| **Action** | • Discussed Budgets<br>➢ Meeting FY16 target depends on revenue | |

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| | ➢ Working on FY 17 now<br>• Described Current Focus<br>➢ Payment reform – Accountable Care Organization Model<br>o Strategy for moving risk around<br>o How/whether to carve out certain drugs<br>o Different payment models<br>o Pharmacy program and Long Term Care reviews due to spending increases<br>o Resolution needed for CMS rule on covered outpatient drugs,<br>o Rule around Managed Care Organizations<br>o 340B Program with HRSA guidance<br>➢ POPS contract expires on June 30, 2016.<br>➢ Work continues on our high intensity initiatives.<br>• Board Updates<br>➢ Karin Johnson no longer member<br>➢ Sarah McGee new Chair replacing Patrick Reilly | |

Meeting adjourned at 8:02 p.m.

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date _____

Meeting adjourned at _____ p.m.

Respectfully Submitted,

Vincent Palumbo, R.Ph.
DUR Program Director