

Minutes
Drug Utilization Review Board Meeting
DATE: 6/11/14



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

Agenda Items:

- I. Welcome and Introductory Remarks
- II. Resident Research Project Posters
- III. Special Populations Program Update
- IV. V. MassHealth Drug List Update
- V. DUR Operational Update
- VI. MassHealth Update

Agenda Item	Discussion	Conclusions/Follow Up
Review of Minutes	The March 12, 2014 Minutes were reviewed and accepted as written	Follow Up: N/A
Action	March Minutes approved as noted.	Conclusion: N/A

Agenda Item	Discussion	Conclusions/Follow Up
Resident Research Project Posters	The pharmacy resident research projects and outcomes were discussed.	Follow Up: Informational
Action	<p>Discussed the following regarding the resident research projects:</p> <ul style="list-style-type: none"> • Adherence Measurement of Tenofovir/Emtricitabine (Truvada[®]) for Pre-Exposure Prophylaxis of Human Immunodeficiency Virus-1 in a State Medicaid Population <ul style="list-style-type: none"> ○ Only 67% of members may have been optimally adherent to PrEP with tenofovir/emtricitabine, identifying an area of concern and potential improvement ○ The majority of members with consistent pharmacy claims for tenofovir/emtricitabine and MPR ≥ 0.95 did not have medical claims for the HIV antibody test <ul style="list-style-type: none"> ▪ Uncertain whether the member was not tested or used other sources of testing 	Conclusion: Informational

	<ul style="list-style-type: none"> ▪ If not tested, may indicate that patient education regarding the importance of regular HIV antibody testing may be inadequate ○ Additional long-term, randomized, prospective studies with a larger sample size are warranted to further evaluate the barriers to adherence to PrEP therapy and the monitoring of HIV antibody testing throughout course of therapy • A Determination of Health Care Visits in a Medicaid Population Switching from Injectable to Oral Disease-Modifying Agents for Relapsing Forms of Multiple Sclerosis <ul style="list-style-type: none"> ○ Similar incidence of health care visits regardless of treatment with an injectable or oral disease-modifying agent ○ Little difference in adherence rates to injectable disease-modifying agents compared to oral disease-modifying agents ○ Additional studies are necessary to further evaluate the impact of adherence to MS treatment on incidence of health care visits 	
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Agenda Item	Discussion	Conclusions/Follow Up
Special Populations Program Update	An update of the Special Population Program was provided.	Follow Up: Informational
Action	<p>Program data, program growth and utilization were discussed:</p> <ul style="list-style-type: none"> • The Special Populations pharmacist team provides pharmacy services to: <ul style="list-style-type: none"> ○ Community case management (CCM) ○ Acquired brain injury (ABI) waiver program ○ Department of children and families (DCF) ○ Children's Hospital Boston ○ Enhanced coordination of benefit team. • From May 1, 2013 to April 30, 2014, the following consults were provided: <ul style="list-style-type: none"> ○ 282 total consults for 195 members <ul style="list-style-type: none"> • 234 CCM • 48 ABI waiver, Department of Children and Families (DCF), Children's Hospital Boston and Enhanced Coordination of Benefit (ECOB), and other MassHealth programs • Program cost avoidance from May 1, 2013 to April 30, 2014 was reported. 	<p>Conclusion: This program represents an effective strategy to enhance the quality of care for at risk members as a direct result of collaborative efforts between MassHealth and University of Massachusetts Medical School (UMMS).</p>

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Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Drug List Update	Overview of the drug list additions effective August 2014	Follow Up: N/A
Action	August 2014 Update <ul style="list-style-type: none"> • 14 new medications and/or formulations • Changes in prior authorization status were reviewed 	Conclusion: Changes in the MassHealth Drug List will continue to be provided as needed

Agenda Item	Discussion	Conclusions/Follow Up
DUR Operational Update	Quarterly Operations Update	Follow Up: Informational
Action	DUR Operations monthly workload includes the following: <ul style="list-style-type: none"> • Average of 6,000 PA requests • Average of over 7,000 calls <ul style="list-style-type: none"> ○ Average abandonment rate slightly over 1.0 % ○ Average treatment time of under 4 minutes • Average of 10 appeals • Average of 400 Provider outreach calls • Top 10 medications for which PA was requested: Abilify, buprenorphine/naloxone, atorvastatin, Suboxone, Lyrica, Cymbalta, Lidoderm, Montelukast, OxyContin, Advair 	Conclusion: Quarterly operational updates will continue to be provided as needed.

Agenda Item	Discussion	Conclusions/Follow Up
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MassHealth Update	Quarterly MassHealth Update	<u>Follow Up</u> Informational
Action	<p>Provided MassHealth Overview which includes the following:</p> <ul style="list-style-type: none"> • MassHealth is well funded for expansion from Healthcare Reform and Affordable Care Act. There has been increase in volume at DUR dues to an increase in enrollment. • In addition to the DUR Board, other advisory boards have been created which will affect MassHealth. <ul style="list-style-type: none"> ○ The Opiate Task Force <ul style="list-style-type: none"> ▪ Made recommendations for prescribing and dispensing of opiates. ▪ New pain initiative for MassHealth to lower the morphine equivalents for quantity and dose limits. ▪ Made recommendations for access to care including an 800 number for patients to access programs and educate public and providers. ▪ Expansion of PMP education. ○ Hepatitis C Workgroup <ul style="list-style-type: none"> ▪ Discussion on how to manage Hepatitis C with general guidelines and specific management of sofosbuvir (Sovaldi®). ○ Psychotropic Medications in Pediatric Members <ul style="list-style-type: none"> ▪ Modifying guidelines for combination of behavioral health medications in pediatric population. 	<p>Conclusion: Quarterly updates will continue to be provided as needed.</p>

Respectfully submitted by: Vincent Palumbo, Director of DUR

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