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| MinutesDrug Utilization Review Board MeetingDATE: June 11, 2025 |  |



**Meeting Purpose:** Quarterly Drug Utilization Board Meeting

Meeting opened at 6:00 p.m. by Laura Spring, MD

The meeting was conducted under Massachusetts Public Meeting Law requirements.

**Attendance:** Diane Bruessow; Mehmet Furkan Burbak, MD; Melissa Coyle, PharmD; Timothy Fensky, RPh; Colleen Labelle, MSN, RN-BC, CARN; Jaqueline Gagnon, RPh; Lori Lewicki, RPh; Mirembe Reed, Pharm.D.; Laura Spring, MD; Karen Ryle, MS, RPh; Christy Stine, MD, PhD

**Absent:**

**Agenda Items:**

* Welcome and Introductory Remarks
* Sickle Cell Disease Medication Therapy Management Quality Assurance Analysis
* Antipsychotic Clinical Management Update
* MHDL Update
* **DUR Operational Update**
* **MassHealth Update**
* **Open Forum**
* **Intravenous Iron Agents and Chelators Quality Assurance Analysis**

| **Agenda Item** |  **Discussion** | **Conclusions/Follow- up** |
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| Sickle Cell Disease Medication Therapy Management Quality Assurance (QA) | Sickle Cell Disease Medication Therapy Management (MTM) Quality Assurance Analysis by Dr. Megan Granahan and Dr. Edward Pudim This analysis evaluated the implementation of, and the outcomes related to, a medication therapy management program focused on sickle cell disease. | **Follow-up**Informational/Advisory |
| Action | Discussion* Provided background information on sickle cell disease
* Reviewed sickle cell disease consensus guideline recommendations and sickle cell disease medication treatment efficacy
* Described the MassHealth MTM program goals, enrollment process, and workflow
* Assessed enrollment and operations data from the first nine months of the MTM program
* Summarized member action items and provider recommendations identified and implemented during the first nine months of the MTM program
* Discussed ongoing efforts to improve the program improvement and report outcomes

Conclusions* Sickle cell disease is a group of inherited blood disorders of varying clinical severity based on the disease genotype, patient age, complications experienced, comorbid conditions, and the patient’s psychosocial health.
* Hydroxyurea is still the first-line treatment for patients who require sickle cell disease pharmacologic treatment in addition to the preventive care recommended for all patients with sickle cell disease.
* The MassHealth MTM program aims to educate members about their medications; resolve drug-related problems; collaborate with providers to optimize medication regimens; and improve health outcomes by achieving these goals.
* To date, the MTM program has enrolled 353 unique members and completed comprehensive medication reviews (CMRs) with 99 of those members.
 | **Conclusion**The board reviewed and accepted the presentation. |

| **Agenda Item** |  **Discussion** | **Conclusions/Follow- up** |
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| **Antipsychotic Clinical Management Update** | Antipsychotic Clinical Management Update by Dr. Amy DionneThis was an overview of an evaluation of current medical literature, and provided a brief preview of upcoming management changes to the therapeutic class.  | **Follow-up**Informational/Advisory |
| Action | Discussion * Discussed the antipsychotic availability and FDA-approved indications
* Discussed the overview of clinical guidelines for adult patients
* Assessed current management strategy
* Discussed current utilization trends
* Discussed the overview of changes

Conclusions* A wide variety of antipsychotics are available without prior authorization.
* Clinical guidelines vary in providing recommendations for use of specific agents and generally do not recommend one agent over another.
* Utilization demonstrates significant generic utilization, but overall spending remains higher for branded agents.
* By encouraging the utilization of less costly agents that are supported by clinical guidelines and demonstrate similar efficacy and tolerability, MassHealth can promote cost-effective use of antipsychotics.
 | **Conclusion**The board reviewed and accepted the presentation. |

| **Agenda Item** |  **Discussion** | **Conclusions/Follow- up** |
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| **MassHealth Drug List (MHDL) Update** | MHDL Update by Dr. Bon Van 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 |
| Action | Discussion * Effective July 1, 2025:
	+ There were 14 additions to the MHDL; and
	+ There were two changes in PA status.
* There were several changes to Coverage Status for Brand Name Preferred Over Generic List; 90-day Initiative; and Updates and Changes to the MHDL.
 | **Conclusion**The board reviewed and accepted the presentation. |

| **Agenda Item** |  **Discussion** | **Conclusions/Follow- up** |
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| **MassHealth Update** | MassHealth Update by Dr. Kimberly LenzMassHealth 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** |
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| **Open Forum** | Open Forum | **Follow-up**Informational/Advisory |

| **Agenda Item** |  **Discussion** | **Conclusions/Follow- up** |
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| **Intravenous Iron Agents and Chelators Quality Assurance (QA)** | Intravenous Iron Agents and Chelators Quality Assurance Analysis by Dr. Edward PudimThis was an overview of an evaluation of current medical literature and provided a brief overview of upcoming management changes to the therapeutic class.  | **Follow-up**Informational/Advisory |
| Action | Discussion * Summarized recent updates to relevant clinical consensus guidelines
* Described current class management
* Evaluated the utilization, amount spent, and PAs for agents in this class
* Reviewed various subanalyses completed as part of this QA analysis
* Discussed recommended changes to MassHealth management of this class

Conclusions* Selection between an oral or IV iron agent should be based on several varied factors, including cost, individual preference, tolerability, efficacy, and the dosing schedule.
* Recent updates to clinical consensus guidelines continue to support treatment with either oral or IV iron agents, although IV iron agents that can be administered as a single total dose infusion may be preferred in some cases.
* There is significant utilization of iron agents though the medical and pharmacy benefits; trends are consistent with the assessment from last year.
* Subanalyses were completed to review potential changes needed to address IV iron agent use during pregnancy and Venofer® (iron sucrose) shortages.
* Recommended changes to MassHealth management of this class include:
	+ Removing the PA requirement for Feraheme® (ferumoxytol), Injectafer® (ferric carboxymaltose), and Monoferric® (ferric derisomaltose); and
	+ Adding a PA requirement for Exjade® (deferasirox) tablets and Jadenu® (deferasirox) granule packets.
 | **Conclusion**The board reviewed and accepted the presentation. |

Meeting adjourned at 8:00 p.m.

Respectfully submitted by Mylissa Price

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