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| Minutes  Drug Utilization Review Board Meeting  DATE: 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. |

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| **Antipsychotic Clinical Management Update** | Antipsychotic Clinical Management Update by Dr. Amy Dionne  This 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. |

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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. |

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| **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** |
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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 Pudim  This 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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