

**Minutes**  
**Drug Utilization Review Board Meeting**

**DATE:** 6/12/13



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

**Agenda Items:**

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

Agenda Item	Discussion	Conclusions/Follow Up
<b>Review of Minutes</b>	The March 13, 2012, Minutes were reviewed and accepted as written.	<b>Follow Up:</b> N/A
<b>Action</b>	March Minutes approved as noted.	<b>Conclusion:</b> N/A

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<b>Resident Research Project Posters</b>	The resident research projects and outcomes were discussed.	<b>Follow Up:</b> Informational
<b>Action</b>	<p>Discussed the following regarding the resident research projects:</p> <ul style="list-style-type: none"> <li>• Impact of Ivacaftor on Medication Use, Hospital and Outpatient Provider Visits, and Associated Costs in a Medicaid Population                             <ul style="list-style-type: none"> <li>○ In a Medicaid population, utilization of ivacaftor may increase pharmacy expenditures, but may also decrease the number of pulmonary exacerbations and associated hospitalizations.</li> <li>○ Utilization of ivacaftor may reduce the need for acute treatment for pulmonary exacerbations as demonstrated by a reduction in pharmacy claims for short-term courses of antibiotic and/or steroids.</li> <li>○ Additional studies are needed to determine the long-term impact of ivacaftor on medication utilization and cost.</li> </ul> </li> </ul>	<b>Conclusion:</b> N/A

	<ul style="list-style-type: none"> <li>Adherence Measurement and Incidence of Bleeding and Systemic Embolism with Dabigatran in a Medicaid Population <ul style="list-style-type: none"> <li>Members able to maintain high level of adherence but may have poor tolerance to therapy.</li> <li>Dabigatran may have an important role as a treatment option for patients unable to adhere to warfarin therapy.</li> <li>Additional prospective studies are warranted to further evaluate the impact of adherence to dabigatran on the incidence of bleeding and systemic embolism.</li> </ul> </li> </ul>	
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<b>Special Populations Program Update</b>	An update of the Special Population Program was provided.	<b>Follow Up:</b> Informational
<b>Action</b>	<p>Program data, program growth, and utilization, were discussed:</p> <ul style="list-style-type: none"> <li>The Special Populations pharmacist team provides pharmacy services to: <ul style="list-style-type: none"> <li>Community case management (CCM)</li> <li>Acquired brain injury (ABI) waiver program</li> <li>Department of children and families (DCF)</li> <li>Children's Hospital Boston</li> <li>Enhanced coordination of benefit team.</li> </ul> </li> <li>From May 1, 2012, to April 30, 2013, the following consults were provided: <ul style="list-style-type: none"> <li>424 total consults for 252 members <ul style="list-style-type: none"> <li>319 CCM</li> <li>45 ABI waiver (95% increase)</li> <li>60 Department of Children and Families (DCF), Children's Hospital Boston and Enhanced Coordination of Benefit (ECOB), and other MassHealth programs</li> </ul> </li> </ul> </li> <li>Program cost saving/avoidance from May 1, 2012, to April 30, 2013, were reported.</li> </ul>	<p><b>Conclusion:</b> 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>

Agenda Item	Discussion	Conclusions/Follow Up
<b>DUR Annual Clinical Update</b>	An overview of DUR clinical accomplishments and projects for May 1, 2012, to April 30, 2013, was given. New drug reviews, new clinical guidelines and updates, quality assurance analyses, therapeutic class reviews and initiatives, were highlighted.	<b>Follow Up:</b> Informational

<b>Action</b>	<p>Accomplishments and projects for the fiscal year include:</p> <ul style="list-style-type: none"> <li>• 50 new drug reviews</li> <li>• 151 guidelines maintained</li> <li>• 71 guideline quality assurance analyses</li> <li>• 706 clinical review cases <ul style="list-style-type: none"> <li>○ 162 prescriber outreach calls</li> </ul> </li> </ul>	<p><b>Conclusion:</b> Annual updates will continue.</p>
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<b>MassHealth Drug List Update</b>	Overview of the drug list additions effective May 2013 and July 2013	<b>Follow Up:</b> N/A
<b>Action</b>	<p>May 2013 Update</p> <ul style="list-style-type: none"> <li>• 17 new medications and/or formulations</li> <li>• One new prior authorization request form</li> <li>• Changes in prior authorization status were reviewed.</li> </ul> <p>July 2013</p> <ul style="list-style-type: none"> <li>• 19 new medications and/or formulations</li> <li>• Changes in prior authorization status were reviewed.</li> </ul>	<p><b>Conclusion:</b> Changes in the MassHealth Drug List will continue to be provided as needed.</p>

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