Minutes
Drug Utilization Review Board Meeting
DATE: June 12, 2024

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: Mehmet Furkan Burbak, MD; Melissa Coyle, PharmD; Timothy Fensky, RPh; Colleen Labelle, MSN, RN-BC, CARN; Laura Spring, MD; Rebekah Rice, RPh, CDCES; Christy Stine, MD, PhD

Absent: Lori Lewicki, RPh; Sarah M McGee, MD; Karen Ryle, MS, RPh

Agenda Items:

- Welcome and Introductory Remarks
- Resident Research Project: An Evaluation of Hospitalizations and Healthcare Costs in Medicaid Patients with Insulin-Dependent Type Two Diabetes Mellitus Monitored with Continuous Glucose Monitoring Devices Versus Capillary Blood Glucose Monitoring
- Minutes
- Antipsychotics Agents Quality Assurance Analysis
- Antiretroviral Agents Quality Assurance Analysis
- MHDL Update
- DUR Operational Update
- MassHealth Update
- Oncology Immunotherapies Quality Assurance Analysis
- Open Forum

Agenda Item	Discussion	Conclusions/Follow-up
Resident Research Project: An Evaluation of Hospitalizations and Healthcare Costs in Medicaid Patients with Insulin-Dependent Type Two Diabetes Mellitus Monitored with Continuous Glucose Monitoring Devices Versus Capillary Blood Glucose Monitoring	**<u>Resident Research Project: An Evaluation of Hospitalizations and Healthcare Costs in Medicaid Patients with Insulin-Dependent Type Two Diabetes Mellitus Monitored with Continuous Glucose Monitoring Devices Versus Capillary Blood Glucose Monitoring by Dr. Kyle Semmel</u>** This overview was a research project developed by current managed care pharmacy residents.	**<u>Follow-up</u>** Informational/Advisory
Action	Discussion • Overview of diabetes mellitus and continuous glucose monitors (CGM) • Outlined the evaluation objectives and methodology • Compared the results between members using capillary blood glucose monitors (CBG) and CGM • Discussed the significance and limitations of the findings • The CGM group had more healthcare visits per member compared to the CBG group, potentially explained by an imbalance in prognostic factors (i.e., underlying disease severity) • Members in the CBG group did not have any recurrent hospitalizations as compared to members in the CGM group • The cost of care per member per year (PMPY) was higher in the CGM group compared to CBG group Conclusions • Members with type two diabetes mellitus who monitor blood glucose levels with CGM had a higher associated overall health plan expenditure of $1,295 PMPY compared to members on CBG alone. • Future evaluations should be conducted stratifying baseline disease severity. Comments	**<u>Conclusion</u>** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
	The DUR Board made comments about the continuous glucose monitor devices and data of the population.	

Agenda Item	Discussion	Conclusions/Follow-up
Minutes	Motion to approve the minutes for March 2024 was made by Christy Stine, MD, PhD and seconded by Timothy Fensky, RPh.	**Follow-up** Minutes are approved.

Agenda Item	Discussion	Conclusions/Follow-up
Antipsychotics Agents Quality Assurance Analysis	**Antipsychotics Agents Quality Assurance Analysis by Dr. Amy Dionne** This overview was an evaluation of current medical literature and provided a brief overview of new guideline recommendations in this disease state.	**Follow-up** Informational/Advisory
Action	Discussion • Overview of antipsychotic class management • Trends in utilization and prior authorizations (PA) • Changes to current management • Inpatient psychiatry and long-acting injectables (LAI) • Looking to the future: pipeline review and spotlight on KarXT® Conclusions/Recommendations • The antipsychotic class was managed through a variety of mechanisms. • Our trends in utilization and PAs demonstrate continued proper use of medications and guidelines. • Removal of PA restrictions due to decreasing costs provide an opportunity to decrease PA burden. • Collaboration with providers to adjust billing practices implemented.	**Conclusion** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
	• There is anticipation of new mechanisms of action for the first time in many years	

Agenda Item	Discussion	Conclusions/Follow-up
Antiretroviral Agents Quality Assurance Analysis	**<u>Antiretroviral Agents Quality Assurance Analysis by Dr. Collin Jerard</u>** This overview was an evaluation of current medical literature and provided a brief overview of new guideline recommendations in this disease state.	**<u>Follow-up</u>** Informational/Advisory
Action	Discussion • Summarized the latest guidelines for HIV treatment for both adults and pediatrics • Discussed current and historical management strategies • Reviewed the pipeline for antiretroviral agents • Presented recommendations for upcoming changes in MassHealth class management Conclusions/Recommendations • HIV does not currently have a cure, but utilizing an appropriate, guideline-recommended treatment regimen can lead to controlled disease and symptoms. • There are currently nine different antiretroviral classes that can be combined to create effective PrEP or treatment of HIV. • MassHealth's current management of the antiretroviral class minimizes barriers to effective treatment as demonstrated by the low PA count and absolute denial rate. • Based on the QA analysis, it was recommended to add fosamprenavir to PA, as it is no longer commonly used in clinical practice and was more costly compared to alternative protease inhibitors.	**<u>Conclusion</u>** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
MassHealth Drug List (MHDL) Update	**MHDL Update by Dr. Phuong Luc** 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 • There were 17 additions to PA status to the MHDL Drug list effective July 1, 2024. Sixteen will require PA. • There are two antiviral agents that have changes in PA status, as well as two gastrointestinal anti-inflammatory agents. • Two antidepressants for PBHMI had PA criteria changes. • Compound pharmaceutical products as well as butalbital-containing agents had PA changes. • There were several changes to Coverage Status for Medical Billing, Brand Name Preferred Over Generic List; FDA "A"-rated Generics, 90-day Initiative; Over the Counter Drug List; Quick Reference Guide; Pharmacy Covered Professional Services List; and Preferred Non-Drug Products Listing.	**Conclusion** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
DUR Operational Update	**DUR Operational Update by Dr. Arthur Lam** DUR operational overview included statistics associated with PA review and PA response, and call center metrics.	**Follow-up** Informational/Advisory
Action	Discussion • Operational statistics, including PA and call center metrics up to December 31, 2024, were discussed. • All metrics met or exceeded service level agreements.	**Conclusion** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
MassHealth Update	**<u>MassHealth Update by Dr. Kimberly Lenz</u>** MassHealth Update is a summary of recent developments in MassHealth in the context of pharmacy, managed care, or public health.	**<u>Follow-up</u>** Informational/Advisory
Action	Discussion • Reviewed current clinical program initiatives • Provided direct negotiation status update • Discussed operational updates	**<u>Conclusion</u>** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
Oncology Immunotherapies Quality Assurance Analysis	**<u>Oncology Immunotherapy Quality Assurance Analysis by Dr. Karen Stevens</u>** This overview was an evaluation of current medical literature and provided a brief overview of new guideline recommendations in this disease state.	**<u>Follow-up</u>** Informational/Advisory
Action	Discussion • Reviewed background of immunotherapy and current examples • Provided overview of agents and FDA-approved indications within the guideline • Evaluated utilization and PA data for MassHealth members • Discussed recent expanded indications for multiple agents • Highlighted agents in the pipeline and investigational indications for current oncology immunotherapies Conclusions/Recommendations • There are currently 11 immune checkpoint inhibitors that are FDA-approved for a variety of oncology indications. • Utilization of these agents continues to remain steady in the MassHealth population, which handles them through medical benefit designation. • Expansion within this area focusing on additional biomarkers and combination of agents with varying mechanisms of action holds promising results.	**<u>Conclusion</u>** The board reviewed and accepted the presentation.

Agenda Item	Discussion	Conclusions/Follow-up
Open Forum	**Open Forum**	**Follow-up** Informational/Advisory
Action	Discussion • This presentation was tabled until the next DUR Board meeting.	**Conclusion** N/A

Meeting adjourned at 8:00 p.m.

Respectfully submitted by Mylissa Price

Date: _____