Minutes
Drug Utilization Review Board Meeting
*13 June 2007*

**Meeting Purpose:** Quarterly Open Board Meeting 6-8:00pm

**Agenda**

1. Welcome and Introductory Remarks- Special announcement
2. Acceptance of March 2007 DUR Board Minutes
3. Antipsychotic Dose Consolidation Initiative
4. HIV Drug Combination Survey with Results
5. Quinine and FDA Activities
6. MassHealth Drug List
7. DUR Operational Update
8. MassHealth Update

| Agenda Item | Discussion | Conclusions/Follow Up |
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| **Review of Minutes** | The minutes to the March 14th 2007 DUR Board meeting were reviewed and accepted as written with no changes noted.<br><br>Dr. Lynda Young chaired and opened the meeting promptly at 6:00pm. | **Follow Ups** |
| **Action** | | Minutes accepted as written |

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| **Antipsychotic Dose Consolidation Initiative** | The antipsychotic dose consolidation initiative was presented. This initiative was done to develop an effective means of tablet/dose consolidation for patients taking atypical antipsychotic medications. The goal will be to decrease the pill burden for members. This initiative could cause the MD to have to write two prescriptions for the member. ACS (the MassHealth claims processor) is looking for a way to relieve the member from the 2nd co-pay.<br><br>A concern was voiced that a clear contingency plan be in place to relieve the 2nd co-payment. It was emphasized that MassHealth will not disadvantage patients with 2 co-payments should a dose consolidation require 2 prescriptions instead of 1. | **Conclusions**<br>Helping MassHealth to reduce costs while maintaining quality care to a complex patient population is challenging and remains a priority. The anticipated savings from this initiative will allow MassHealth to serve as many individuals and families as possible.<br>**Follow Ups**<br>Dr. Jeffrey will keep this group informed of progress with the claims processor. |
| **Action** | Educational mailings will go out July 2007-August 2007. They will be mailed in two formats, one letter will be Practitioner specific and the other will be non-specific. The acceptance of PA requests will begin implementation on September 1, 2007 and, effective October 1, 2007, atypical antipsychotics will require prior authorization for quantities which exceed specified tablet quantity limits. | |

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| **Antiretroviral Medication Therapy Management (MTM) Program** | The objectives of this initiative were threefold: to summarize the clinical efficacy and impact of antiretroviral therapy on patients; to identify the 12 antiretroviral drug combinations not recommended for routine use by the DHHS; to describe the outcomes of an HIV medication program which evaluate antiretroviral prescribing patterns with in a Medicaid population. | **Conclusions**<br>Only 1 ARV combination not recommended by DHHS guidelines was identified among MassHealth members. Most of the members were stable on the non-preferred regimen and are not experiencing significant toxicity. Although the sample size is small it provided validation that the MassHealth population diagnosed with HIV is receiving good evidenced based care. Total response rate from prescribers was 64% which is a good response.<br><br>Dr. Young added the following information to the presentation:<br>Due to the use of these drugs, it has been 6 years in Central Mass since a baby has been born infected with HIV. |
| **Action** | A survey was mailed to 20 prescribing practitioners asking that they fill out an educational survey regarding rationale for prescribing the combination of Videx with Zerit. | |

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| **Quinine and FDA Actions** | The objectives for this initiative were to discuss the role of quinine in the marketplace, describe recent FDA actions regarding the sale of Quinine, to identify current MassHealth utilization and finally, to summarize MassHealth guidelines. | **Conclusions**<br>Quinine has been utilized for the treatment for benign nocturnal leg cramps despite inadequate clinical data regarding its efficacy and safety. Clinical studies revealed that the risks (side effects, drug interactions) of Quinine, when treating nocturnal leg cramps, far outweigh the benefits. |
| **Action** | Because the FDA received 665 reports of quinine-related health problems including 93 deaths, they withdrew, in 1994 all quinine OTC formulations. In 1995 they removed labeling for leg cramps from prescription products and, in August 2005, approved Qualaquin as the only approved quinine product and only for treatment of a specific variant of malaria. On December 11, 2006, the FDA ordered all firms to cease manufacture of unapproved quinine products by February 13, 2007 and to cease shipment by June 13, 2007. | Qualaquin will be placed on prior authorization on the June 15, 2007 drug list rollout. Current prescriptions will be grandfathered for the life of the prescription. Generic quinine claims will continue to pay until the market supply has been exhausted. |

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| **MHDL Up-date** | The MHDL (MassHealth Drug List) update for June 15, 2007 was reviewed | |
| **Action** | | Drugs that have been reviewed were updated for PA vs non-PA status and added to the list. |

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| **MassHealth Drug Utilization Review Operational Overview** | The metrics for the DUR program were presented. It was commented that the average wait time to answer is very low. The Board members were reminded that all incoming calls go directly to pharmacists for one on one professional advice; there are no voice messages.<br>There was some discussion about the appeals metrics and it was noted that the majority of appeals are not heard for various reasons. Lawyers try to settle before appeals are heard and many applicants do not show up for the hearings.<br><br>DUR is moving to a new location on June 23, 2007. Phone numbers and emails will stay the same. New address is 333 South Street, Shrewsbury, MA. | **Conclusions**<br>Call volumes and prior authorizations were up March 06 –March 07. Appeals were down March 06-March 07. |
| **Action** | Directions to the new location were provided.<br>Meeting rooms for future DUR Board meetings will be provided as soon as possible. | |

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| **MassHealth Up-date** | Paul Jeffrey, the MassHealth pharmacy director provided some information regarding the end of the fiscal year. He will provide a more detailed description during the September, 2007 Year End Review. The total overall operating budget for 2007 is down when compared to FY 05 and FY 06 and the current budget still remains below early projections. The Year End Report in September will provide graphs with all pertinent data. The average cost per claim has been consistently dropping while the per member/per month spend has stayed consistent. The 304B savings plan has rolled out a hemophilia program providing a cost savings of approximately 160k/month. Currently there are 22 pharmacies in Massachusetts enrolled in the 340B plan. The deficit reduction act still continues to be an evolving issue. AMP and MAC information has not been sent by CMS yet although it was supposed to be in place for 7/1/07. Other topics on the MassHealth radar for potential cost savings initiatives is the expansion of the MassHealth drug list to preferred biologicals and specialty pharmacy items. We are also looking at some of the durable equipment items like diabetic test strips which are currently processed through POPS. Overall, it looks like the program did well, the FY07 cost saving initiative of the “Super Preferred drug list” appears to have cost avoided 9 million dollars, and we have a generic utilization of 71%. We have made inroads using Smart Pa to help relive the PA burden on Heptologists and are looking to expand this program to the Mass Society of Clinical Oncologists. | **Follow Ups**<br>Dr. Jeffrey will present an expanded discussion in September after the fiscal year has been closed. |
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Meeting adjourned at 7:25pm.

Respectfully Submitted,

Amy Levy, RPh, MHP
DUR Program Director