Minutes
Drug Utilization Review Board Meeting
DATE: 6/14/2017

Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:00 p.m. by Chair, Timothy Fensky.

Attendance: Timothy Fensky, R. PH.; Joel Goldstein, M.D.; Colleen Labelle, MSN RN-BC CARN; Lori Lewicki, R. PH.; Greg Low, R. PH.; Sophie McIntyre, Pharm.D.; Audra R. Meadows, M.D.; Therese Mulvey, M.D.; Christy Stine, M.D.; Arthur Yu-shin Kim, M.D.

Absent: Leslie Fish, Pharm. D.; Sarah M. McGee, M.D.; Michael Thompson, M.D.;

Agenda Items:
I. Welcome and Introductory Remarks
II. Minutes
III. Residency Research Projects: Effectiveness of ledipasvir/sofosbuvir and predictors of treatment failure in members with hepatitis C genotype 1: a retrospective cohort study in a Medicaid population
IV. Residency Research Projects: Evaluating the Impact of Interventions by a Multidisciplinary PBHMI Workgroup on Medication Prescribing Trends in a Medicaid Population
V. Clinical Items Update
VI. Cystic Fibrosis Transmembrane Conductance Regulator Modulators Quality Assurance Analysis
VII. Pipeline Update
VIII. MassHealth Update
IX. MHDL Update
X. DUR Operational Update
XI. Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors Quality Assurance Analysis

Agenda Item	Discussion	Conclusions/Follow Up
Public Comment	Jane Gou – Manage Market Liaison for Oska Pharmaceutical Development and Marketization • Discussed Abilify Maintena Colleen Labelle was formally introduced.	**Follow Up** Informational

Agenda Item	Discussion	Conclusions/Follow Up
Review of the Minutes	Motion to accept the March 8, 2107, minutes as written.	**Follow Up** N/A

Action	Minutes were accepted	

Agenda Item	Discussion	Conclusions/Follow Up
Residency Research Projects:	Effectiveness of ledipasvir/sofosbuvir and predictors of treatment failure in members with hepatitis C genotype 1: a retrospective cohort study in a Medicaid population	**Follow Up** Informational
Action	Discussed: • Harvoni (ledipasvir/sofosbuvir) is FDA-approved for the treatment of HCV genotypes 1, 4, 5, and 6 • Treatment of HCV genotype 1 with LDV/SOF resulted in SVR12 in over 90% of patients in phase II and phase III trials. • The real-world effectiveness of LDV/SOF for HCV genotype 1 has been evaluated in a limited number of studies. • There is a scarcity of real-world effectiveness data for LDV/SOF for HCV genotype 1 in the Medicaid population. Conclusions: • Treatment of HCV genotype 1 with LDV/SOF is associated with a high rate of SVR12 in one state's Medicaid population. ➢ High rate of SVR12 with individual regimens • No clinical or demographic variables were found to be significant predictors of treatment failure.	

Agenda Item	Discussion	Conclusions/Follow Up
Residency Research Projects:	Evaluating the Impact of Interventions by a Multidisciplinary PBHMI Workgroup on Medication Prescribing Trends in a Medicaid Population Presentation	**Follow Up** Informational
Action	Discussed • The objective of this analysis was to evaluate the impact of the PBHMI Therapeutic Class Management (TCM) workgroup's telephonic prescriber peer-to-peer (PTP) outreach program on prescribing trends. • Primary Objective - Assess the rate of acceptance, modified acceptance, or rejection of medication interventions suggested by the workgroup. • Secondary Objective ➢ Compare how of the type of prescriber and medication class being discussed may affect recommendation acceptance. ➢ Assess satisfaction with the telephonic PTP outreach process in prescribers who have participated in an outreach call. Conclusions: • The results of this analysis suggest a peer-to-peer outreach program is associated with increased awareness and implementation of evidence-based practices in a pediatric population treated with behavioral health medications. • The prescriber type and medication class recommended for change may have an	

	impact on the likelihood of recommendation acceptance. • Results of an anonymous prescriber survey assessing satisfaction with the peer-to-peer outreach process exhibited mixed results and opinions among prescribers.	

Agenda Item	Discussion	Conclusions/Follow Up
Clinical Items Update	Pharmacy News	**Follow Up** Informational
Action	Discussed: • In 2015, opioid overdose accounted for over 33,000 deaths in the US. • Studies have shown that duration of treatment with Medication Assisted Therapy (MAT) often does not exceed three months. • Despite the availability of a newer, long-acting implantable version of buprenorphine, very few patients in the US have received the treatment. • Buprenorphine is also available as a transdermal patch, a SL tablet, and a SL or buccal film.	

Agenda Item	Discussion	Conclusions/Follow Up
CTFR Quality Assurance Analysis	Cystic Fibrosis Transmembrane Conductance Regulator Modulators Quality Assurance Analysis Presentation	**Follow Up** Informational
Action	Discussed: • Identify clinical manifestations and prognosis of cystic fibrosis (CF). • Review CFTR mutations and highlight novel therapies that target these mutations. • Evaluate recent utilization and cost data for the CFTR modulators in the MassHealth population. • Present an overview of current PA requests, MPR and outcomes data for individuals receiving these agents. • Discuss recommendations to current MassHealth clinical criteria. Conclusion: • New therapies have brought potential for prevention of CF lung disease. • Improvement of overall health of individuals. • Life-sustaining therapies have nearly tripled life expectancy.	

Agenda Item	Discussion	Conclusions/Follow Up
Pipeline Update	Pipeline preview	**Follow Up** Informational
Action	Discussed: • Translarna™ (ataluren) ➢ Potential impact - An estimated 13% of Duchenne Muscular Dystrophy (DMD) cases are nmDMD, and this accounts for approximately 2,000 patients in the US.	

	➢ If approved, Translarna™ (ataluren) will be the first novel therapy to be FDA-approved for the treatment of DMD since Exondys 51™ (eteplirsen). ➢ Projected market entry - An FDA decision is expected by October 24, 2017. • Erenumab ➢ Potential impact- over 38 million Americans suffer from migraines, and approximately 3.5 million are prescribed migraine prophylaxis. ➢ Among patients prescribed migraine prophylaxis, 80% discontinue therapy within one year. ➢ Projected market entry - An FDA decision is expected in the first half of 2018.	

Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	MassHealth Update	**Follow Up** Informational
Action	**MassHealth Update** • Re-procure managed-care organization contracts. • Procure accountable-care organizational (ACO) contracts. ➢ Identified 18 contractors for ACO model. ➢ Six ACOs are participating in pilot for direct contract with MassHealth PCC. **Pharmacy Program** • Pricing ➢ Implementing updated pricing regulations mandated by CMS which will modify reimbursement to pharmacies. • Regulations changes in process ➢ Mandate/allow 90-day supplies. ➢ Possible updates to 340B Program • Procurement of supplemental rebate ➢ Currently reviewing bids • Procurement of Pharmacy Online Processing System (POPS) ➢ Current vendor is Conduent (formerly Xerox) ▪ Contract expires end of FY18 ➢ Received four responses to a Request for Information (RFI).	

Agenda Item	Discussion	Conclusions/Follow Up
MHDL Update	MassHealth Drug List (MHDL) Updates	**Follow Up** Informational

Action	Discussed new drug additions and changes that will go into effect on July 5, 2017. • There will be nine new drugs added to the drug list. • Eight will require PA and one will not. • One drug will change to require prior authorization. • Two drugs will be removed from the Brand Name Preferred to Over Generic list. • One drug will be added to the Brand Name Preferred Over Generic list. • Two drugs will be removed from the Rebate/Preferred Drug List.	

Agenda Item	Discussion	Conclusions/Follow Up
DUR Operational Update	Quarterly Operational Statistics	**Follow Up** Informational

Action	• Prior Authorization (PA) Requests - 95,000
	• Call Volume - 90,000 calls
	  ➢ 300 more per month than the year prior
	• Met abandonment rate goal of >2%
	• Average answered call wait time – nine seconds
	• Overall call time for answered calls – three minutes and 53 seconds
	  ➢ Goal under four minutes
	• Refill too soon was (40%) and prior authorization required (36%) were majority of calls for pharmacy edits.
	• Appeals average was nine per month.
	• Provider outreach
	  ➢ Average over 894 per month
	• Top 10 medications
	  ➢ Aripiprazole
	  ➢ Clonidine
	  ➢ Oxycodone
	  ➢ Lyrica
	  ➢ Harvoni
	  ➢ Methylphenidate
	  ➢ Guanfacine
	  ➢ Duloxetine
	  ➢ Lantus
	  ➢ Risperidone
	• PA turn-around time during business hours
	  ➢ Goal is 24 hours.
	  ➢ 55% done in six hours.
	  ➢ 99.9 within 24 hours.
	• PA turn-around time during non-business hours
	  ➢ 79% done in six hours.
	  ➢ 99% within less than nine hours.
		Conclusion
		Informational

Agenda Item	Discussion	Conclusions/Follow Up
Proprotein Convertase Subtilisin Kexin 9 (PCSK9) Inhibitors Quality Assurance Analysis	Presentation was deferred until next meeting.	**Follow Up** N/A

Meeting adjourned at 7:55 p.m..

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: _____