

Minutes

Drug Utilization Review Board Meeting

DATE: June 14, 2023



Meeting Purpose: Quarterly Drug Utilization Board Meeting
Meeting opened at 6:00 p.m. by Timothy Fensky, RPh

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; Lori Lewicki, RPh; Greg Low, RPh, PhD; Laura Spring, MD; Rebekah Rice, RPh, CDCES; Christy Stine, MD, PhD

Absent: James Gagnon, RPh, PharmD; Sarah M McGee, MD; Karen Ryle, MS, RPh

Agenda Items:

- Welcome and Introductory Remarks
- Minutes
- Resident Research Project: Clinical and Economic Evaluation of Buprenorphine Extended-release Injection for the Treatment of Opioid Use Disorder in a Medicaid Population
- Resident Research Project: An Evaluation of Health Care Visits and Associated Costs in Medicaid Patients with Schizophrenia Treated with Long-Acting Injectable Paliperidone versus Oral Antibiotics
- Antiretroviral Agents Quality Assurance Analysis
- MHDL Update
- DUR Operational Update
- MassHealth Update
- Open Forum

Agenda Item	Discussion	Conclusions/Follow Up
Minutes	Motion to approve the minutes for March 2023 was made by Greg Low, RPh, PhD, and seconded by Christy Stine, MD, PhD.	<u>Follow Up</u> Minutes are approved.

Agenda Item	Discussion	Conclusions/Follow Up
Resident Research Project: Clinical and Economic Evaluation of Buprenorphine Extended-release Injection for the Treatment of Opioid Use Disorder in a Medicaid Population	<p><u>Resident Research Project: Clinical and Economic Evaluation of Buprenorphine Extended-release Injection for the Treatment of Opioid Use Disorder in a Medicaid Population by Dr. Edward Pudim</u></p> <p>This was an overview of a research project that was developed by current managed care pharmacy residents.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Study Objective – To compare the number of medical and pharmacy claims as well as costs associated with the treatment of opioid use disorder (OUD) and opioid overdoses in MassHealth members receiving buprenorphine extended-release injection with members receiving oral buprenorphine <ul style="list-style-type: none"> ○ Primary endpoint number one – Number of OUD-associated medical visits and mean days of buprenorphine therapy dispensed per member ○ Primary endpoint number two – Amount paid for all OUD-associated medical claims and buprenorphine medical and pharmacy claims ○ Secondary endpoints <ul style="list-style-type: none"> ▪ Number of opioid overdoses and amount paid for associated medical claims ▪ Buprenorphine adherence measured by PDC with medical and pharmacy claims • Concluding Recommendations <ul style="list-style-type: none"> ○ The choice of buprenorphine formulation used for OUD treatment did not appreciably impact the utilization of or amount paid for medical care in this analysis ○ The small number of overdose events and a high average adherence level were observed in both the extended-release injection and the oral formulation groups 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

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	<ul style="list-style-type: none"> ○ There may be an opportunity for payers to work with drug manufacturers to provide more cost appropriate and effective treatment options for OUD <p>Questions</p> <ul style="list-style-type: none"> • Labelle inquired about the data and the number of patients in the study. <ul style="list-style-type: none"> ○ Pudim took a random sample of 300 patients from a larger data set. <ul style="list-style-type: none"> ▪ Labelle also inquired about using two injections as a marker of adherence. <ul style="list-style-type: none"> • Pudim stated that two injections were used as a standard measure of adherence. Adherence was 85% to 90% and most patients had five injections over six months. <ul style="list-style-type: none"> ○ Labelle inquired about the medical visits. <ul style="list-style-type: none"> ▪ Pudim responded that the medical visits were OUD associated. • Low inquired about how age was related to the outcomes of both groups. <ul style="list-style-type: none"> ○ Pudim responded he did not look at the age brackets, but that might be a separate way to look at the data and see the changes. • Labelle inquired about the difference between medical and pharmacy billing data. <ul style="list-style-type: none"> ○ Pudim responded that utilization was primarily through pharmacy claims rather than medical claims. • Angelini stated the injection has a societal impact with a decrease in diversion. • Rice inquired whether the doses were broken down in the outcomes. <ul style="list-style-type: none"> ○ Pudim responded that he did not look at the doses. 	

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Resident Research Project: An Evaluation of Health Care Visits and Associated Costs in Medicaid	<p><u>An Evaluation of Health Care Visits and Associated Costs in Medicaid Patients with Schizophrenia Treated with Long-Acting Injectable Paliperidone versus Oral Antibiotics by Dr. Karen Trinh</u></p> <p>This was an overview of a research project that was developed by current managed care pharmacy residents.</p>	<p><u>Follow Up</u> Informational/Advisory</p>

Agenda Item	Discussion	Conclusions/Follow Up
Patients with Schizophrenia Treated with Long-Acting Injectable Paliperidone versus Oral Antipsychotics		
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Introduction <ul style="list-style-type: none"> ○ Schizophrenia and Antipsychotic Medications <ul style="list-style-type: none"> ▪ Schizophrenia is a mental health disorder that affects approximately 24 million people worldwide ▪ According to the American Psychiatric Association, antipsychotic agents are considered first-line treatment options for patients with schizophrenia ▪ Current literature suggests that the use of long-acting injectable antipsychotics may improve adherence and potentially reduce health care utilization compared to oral antipsychotics ▪ There are limited studies evaluating schizophrenia-related health care utilization and associated costs in Medicaid patients receiving injectable or oral formulations of antipsychotics <p>Concluding Recommendations</p> <ul style="list-style-type: none"> • Members treated with oral antipsychotics experienced fewer emergency department visits and hospitalizations and incurred a lower total cost of care for schizophrenia-related health care visits than members treated with injectable antipsychotics • Members adherent to their antipsychotic regimen experienced fewer emergency department visits and hospitalizations than nonadherent members 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

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Antiretroviral Agents Quality Assurance Analysis	<p><u>Antiretroviral Agents Quality Assurance Analysis by Dr. Collin Jerard</u> This overview was of an evaluation of current medical literature and provided a brief overview of new guideline recommendations in this disease state.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> Summarize the latest treatment guidelines for HIV treatment and PrEP Discuss current and historical management strategies Review Apretude® PA submission data Review the pipeline for antiretroviral agents Present recommendations for upcoming changes in class management <p>Concluding Recommendations</p> <ul style="list-style-type: none"> HIV does not currently have a cure, but utilizing an appropriate, guideline recommended treatment regimen has been known to control the 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, which has been demonstrated by the low PA count and absolute denial rate It was recommended to remove the drug Apretude® from PA 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

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MHDL Update	<p><u>MHDL Update by Dr. Phuong Luc</u> MHDL Overview included new additions, changes in Prior Authorization (PA) status, and related attachment updates to be implemented with a recent publication rollout.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> There were 19 additions to the MHDL effective as of July 31, 2023. 16 new drugs will require prior authorization while three will not. 	<p><u>Conclusion</u></p>

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	<ul style="list-style-type: none"> • Changes in Coverage Status <ul style="list-style-type: none"> ○ Vimpat will no longer require prior authorization. ○ Amerge will no longer require prior authorization within quantity limits and Imitrex will no longer require prior authorization within age and quantity limits. ○ Darifenacin will no longer require prior authorization within quantity limits. ○ Stromectol will no longer require prior authorization when exceeding previously established quantity limits. ○ Veklury will no longer require prior authorization. ○ Suprep agent will no longer require prior authorization. ○ Four multiple sclerosis agents will no longer require prior authorization within quantity limits. ○ Apretude will no longer require prior authorization. ○ Perseris will no longer require prior authorization within age and quantity limits. Pediatric Behavioral Health Medication Initiative criteria will still apply. ○ Zegerid agent will no longer require prior authorization. • Changes in Coverage Status <ul style="list-style-type: none"> ○ Six agents will be available through medical billing only and will no longer be available through pharmacy billing. ○ Two agents will no longer be restricted to medical billing. • Changes to the MassHealth Brand Name Preferred Over Generic Drug List <ul style="list-style-type: none"> ○ Three agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List. ○ Gilenya will be removed from the MassHealth Brand Name Preferred Over Generic Drug List. • New FDA “A”-rated Generics <ul style="list-style-type: none"> ○ The generic of Celontin, methsuximide, was added. • Changes to the MassHealth 90-day Initiative <ul style="list-style-type: none"> ○ Five agents may be allowed or mandated to be dispensed in up to a 90-day supply. • Changes to the Miscellaneous Documents on the MassHealth Drug List <ul style="list-style-type: none"> ○ The MassHealth Pharmacy Program Public Health Emergency Response document will be removed from the MassHealth Drug List. ○ Nine COVID self-tests have been updated to reflect the quantity limit of 2 tests per month. This update has been reflected on the updates for certain products on the MassHealth Non-Drug Product List. 	<p>The board reviewed and accepted the presentation.</p>

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	<ul style="list-style-type: none"> ○ The MassHealth Over-the-Counter Drug List has been updated to reflect recent changes to the MassHealth Drug List. ○ The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List. ○ Two agents have been added to the MassHealth Supplemental Rebate/Preferred Drug List while one has been removed. ○ The MassHealth ACP/MCO Unified Pharmacy Product List will be removed from the MassHealth Drug List. ○ Two initiatives have been updated on the MassHealth Pharmacy and Clinical Initiatives Information page. ○ The MassHealth Acute Hospital Carve-Out Drugs List will be updated to reflect recent changes to the MassHealth Drug List. <p>Questions</p> <ul style="list-style-type: none"> • Low inquired about the new quantity limits on the COVID test kits of 2 tests/28 days. <ul style="list-style-type: none"> ○ Lenz responded that that they wanted to make sure that the COVID test kits were covered. During the public health emergency, MassHealth covered 8 tests per month. There is no federal requirement to cover the COVID tests moving forward. Members are able to get more tests as needed with a prior authorization due to medical necessity. Before MassHealth made the quantity limit, they reviewed the claims and noticed the average was seven or eight per month every month. In order to curb excessive fills and allow the prior authorization to fill more if medically necessary, the Board accepted the new quantity limit of 2 tests per 28 days. 	

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DUR Operational Update	<p><u>DUR Operational Update by Dr. Jeannine Beauregard</u></p> <p>DUR Operational Overview included statistics associated with Prior Authorization (PA) review and PA response, and call center metrics.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • MassHealth PA requests from 2020 to 2023 (calendar year to date) showing that with COVID leniencies to prior authorizations (PAs) initiated in March 2020, there was a decrease in PAs and then an increase in August 2020 with some leniencies removed. 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

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	<ul style="list-style-type: none">MassHealth call center volume from 2020 to 2023 (calendar year to date) showing that with COVID leniencies initiated in March 2020, there was a decrease and then an increase when removed in August 2020.The monthly averages for PAs from 2018 to 2023 (to date) were reviewed. Peak average of 10,547 per month in 2018 while currently 2023 (to date) average per month is 9,436.Call abandonment rate is generally less than 2% (overall average is 1.3%).Average wait time of answered call generally under the 30-second range (overall average is 13 seconds).Average treatment time is consistently around four minutes.MassHealth Appeals: Current monthly average is five.Provider Outreach Volume: Current monthly average is 470 calls.Top Ten Medications Requested for Prior Authorization – April 1, 2022 to March 31, 2023.<table><tr><td>1. Dexcom Prior Authorization</td><td>6. Methylphenidate Prior Authorization</td></tr><tr><td>2. Freestyle Libre Prior Authorization</td><td>7. Botulinum Prior Authorization</td></tr><tr><td>3. Tretinoin Age Restriction</td><td>8. Pregabalin Prior Authorization</td></tr><tr><td>4. Ozempic Prior Authorization</td><td>9. Clindamycin Age Restriction</td></tr><tr><td>5. Omnipod Prior Authorization</td><td>10. Testosterone Prior Authorization</td></tr></table>Prior Authorization Compliance Response Time – April 2022 to March 2023.<ul style="list-style-type: none">Total requests: 111,242 requests77% of all PA decisions within six hours.99.8% of all PA decisions in less than 24 hours.Over 50% of all PA decisions in less than three hours.Prior Authorization Compliance Response Time during call center hours – April 2022 to March 2023.<ul style="list-style-type: none">Total requests: 111,242 requests94% of all PA decisions within six hours.99% of all PA decisions in less than nine hours.	1. Dexcom Prior Authorization	6. Methylphenidate Prior Authorization	2. Freestyle Libre Prior Authorization	7. Botulinum Prior Authorization	3. Tretinoin Age Restriction	8. Pregabalin Prior Authorization	4. Ozempic Prior Authorization	9. Clindamycin Age Restriction	5. Omnipod Prior Authorization	10. Testosterone Prior Authorization	
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	Questions <ul style="list-style-type: none">Lenz commented that the metrics are impressive.											

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	<ul style="list-style-type: none"> ○ Beauregard responded that we are grateful that we can provide that service. • Rice commented that she is also grateful that DUR is helpful when they call. <ul style="list-style-type: none"> ○ Beauregard responded that she was happy to hear that. • Lewicki congratulated DUR as well on the response time on Dexcom and Freestyle Libre requests. <ul style="list-style-type: none"> ○ Beauregard responded that she was happy to get that feedback. 	

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MassHealth Update	<p><u>MassHealth Update by Dr. Kimberly Lenz</u></p> <p>MassHealth Update is a summary of recent developments in MassHealth in the context of pharmacy, managed care, or public health.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Legislative Updates <ul style="list-style-type: none"> ○ Currently redetermining approximately 2.4 million members as no members were disenrolled during the public health emergency (PHE). <ul style="list-style-type: none"> ▪ Asked providers to remind members to update information • ACO Updates/ACO Changes <ul style="list-style-type: none"> ○ 90-day continuity of care period ending on June 30, 2023. ○ Plans notified members and providers of any PAs that need to be submitted. • Unified Formulary <ul style="list-style-type: none"> ○ Full unification was completed on April 1, 2023. ○ Updated MassHealth prior authorization forms will be used for all members for all plans and will include the additional member demographic information to align with health equity initiative. ○ Drug Shortages <ul style="list-style-type: none"> ▪ Brand preferred ▪ Ensure that the generics are overridden ○ As of June 5, 2023, opioid first fill seven-day restriction was rolled out. 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

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	<ul style="list-style-type: none"> ▪ Information about the seven-day restriction and exemptions: https://www.mass.gov/doc/pharmacy-facts-203-june-5-2023-0/download <ul style="list-style-type: none"> ○ Notice sent out about filling standard maintenance medications for 30 days due to closure of medical practice or provider groups https://www.mass.gov/doc/pharmacy-facts-204-june-9-2023-0/download. • As of June 2023 <ul style="list-style-type: none"> ○ Supplemental rebate contracts for 65 drugs with 22 manufacturers. ○ Eight value-based contracts with manufacturers. ○ Over ~\$350 million (annualized) savings in total. <p>Questions and comments</p> <ul style="list-style-type: none"> • Labelle commented she was concerned about the closure of prescriber groups or clinics and limited access for the patients for medication. <ul style="list-style-type: none"> ○ Lenz echoed LaBelle's concerns given the risk of patients losing access to care and medication. She stated that this is why the Board of Pharmacy has the rule to allow the filling of maintenance medications. MassHealth reissued the Pharmacy Facts to remind pharmacies they can fill based on the board guidance. 	

Agenda Item	Discussion	Conclusions/Follow Up
Open Forum	<u>Open Forum</u>	<u>Follow Up</u> Informational/Advisory
Action	<p>Discussion</p> <ul style="list-style-type: none"> • This presentation was tabled until the next DUR Board meeting. 	<u>Conclusion</u> N/A

Meeting adjourned at 8:00 p.m.

Respectfully submitted by Mylissa Price

Date: _____