

Minutes
 Drug Utilization Review Board Meeting
 DATE: June 8, 2016



Meeting Purpose: Quarterly Open Board Meeting
 Meeting opened at 6:00 PM by Chair, Sarah McGee.

Attendance: Timothy Fensky, R.Ph.; Leslie S. Fish, Pharm.D.; Sarah M. McGee, M.D.; Sophie McIntyre, Pharm.D.; Audra Meadows, M.D., MPH; Karen Ryle, M.S., R.Ph.; Christy Stine, M.D.

Absent: Adam Bard Burrows, M.D.; Audra R. Meadows, M.D., MPH; Sherry Nykiel, M.D.

Agenda Items:

- I. Welcome and Introductory Remarks
- II. Resident Research Update: The Impact of a Controlled Substance Act Schedule Change on the Utilization of Hydrocodone Combination Products in a Medicaid Population
- III. Resident Research Update:
 Evaluating the Impact of a Prescriber Outreach Program on the Co-prescribing of Opioids, Benzodiazepines, Gabapentin and Stimulants in a Medicaid Population
- IV. Hepatitis C Quality Assurance Analysis
- V. Glaucoma Agents Quality Assurance Analysis
- VI. MHDL Update
- VII. DUR Operational Update
- VIII. MassHealth Update
- IX. Dermatological Immune Suppressants Quality Assurance Analysis

Agenda Item	Discussion	Follow Up
Review of Minutes	Motion to accept March 9, 2016 minutes as written.	<u>Follow Up</u> N/A
Action	Minutes accepted.	

Agenda Item	Discussion	Follow Up
Resident Research Update	The Impact of a Controlled Substance Act Schedule Change on the Utilization of Hydrocodone Combination Products (HCP) in a Medicaid Population.	<u>Follow Up</u> Informational

Action	<ul style="list-style-type: none"> • Discussed the evaluation of the impact of the HCP schedule change on prescribing patterns. • Discussed the comparison between member and prescription characteristics in two member groups, one pre- and one post – HCP schedule change. <p>Conclusions</p> <ul style="list-style-type: none"> • Findings suggest that the HCP schedule change has affected prescribing patterns <ul style="list-style-type: none"> ➢ Decrease in total claims ➢ Decrease in average number of tablets per claim per month • Massachusetts has been impacted by the opioid epidemic <ul style="list-style-type: none"> ➢ Future studies: Did the HCP schedule change impact the incidence of opioid overdoses? 	
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Agenda Item	Discussion	Follow Up
Resident Research Update	Evaluating the Impact of a Prescriber Outreach Program on the Co-prescribing of Opioids, Benzodiazepines, Gabapentin, and Stimulants in a Medicaid Population	<u>Follow Up</u> Informational
Action	<ul style="list-style-type: none"> • Discussed the evaluation of the impact of a prescriber outreach program on prescribing patterns and subsequent prescribing for patients receiving the discussed combination of medications. • Discussed the comparison between the pre- and post- intervention total health care costs (medical claims, hospital claims, and pharmacy claims) per member. <p>Conclusions</p> <ul style="list-style-type: none"> • The prescriber outreach program increased prescriber awareness about a potentially dangerous combination of medications. • The results of this study suggest that implementation of a prior authorization program may be warranted to monitor the concomitant use of these agents for clinical appropriateness and safety. • Increased communication between patients and their prescribers and between all prescribers involved in the care of an individual patient may improve health outcomes. 	

Agenda Item	Discussion	Follow Up
Hepatitis C Quality Assurance Analysis	Hepatitis C Direct-Acting Antivirals Quality Assurance Analysis	<u>Follow Up</u> Informational
Action	<ul style="list-style-type: none"> • Discussed the place in therapy of direct-acting antivirals in the treatment of hepatitis C. • Reviewed current MassHealth approval criteria. • Summarized member and prescriber demographic characteristics. • Analyzed utilization and highlighted trends in prior authorization (PA) request submissions. <p>Conclusions/Recommendations</p> <ul style="list-style-type: none"> • All sampled approvals and denials were issued appropriately. • High initial denial rate due to incomplete PA requests <ul style="list-style-type: none"> ➢ 43% of requests are approved upon the first request ➢ 91.7% of requests are approved with the third request ➢ Median time between first PA request and ultimate approval with subsequent requests is six days • Low absolute denial rate of 11% • Assisting prescribers with regimen optimization promotes appropriate Utilization. • Given the high cost and to assure appropriate utilization, all direct-acting antivirals will remain on PA. 	

Agenda Item	Discussion	Follow Up
Glaucoma Agents Quality Assurance Analysis	Glaucoma Agents Quality Assurance Analysis	<u>Follow Up</u> Informational

<p>Action</p>	<ul style="list-style-type: none"> • Provided an overview of agents indicated in the treatment of glaucoma. • Discussed the place in therapy of glaucoma agents. • Reviewed current MassHealth approval criteria. • Analyzed utilization and highlighted trends in prior authorization (PA) request submissions. • Discussed the recommended changes to PA status of select glaucoma Agents. <p>Conclusions</p> <ul style="list-style-type: none"> • All sampled approvals and denials were issued appropriately. • Prostaglandin analogs are the most requested and most utilized products. • Placing several costly agents on PA in 2014 led to additional cost avoidance from increased utilization of less costly alternatives. • Additional cost-avoidance may be achieved by managing the following two agents associated with significant cost: <ul style="list-style-type: none"> ➤ Timoptic Ocudose (timolol ophthalmic unit dose solution) ➤ Timolol ophthalmic gel forming solution <p>Recommendations</p> <ul style="list-style-type: none"> • It is recommended to place Timoptic Ocudose (timolol ophthalmic unit dose solution) and timolol gel forming solution on PA. • The following products were removed from the MassHealth Drug List due to either product discontinuation or lack of federal rebate. Betimol (timolol), Rescula (unoprostone isopropyl ophthalmic solution), Pilopine HS (pilocarpine). 	
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Agenda Item	Discussion	Follow Up
MHDL Update	MassHealth Drug List (MHDL) Updates	<u>Follow Up</u> Informational
Action	<ul style="list-style-type: none"> • Discussed new additions effective 8/29/16. • Presented MHDL changes in prior authorization requirements and status effective 8/29/16. • Reviewed prior authorization form and pharmacy initiative updates. • Discussed updated pharmacy initiatives and clinical documents. 	

Agenda Item	Discussion	Follow Up
DUR Operational Update	MassHealth Drug Utilization Review Operational Update	<u>Follow Up</u> Informational
Action	<p>Discussed:</p> <ul style="list-style-type: none"> • Prior Authorization (PA) Volume <ul style="list-style-type: none"> ➢ Average of 7,000 PAs per month • DUR Call Center Volume <ul style="list-style-type: none"> ➢ Average of 6,000 to 7,000 calls per month • DUR Call Center Statistics <ul style="list-style-type: none"> ➢ Goals reached <ul style="list-style-type: none"> ▪ Abandoned rate 2% or under ▪ Average treatment time below four minutes ▪ 30 second average wait time • DUR Appeals <ul style="list-style-type: none"> ➢ Average six appeals per month • Provider Outreach <ul style="list-style-type: none"> ➢ Hit goal of 700 or more per month • Top 10 Medications Requested by Prior Authorization <ul style="list-style-type: none"> ➢ Aripiprazole was number one ➢ Harvoni dropped to number four from number one 	

	Discussion	Follow Up
Dermatological Immune Suppressants Quality Assurance Analysis	Dermatological Immune Suppressants Quality Assurance Analysis	<u>Follow Up</u> Informational
Action	<p>Atopic dermatitis</p> <ul style="list-style-type: none"> • Discussed symptoms, treatment goals, levels of severity, and American Academy of Dermatology recommendations. • Presented prior authorization criteria and methods used for Evaluation. • Reviewed prior authorizations between 9/1/16 and 2/29/16. <p>Conclusion/Recommendations</p> <ul style="list-style-type: none"> • Atopic dermatitis is a chronic, pruritic, inflammatory skin disease that occurs in children and adults. 	

	<ul style="list-style-type: none"> • Mild to moderate atopic dermatitis can be treated with emollients and topical corticosteroids. • Atopic dermatitis involving the face or skin folds, or not controlled with topical corticosteroids can be treated with topical immune suppressants. • Limited utilization of topical immune suppressants by MassHealth Members. • 193 members filled 321 claims totaling \$85,381. • 235 prior authorization requests, including 177 approvals and 58 denials <ul style="list-style-type: none"> ➢ Requests were reviewed appropriately ➢ Following denial, some members had resubmissions, or pharmacy claims for clinically appropriate alternatives • Reclassification of topical corticosteroids using the USA classification system: class I super-potent and class II potent agents <ul style="list-style-type: none"> ➢ Revisions are recommended to MassHealth Drug List Therapeutic Class Table 42 (Immune Suppressants – Topical) and PA form • No changes to criteria recommended. 	
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Agenda Item	Discussion	Follow Up
MassHealth Update	MassHealth Update	<u>Follow Up</u> Informational
Action	<ul style="list-style-type: none"> • Discussed top priorities for MassHealth <ul style="list-style-type: none"> ➢ Spending issues around long-term support and services ➢ ACO pilots • Summarized MassHealth projects <ul style="list-style-type: none"> ➢ Wrapping up FY16 and planning FY17 ➢ Revising Mass Behavioral Health Partnership (MBHP) contract related to CSMP and pediatric initiative ➢ Revising contract with other Managed Care Organizations (MCOs) <ul style="list-style-type: none"> ▪ CMS rule implementation on Medicaid Managed Care ▪ Regulations related to MCO plans will change based on CMS requirements ▪ Renews 10/1/16 (Federal fiscal year) ▪ Regulations providing Medical Assistance Therapy in outpatient Clinics ➢ MassHealth Pharmacy Regulations Revision <ul style="list-style-type: none"> ▪ Authority to pay for brand vs generic if net cost is less costly ▪ Return and reuse in LTC facilities is obsolete ▪ Move some regulations to sub regulation (MHDL) <ul style="list-style-type: none"> ○ Definition of pharmacy professional services paid for by Medicaid ○ CSMP ▪ New regulations will be in effect on July 15th. ➢ CMS Covered Outpatient Drug Rule implementation for reimbursement <ul style="list-style-type: none"> ▪ Implement actual acquisition cost (AAC) basis for the ingredient 	

	<p>cost and the professional dispensing fees by April 1, 2017.</p> <ul style="list-style-type: none">➤ Request for Response (RFR) (Mandatory component of CMS Rule) is out<ul style="list-style-type: none">▪ Cost-of-Dispensing Survey to include all New England states<ul style="list-style-type: none">○ Will provide the basis for our dispensing fee➤ Negotiating Hepatitis C rebate<ul style="list-style-type: none">▪ Rebate will extend to MassHealth MCOs per new authority applied for and granted by CMS.	
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Meeting adjourned at 7:45 PM.

Respectfully submitted,

Vincent Palumbo, R.Ph.
DUR Program Director

Date: _____