Minutes
Drug Utilization Review Board Meeting
DATE: March 8, 2017

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.; Joel Golstein, M.D., Lori Lewicki, R.Ph., Sarah M. McGee, M.D.; Sophie McIntyre, Pharm.D.; Audra R. Meadows, M.D., Christy Stine, M.D., Arthur Yu-shin Kim, M.D.

Absent: Bard Burrows, M.D., Therese Mulvey, M.D., Karen Ryle, M.S., R.Ph.

Agenda Items:
I. Welcome and Introductory Remarks
II. Pipeline Continuing Education Program/Biosimilar Updates
III. High Dose Opioids Quality Assurance Analysis
IV. MassHealth Update
V. MHDL Update
VI. DUR Operational Update

Agenda Item	Discussion	Conclusions/Follow Up
Welcome/Introduction	Motion to accept December 14, 2016 minutes	**Follow Up** Informational
Action	Motion accepted.	

Agenda Item	Discussion	Conclusions/Follow Up
Public Comment	Tim Birwer, Sr. Director, Medical Affairs, Alkermes • Discussed Aristada (aripiprazole lauroxil).	**Follow Up** Informational

Agenda Item	Discussion	Conclusions/Follow Up
Pipeline Continuing Education	**Discussion** • Described recent trends in the Food and Drug Administration (FDA) approval	**Follow Up** Informational

Program/Biosimilar Updates	process. • Summarized generic availability of commonly used agents over the next several years. • Compared and contrasted emerging pipeline agents with currently available therapeutic options.	
Action	**Conclusion** • Oncology agents account for 1/3 of the pipeline • Infectious disease pipeline shifting focus ➢ HCV pipeline focusing on consolidation ➢ Several NASH agents in late-stage development • Significant developments in MS pipeline • Over 30 biosimilar in late-stage development	**<u>Conclusion</u>** Informational

Agenda Item	Discussion	Conclusions/Follow Up
High Dose Opioids Quality Assurance Analysis	**Discussion** • Reviewed the historical and current management of high dose opioids. • Analyzed the current utilization of the therapeutic class and impact of the previous reduction in high dose limits. • Examined prior authorization (PA) requests for high dose methadone. • Provided recommendations to enhance the quality of the PA review process.	**<u>Follow Up</u>** Informational
Action	**Conclusion** • Quality Assurance Analysis revealed high dose limit reduction resulted in incremental reductions in average daily doses of most opioids. • Current dose limits are not cumulative between long-acting and short-acting due to current claims processing system capabilities. • High dose methadone PA requests were appropriately reviewed according to the internal guideline. • Management of methadone remains a unique challenge: ➢ 63% of sampled members had substance use disorder-related diagnosis ➢ 55% of sampled members were on concomitant benzodiazepines • Highest utilized products were products available without PA; however, levorphanol average cost per claim noted was $5,370.85, a very large increase from historical comparison. **Recommendations** • When feasible, it is recommended to structure the high dose threshold to a cumulative dose of > 120 MED per day.	**<u>Conclusion</u>** Proceed with recommendations as stated.

	• Analysis of member impact and prescriber mailings would also be recommended, as performed with previous high dose threshold reductions.	

Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	Quarterly MassHealth Update	**Follow Up** Informational
Action	**MassHealth Update** • Re-procure managed-care organization contracts ➢ Intending to implement in December of 2017 • Procure accountable-care organizational (ACO) contracts ➢ Launched Medicaid ACO pilot in December 2016 ➢ Six ACOs are participating in direct contract with MassHealth PCC plan • Changes in providing long-term services/support (LTSS) for Medicaid beneficiaries ➢ Partnered with Optum as 3rd party administrator ▪ Make services available and communicate prior authorizations, etc. • Plan to incorporate LTSS into our ACO model • Budget negotiations • Re-procurement of Pharmacy Online Processing System (POPS) ➢ Current vendor is Conduent (formerly Xerox) ▪ Contract expires end of FY18 ➢ Prepared a Request for Information (RFI) **Pharmacy Program Pricing** • Updating pricing regulations mandated by CMS ➢ Implementation date 4/1 ➢ Implementing emergency regulations to meet pricing regulation (Payment to pharmacies) target date of 4/1 ▪ Disclosed information and received feedback regarding process/proposals in a listening session that included invitees as well as the public ➢ Moving from estimated to actual drug acquisition costs for paying claims ▪ Most ingredient costs taken from national marketplace surveys- National Drug Acquisition Cost (NADAC) data ➢ Adding CMS mandated professional dispensing fee ▪ Determined by a survey of actual dispensing costs incurred by Pharmacists **Pharmacy Program Regulations** • Under review to be updated in July ➢ Mandate/allow patient 90-day supplies ➢ Not allow cash payments for controlled drugs (schedule II to V) in certain	**Conclusion** Informational

	situations. **Other** • Possible updates to 340B Program ➢ Changes could impact MCO/ACO procurement • Procurement of supplemental rebate ➢ 13 drug therapy categories ➢ Implementation 7/1 ➢ Bid website issues ▪ Moved bid submission date from March 15th to March 24th	

Agenda Item	Discussion	Conclusions/Follow Up
MHDL Update	Presented the MassHealth Drug List Update effective March 6, 2017.	**Follow Up** Informational
Action	**Details** • Addition of 12 new drugs and five "A"-rated generics • Prior authorization status was updated on eight drugs • Addition of five drugs to the brand preferred over generic list	**Conclusion** Informational

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 – 20 seconds • Overall call time for answered calls – 3 minutes and 45 seconds ➢ Goal under 4 minutes • Refill too soon was (40%) and prior authorization required (36%) were majority of calls for pharmacy edits • Appeals average was 11 per month • Provider outreach ➢ Average over 600 per month • Top 10 medications ➢ Aripiprazole ➢ Harvoni ➢ Duloxetine ➢ Methylphenidate ➢ Oxycodone ➢ Lyrica ➢ Guanfacine ➢ Lantus ➢ Clonidine ➢ Risperidone	**Conclusion** Informational

	• PA Turn-around time during business hours ➢ Goal is 24 hours ➢ 54% done in 6 hours ➢ 99.9 within 24 hours • PA Turn-around time during non-business hours ➢ 80% done in 6 hours ➢ 99% within less than 9 hours	

Meeting adjourned at 8:00 p.m..

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: March 24, 2017