

Minutes
Drug Utilization Review Board Meeting
DATE: 3/12/14



Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:00 PM by Chair, Adam Burrows

Agenda Items:

- I. Welcome and Introductory Remarks
- II. Acceptance of December 2013 DUR Board Minutes
- III. Cholesterol Guidelines Update
- IV. Management of Second-Generation (Atypical) Antipsychotics
- V. Multiple Sclerosis Agents Quality Assurance Analysis
- VI. MassHealth Drug List Update
- VII. DUR Operational Update
- VIII. MassHealth Update

Dr. Paul Jeffrey

Agenda Item	Discussion	Conclusions/Follow Up
Review of Minutes	The December, 2013 Minutes were reviewed and accepted as written	Follow Up: N/A
Action	December Minutes approved as noted.	Conclusion: N/A

Agenda Item	Discussion	Conclusions/Follow Up
Cholesterol Guidelines Update	The new drug American Heart Association and American College of Cardiology Clinical Guidelines were discussed.	Follow Up: Informational
Action	Discussed the following regarding the updated guidelines: <ul style="list-style-type: none"> • Current MassHealth management strategy for statin medications • Updated AHA/ACC guideline recommendations on the management of elevated cholesterol and controversy surrounding guideline implementation • Review MassHealth utilization • New guidelines may potentially increase the utilization of high-intensity statins • No high-intensity statin is available without prior authorization <ul style="list-style-type: none"> ◦ Atorvastatin is now generically available • Recommendations to remove PA requirement from atorvastatin 	Conclusion: N/A

	<ul style="list-style-type: none"> Further evaluate the management of the statin class to determine whether additional changes are needed 	
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Agenda Item	Discussion	Conclusions/Follow Up
Management of Second-Generation (Atypical Antipsychotics)	The management of second-generation (atypical) antipsychotics was discussed.	Follow Up: Informational
Action	<p>Discussed the following regarding the management of second-generation antipsychotics:</p> <ul style="list-style-type: none"> Current utilization management strategies in place for second-generation (atypical) antipsychotics. The impact of placing branded agents on prior authorization as measured by claims utilization and prior authorization data. The success and challenges of the initiative. <ul style="list-style-type: none"> Clinical considerations before cost containment methods Consultation with MA Department of Mental Health for all behavioral health medications Collaboration with Psychopharmacology Experts Workgroup No supplemental rebates from pharmaceutical companies Consumer and patient advocacy groups Pharmacist phone call to prescriber on complex denials Pharmacist phone call to pharmacy for emergency override on weekends “Gradual” implementation process SmartPA and Point-of-sale rules Successful approach to pharmaceutical cost containment that relies on a clinical approach Generic use rate is 76% of all SGAs, among the highest reported in a health system Challenging to follow-up on every denial for such a large complex, patient population The areas of expansion/next steps. <ul style="list-style-type: none"> Hospitalization data, Emergency Department visits for the PA denials; overall data. Pediatric utilization management of SGAs and other behavioral health medications in the state. Multi-disciplinary workgroups within the state. 	Conclusion: N/A

Agenda Item	Discussion	Conclusions/Follow Up
Multiple Sclerosis Agents Quality Assurance Analysis	A quality assurance analysis on multiple sclerosis agents was discussed.	Follow Up: Informational
Action	<p>Discussed the following regarding the multiple sclerosis agents quality assurance analysis:</p> <ul style="list-style-type: none"> • The treatment of multiple sclerosis (MS) including the recommendations of consensus guidelines. • The trends and changes in recent utilization. • An overview of prior authorization (PA) requests for MS agents. • Changes to MassHealth clinical criteria • Utilization trends illustrate a decrease in the use of interferon therapy • One-third of claims were for an oral disease-modifying therapy <ul style="list-style-type: none"> ◦ Half of the paid claims were for Tecfidera® (dimethyl fumarate) 	Conclusion: Proceed with proposed changes as stated.

Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Drug List Update	Overview of the drug list additions effective February 18, 2014 and April 22, 2014 and the drug list changes effective April 28, 2014	Follow Up: N/A
Action	<p>There were 2 new additions for the February 18, 2014 update. There were one new PA form and one new pharmacy initiative.</p> <p>There were 14 new additions effective April 22, 2014. There were two new PA forms. Changes in Prior Authorization status effective April 28, 2014 were also reviewed.</p>	Conclusion: Changes in the MassHealth Drug List will continue to be provided as needed

Agenda Item	Discussion	Conclusions/Follow Up
DUR Operational Update	Quarterly Operations Update	Follow Up: Informational
Action	<p>DUR Operations monthly workload includes the following:</p> <ul style="list-style-type: none"> • Average of 6,000 PA requests • Average of over 7,000 calls <ul style="list-style-type: none"> ◦ Average abandonment rate a little over 1.0 % ◦ Average treatment time of under 4 minutes • Average of 10 appeals • Average of 400 Provider outreach calls 	Conclusion: Quarterly operational updates will continue to be provided as needed.

	<ul style="list-style-type: none"> Top 10 medications for which PA was requested: Abilify, Suboxone, buprenorphine/naloxone, atorvastatin, Cymbalta, Lidoderm, Lyrica, montelukast, Strattera, OxyContin, Advair 	
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Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	Quarterly MassHealth Update	<u>Follow Up</u> Informational
Action	<p>Provided MassHealth Overview which includes the following:</p> <ul style="list-style-type: none"> MassHealth's/Secretary's and Governor's top priority: improve health insurance exchange; increased number of employees within Optum healthcare to process thousands of pending/back-log of applications; may not meet the March 31 deadline but have until June 30 to complete it all MMIS: Need a substantial software and hardware update Outstanding "copay" project (per ACA): Already completed exempting copay for 19 and 20 year olds; however, need to continue to work on indexing the copay based on quarterly income Opioid overdose epidemic across the state: discussion about the availability of naloxone kits to first responders and trying to obtain payments for this; educational campaign Antipsychotic initiative in kids: Multidisciplinary workgroup across the state with DCF and DMH; work has started 	<p>Conclusion: Quarterly updates will continue to be provided as needed.</p>

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: _____