

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



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

**Agenda Items:**

- I. Welcome and Introductory Remarks
- II. Benzodiazepine QA
- III. Aloxi (palonosetron) QA
- IV. Anti-TNF Agent Therapeutic Class Review
- V. MassHealth Drug List Update
- VI. DUR Operational Update
- V. MassHealth Update Dr. Paul Jeffrey

Agenda Item	Discussion	Conclusions/Follow Up
<b>Review of Minutes</b>	The December, 2011 Minutes were reviewed and accepted as written	<b>Follow Up:</b> N/A
<b>Action</b>	December Minutes approved as noted.	<b>Conclusion:</b> N/A

Agenda Item	Discussion	Conclusions/Follow Up
<b>Benzodiazepine QA</b>	The benzodiazepine class was discussed including place in therapy, current PA requirements and utilization trends.	<b>Follow Up:</b> Informational
<b>Action</b>	<p>Medications that require PA (prior authorization) include the following:</p> <ul style="list-style-type: none"> <li>• Alprazolam XR</li> <li>• Brand Name agents</li> <li>• Diazepam rectal gel if quantities exceed 10 syringes per month</li> <li>• Orally disintegrating tablets</li> <li>• Powders</li> </ul> <p>Proposed changes include clarification of alprazolam XR criteria and considering PA approval for ODT (orally disintegrating tablet) formulations for doses unavailable in conventional dosage forms.</p> <p>Benzodiazepines will no longer be excluded on Med D plans as of 2013.</p>	<b>Conclusion:</b> Proceed with proposed changes as stated.

Agenda Item	Discussion	Conclusions/Follow Up
<b>Aloxi (palonosetron) QA</b>	Aloxi (palonosetron) was discussed including place in therapy, current PA requirements and utilization trends	<b>Follow Up:</b> Informational
<b>Action</b>	<p>Current consensus guidelines recommend the use of Aloxi<sup>®</sup> (palonosetron) as a preferred first line agent in moderate &amp; highly emetogenic chemotherapy.</p> <ul style="list-style-type: none"> <li>Utilization trends depict appropriate utilization with a combination of pharmacy and medical benefit claims.</li> </ul> <p>Proposed changes include:</p> <ul style="list-style-type: none"> <li>Removal of the prior authorization requirement</li> <li>Add quantity limit of 1 unit/14 days</li> <li>Create a designated PA form to assist in the review and prescribing of the antiemetics</li> </ul>	<b>Conclusion:</b> Proceed with proposed changes as stated.

Agenda Item	Discussion	Conclusions/Follow Up
<b>Anti-TNF Agent Therapeutic Class Review</b>	The Anti-TNF Agent class was discussed including place in therapy, current PA requirements and utilization trends with the possible intent of selecting a preferred agent.	<b>Follow Up:</b> Informational
<b>Action</b>	<p>Discussed the following regarding the Anti-TNF Agent class:</p> <ul style="list-style-type: none"> <li>Lack of randomized head-to-head trials</li> <li>Clinical guidelines lack of preference for one agent over another</li> <li>Similar adverse event profiles</li> <li>Comparable costs</li> <li>Challenges with producing biosimilars</li> </ul> <p>Proposed the following:</p> <ul style="list-style-type: none"> <li>Consider selection of a preferred agent</li> <li>Explore potential for supplemental rebate</li> <li>Consider the use of a specialty pharmacy</li> </ul>	<b>Conclusion:</b> MassHealth will consider proposal and determine the next steps to possibly select a preferred agent.

Agenda Item	Discussion	Conclusions/Follow Up
<b>MassHealth Drug List Update</b>	Overview of the drug list additions effective March 12, 2012 and the drug list changes effective March 26, 2012	<b>Follow Up:</b> N/A
<b>Action</b>	<p>There are 9 new additions effective March 12, 2012. Changes in Prior Authorization status effective March 26, 2012, 2012 were also reviewed.</p> <p>Other updates included:</p> <ul style="list-style-type: none"> <li>2 new PA forms and Therapeutic tables for the following medication classes: Hereditary Angioedema Agents, Topical Anesthetics</li> </ul>	<b>Conclusion:</b> Changes in the MassHealth Drug List will continue to be provided as needed

Agenda Item	Discussion	Conclusions/Follow Up
<b>DUR Operational Update</b>	Quarterly Operations Update	<b>Follow Up:</b> Informational
<b>Action</b>	<p>DUR Operations monthly workload includes the following:</p> <ul style="list-style-type: none"> <li>Average of 6,500 PA requests</li> <li>Average of 8,000 calls <ul style="list-style-type: none"> <li>Average abandonment rate of 1.5 %</li> <li>Average treatment time of 4 minutes</li> </ul> </li> <li>Average of 10 appeals</li> <li>Average of 500 Provider outreach calls</li> <li>Top 10 medications include: Suboxone, Lidoderm, Cymbalta, Advair, lansoprazole, Strattera, Singulair, Lyrica, Seroquel, and Nexium</li> <li>Upon examination of PA approvals, discovered that on average 20-25% of PA approvals are not subsequently utilized.</li> </ul>	<b>Conclusion:</b> Quarterly operational updates will continue to be provided as needed.

Agenda Item	Discussion	Conclusions/Follow Up
<b>MassHealth Update</b>	Quarterly MassHealth Update	<b>Follow Up</b> Informational
<b>Action</b>	<p>Provided MassHealth Overview (FY12) which includes the following estimates:</p> <ul style="list-style-type: none"> <li>1.35M Members (↑4.6%&gt; FY11) – Projected 1.4M in FY13</li> <li>MassHealth Budget - \$10.1B, Pharmacy Budget - \$539M</li> <li>4% growth in FFS pharmacy spend</li> <li>Healthcare reform and CMS rules will result in changes to drug pricing and rebating</li> <li>Care Coordination and Integration is a prominent goal for the program.</li> </ul>	<b>Conclusion:</b> Quarterly updates will continue to be provided as needed.

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: \_\_\_\_\_