**Minutes**
**Drug Utilization Review Board Meeting**
**DATE:** 3/14/2018

**Meeting Purpose:** Quarterly Open Board Meeting
Meeting opened at 6:00 P.M. by Chair, Timothy Fensky.

**Attendance:** Timothy Fensky, R.Ph.; Joel Goldstein, M.D.; Lori Lewicki, R.Ph.; Greg Low, R.Ph., PhD; Sophie McIntyre, Pharm.D.; Christy Stine, M.D.; Michael Thompson, M.D.;

**Absent:** Colleen Labelle, MSN, RN-BC, CARN; Sarah M. McGee, M.D.; Audra R. Meadows, M.D.; Therese Mulvey, M.D.; Karen Ryle, M.S., R.Ph.; Arthur Yu-shin Kim, M.D.

**Agenda Items:**
I. Welcome and Introductory Remarks
II. Annual Pipeline Continuation Education Program
III. Minutes
IV. VMAT2 Inhibitors Quality Assurance Analysis
V. MassHealth Update
VI. DUR Operational Update
VII. Anticonvulsants Quality Assurance Analysis

| Agenda Item | Discussion | Conclusions/Follow Up |
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| Minutes | Motion made by Greg Low, R. Ph. Ph.D. to accept the December 13, 2017, minutes as written. | **Follow Up**<br>N/A |
| Action | Minutes were seconded by Colleen Labelle, MSN RN-BC CARN.<br>All approved. | |

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| **Annual Pipeline Continuation Education Program** | Presentation given by Nicole Trask and Sage Bagwell. | **Follow Up**<br>Informational/Advisory |
| **Action** | Discussion:<br>The Pipeline Update* will provide a brief overview of clinical and/or regulatory updates regarding select pharmaceutical pipeline agents in late-stage development. | **Conclusion**<br>Informational/Advisory |

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| | *Eligible for one hour of Pharmacist CE credit. | |

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| VMAT2 Inhibitors Quality Assurance Analysis | <u>Presentation given by Mark Tesell</u><br>Quality Assurance Analysis is an evaluation of drug utilization and/or prior authorization requests to ensure evidence-based and cost-effective drug use.<br><br>**Discussion:**<br>• Outline<br>•Briefly describe common movement disorders.<br>•Review the mechanism of action, indications and MassHealth management criteria of VMAT2 inhibitors.<br>•Summarize recent MassHealth utilization and prior authorizations.<br>•Suggest recommendations for continued VMAT2 inhibitor management.<br>•Discuss recent findings of the ICER report on VMAT2 inhibitors in the treatment of TD. | **<u>Follow Up</u>**<br>Informational/Advisory |
| **Action** | **Conclusions:**<br>• There are currently three available VMAT2 inhibitors that have FDA approved indications<br>• Austedo (deutetrabenazine): HD, TD<br>• Ingrezza (valbenazine): TD<br>• Xenazine (tetrabenazine): HD<br>• Off-label use (primarily tetrabenazine) remains prominent.<br>• One-year utilization: 24 unique utilizers filling 135 paid claims totaling $1,203,198<br>• PA requests reviewed appropriately for both FDA-approved and off-label indications<br>• Several requests for complex choreatic movement disorders reviewed repeatedly. Criteria clarification may be appropriate.<br>**Recommendations:**<br>• Remove less costly trial requirements from TD criteria for Xenazine (tetrabenazine) to facilitate future preferred product designation.<br>• Modify criteria for dystonia to include more generalized complex movement disorders:<br>– Diagnosis of unspecified hyperkinetic movement disorder (e.g., dystonia and/or choreoathetosis associated with cerebral palsy, other unspecified movement disorders)<br>– Inadequate response or adverse reaction to TWO of the following or a contraindication to ALL of the following:*<br>• Baclofen<br>• Benzodiazepine (e.g., clonazepam)<br>• Botulinum toxin (only appropriate if dystonia is localized)<br>• Clonidine | **<u>Conclusion</u>**<br>Proceed with recommendations as stated. |

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| | • Levodopa/carbidopa<br>• Trihexyphenidyl<br><br>*Potential denials should be reviewed with clinical review to determine if less costly alternatives are appropriate for target symptoms.<br><br><u>ICER Evaluation: TD Therapies</u><br>• Conclusions:<br>o Evidence is sufficient to suggest a net health benefit of both valbenazine and deutetrabenazine in TD. However, uncertainty remains around the long-term benefits and harms.<br>o Evidence is insufficient to show a net health benefit of tetrabenazine, or distinguish between valbenazine and deutetrabenazine.<br>o To fall within ICER's threshold value range of $100,000 to $150,000 per QALY, valbenazine would require a discount of 85 to 90%. Deutetrabenazine would require a discount of 90 to 93%.<br>o Assuming standard discounts, only one in five eligible Americans with TD could be treated with the new therapies before crossing ICER's budget threshold of $915 million per year.<br>• **Affordability and Access Alert** | |

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| MHDL Update | <u>MassHealth Drug List (MHDL) Updates given by Amy Jasinski</u><br>MHDL Overview including new additions, changes in Prior Authorization (PA) status, and related attachment updates to be implemented with an upcoming publication rollout. | **<u>Follow Up</u>**<br>Informational/Advisory |
| Action | Discussed new drug additions and changes that will go into effect on March 26, 2018.<br>• There will be eight new drugs added to the drug list and six will require PA. Two will not require PA.<br>• Phenytoin unit dose suspension will no longer require PA <6 years while Gabitril (tiagabine) will require PA for all ages.<br>• Two drugs will be removed from the Brand Name Preferred to Over Generic list.<br>• Three drugs will be added to the Brand Name Preferred Over Generic list. | **Conclusion**<br>Informational/Advisory |

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| DUR Operational Update | <u>Quarterly Operational Statistics presentation given by Patricia Leto</u><br>DUR Operational Overview including statistics associated with Prior Authorization (PA) review and PA response, and Call Center metrics. | **<u>Follow Up</u>**<br>Informational/Advisory |

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| **Action** | • Prior Authorization (PA) Requests – average 7,000 per month<br>• Call Volume – 7,000 calls per month, peak November 2017 with 8,296 calls<br>• Abandonment rate about 2.2%<br>• Average answered call wait time – .43 seconds<br>• Overall call time for answered calls – three minutes and 50 seconds<br>  ➢ Goal under four minutes<br>• Pharmacy Edits<br>  • Refill too soon was (40%)<br>  • Prior authorization required (41%)<br>  • DUR Reject Error (18%)<br>  • CSMP Lock In (1%)<br>• Appeals average 10 to 11 per month<br>• Provider outreach<br>  ➢ Average 8 to 10%<br>• Top 10 PA medications<br>  ➢ Aripiprazole<br>  ➢ Methylphenidate<br>  ➢ Clonidine<br>  ➢ Lyrica<br>  ➢ Lantus<br>  ➢ Oxycodone<br>  ➢ Harvoni<br>  ➢ Clindamycin<br>  ➢ Xarelto<br>  ➢ Botox<br>• PA turn-around time during business hours<br>  ➢ Statutory mandate is 24 hours<br>  ➢ 58% done in six hours<br>  ➢ 99.9 within 24 hours<br>• PA turn-around time during non-business hours<br>  ➢ 82% done in six hours<br>  ➢ 99% within less than nine hours<br><br>**Questions:**<br>  ➢ *Paul Jeffrey*: Inquired about the comments that were made about getting phone calls for prior authorizations and a question about the caller looking at the MassHealth Drug List. Also asked about the drugs that have not been posted or the source.<br>  ➢ *Tricia Leto*: Responded that most offices are not aware about the updates of the list. She gave a brief background about the type of program that DUR is. For new drugs nothing is posted until policy is developed.<br><br>  ➢ *Paul Jeffrey*: Inquired about the distribution of types of calls (Prescribers vs. Pharmacies)<br>  ➢ *Patricia Leto*: Responded that statistics are not specifically kept. If there had to be a breakdown (est.): 50/50<br><br>  ➢ *Ron Poppel, Sunovion*: Inquired about the average PA's a month (7,000), what percentage is approvals vs. denials?<br>  ➢ *Patricia Leto*: Responded that the figure is different per each class of drug. Certain classes have higher rate of denials than others, where another class could have a higher approval rate. Certain therapeutic classes have more of an impact where there are different options available. | **<u>Conclusion</u>**<br>Informational/Advisory |

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| | ➢ *Ron Poppel, Sunovion* : Due to the large number of approvals, do you see this as a budgetary benefit to the department?<br>➢ *Patricia Leto*: There is lots of data that QA is reviewing which may show the impact on our budget. | |

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| MassHealth Update | Paul Jeffrey, Pharm. D., MassHealth gave MassHealth Update. | **Follow Up**<br>Informational/Advisory |
| **Action** | **MassHealth Update**<br>• MassHealth launched the Payment & Care Delivery Innovation project creating:<br>• Accountable-care organizations (ACO) (22 plans total for MassHealth)<br>➢ Transitioned 1.1 to 1.2 million members on March 1, 2018<br>➢ Two partnership ACO/MCO and one Primary Care/ACO models<br>o ACO + MCO (17 types of partnership plans)<br>▪ care delivery system and payment partners<br>o Primary Care/ACO (aka Model B)<br>▪ Three ACOs contract directly with MassHealth Central<br>➢ New Member ID Cards have been sent.<br>➢ Currently in a 30-day Continuity of Care transition period which expires March 31, 2018<br>o Created to facilitate the transition of PAs and prescriptions between and among plans to minimize disruptions. Transition period could be extended – will be continuously monitored.<br><br>**Comments:**<br>A 'tip of the hat' to the provider community that has supported this initiative; to our claims processor contractor Conduent, who have done a super job, meeting all of our expectations and needs in a timely fashion, including topping what they were doing, changing code, within hours, which is no small task.<br><br>And to the DUR Program Staff who have really been excellent and very responsive, particularly on the operational side, and to the clinical team as well, to handle the volume of work, of which a lot has come through the door. Thank you. | **Conclusion**<br>Informational/Advisory |

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| | Thank you in absentia. Thank you all to the providers and to the prescribers who have been buffeted by this. MassHealth is appreciative. I am impressed by all the work that has gone into this effort; I think that we all want this to succeed. | |

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| Anticonvulsants Quality Assurance Analysis | Presentation was deferred until next meeting. | **Follow Up**<br>Informational |

Meeting adjourned at 8:00 P.M.

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: _____