

Minutes
Drug Utilization Review Board Meeting
DATE: March 8, 2023



Meeting Purpose: Quarterly Drug Utilization Board Meeting
Meeting opened at 6:00 p.m. by Christy Stine, MD, PhD

The meeting was conducted under Massachusetts Public Meeting Law requirements.

Attendance: Mehmet Furkan Burbak, MD; Melissa Coyle, PharmD; Timothy Fensky, RPh; James Gagnon, RPh, PharmD; Colleen Labelle, MSN, RN-BC, CARN; Lori Lewicki, RPh; Greg Low, RPh, PhD; Laura Spring, MD; Christy Stine, MD, PhD

Absent: Sarah M McGee, MD; Karen Ryle, MS, RPh

Agenda Items:

- Welcome and Introductory Remarks
- Guest Speaker
- Minutes
- Annual Pipeline Continuing Education Program
- Influenza Treatment and Prophylaxis Agents Quality Assurance Analysis
- MHDL Update
- DUR Operational Update
- MassHealth Update
- Open Forum

Agenda Item	Discussion	Conclusions/Follow Up
Guest Speaker	Zachariah Thomas, a medical provider, spoke on behalf of Ovality.	<u>Follow Up</u> Informational/Advisory

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Minutes	Motion to approve the minutes for December 2022 was made by Greg Low, RPh, PhD and seconded by Timothy Fensky, RPh.	<u>Follow Up</u> Minutes are approved.

Agenda Item	Discussion	Conclusions/Follow Up
Annual Pipeline Continuing Education Program	<p><u>Annual Pipeline Continuing Education Program by Dr. Collin Jerard and Karen Trinh</u></p> <p>This Pipeline Update provided an overview of clinical and/or regulatory updates regarding select pharmaceutical pipeline agents in late-stage development.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> Describe recent trends in the FDA approval process Compare and contrast emerging pipeline agents with currently available therapeutic options. Summarize generic availability of commonly used agents over the next several years. Non-biased overview of the pipeline. <ul style="list-style-type: none"> Speakers have nothing to disclose. Generic names were provided; anticipated brand names provided when possible. Not intended to speculate FDA actions. Not an all-inclusive review of the pipeline. <p>Concluding Recommendations</p> <ul style="list-style-type: none"> Immuno-oncology and drugs for rare diseases continue to lead the pack for pipeline drug development. Cell and gene therapy approvals may accelerate. <ul style="list-style-type: none"> Ten to twenty approvals per year by 2025. Biosimilar adoption was slow initially due to numerous factors but may start to increase over time. 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

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Influenza Treatment and Prophylaxis Agents Quality Assurance Analysis	<p><u>Influenza Treatment and Prophylaxis Agents Quality Assurance Analysis by Dr. Eliza Anderson</u></p> <p>This overview was a summary of the current medical literature and provided a brief overview of new guideline recommendations in this disease state.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> Summarize latest treatment guidelines for influenza. 	<p><u>Conclusion</u></p>

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	<ul style="list-style-type: none"> • Evaluate current MassHealth management and PA criteria. • Present current MassHealth utilization and PA summaries. • Discuss special topics impacting seasonal influenza. • Present recommendations based on QA review. <p>Concluding Recommendations</p> <ul style="list-style-type: none"> • Recommendations from QA Analysis. <ul style="list-style-type: none"> ○ No changes to our current management were recommended. ○ Guideline verbiage updates: <ul style="list-style-type: none"> ▪ Update “Appropriate Diagnosis” verbiage throughout guideline to specify influenza treatment or prophylaxis. ▪ Change gender specific verbiage when not clinically necessary to “member.” ○ Continue to monitor oseltamivir shortage and impact on members’ access to treatment. <p>Questions</p> <ul style="list-style-type: none"> • Questions presented to the board. <ul style="list-style-type: none"> ○ How should payers best monitor and respond to shortages of antivirals (and similar acute treatments)? <ul style="list-style-type: none"> ▪ Low responded that he had been waiting to hear if there were any shortages and heard it reported nationally. Low suggested patients fill prescriptions right away in case they need to go to another pharmacy due to shortages. ▪ Fensky agreed with Low. Fensky stated that the shortage was for the generic and they would need an override to fill the brand. Also stated there are only a few antivirals for influenza treatment. ○ How can MassHealth best support the adoption of influenza vaccination by patients and administration efforts by pharmacy and medical providers? <ul style="list-style-type: none"> ▪ LaBelle suggested using mobile vans for senior centers and schools. ○ What is the outlook for the combination influenza/COVID-19 vaccine? <ul style="list-style-type: none"> ▪ Low commented that communication is more of an issue about notification for vaccination information. Low also commented that the flu vaccination promotion was earlier than it had been in previous years. 	<p>The board reviewed and accepted the presentation.</p>

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MHDL Update	<p><u>MHDL Update by Dr. Meghan Serell</u> MHDL Overview included new additions, changes in Prior Authorization (PA) status, and related attachment updates to be implemented with a recent publication rollout.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • There were seven additions to the MHDL Drug list effective as of April 1, 2023. • Changes in coverage status <ul style="list-style-type: none"> ○ Prior authorization (PA) will be required for opioid agents exceeding an accumulated total daily dose of 180 morphine milligram equivalents (MME). PA will remain for single opioid agent dose threshold of 120 MME as in current policy. Opioid and Pain Initiative criteria will continue to apply. ○ Dilaudid (hydromorphone) will require prior authorization when exceeding the updated dose limit. Opioid and Pain Initiative criteria will still apply. ○ 88 agents will be available through medical billing only and will no longer be available through pharmacy billing. Please note, PA restrictions and preferred drug designations may still apply. Hospital only drugs are not included. • Changes to the MassHealth Brand Name Preferred Over Generic Drug List <ul style="list-style-type: none"> ○ Jevtana (cabazitaxel) and Lidoderm (lidocaine 5% patch) will be removed from the MassHealth Brand Name Preferred Over Generic Drug List. • Changes to the MassHealth 90-day Initiative <ul style="list-style-type: none"> ○ Hetlio (tasimelteon) may be allowed or mandated to be dispensed in up to a 90-day supply. • Changes to the Miscellaneous Documents on the MassHealth Drug List <ul style="list-style-type: none"> ○ The MassHealth Pharmacy Program Public Health Emergency Response document has been updated to reflect recent changes. ○ The MassHealth Non-Drug Product List will be updated to reflect recent changes to the MassHealth Drug List. ○ The MassHealth Over-the-Counter Drug List has been updated to reflect recent changes to the MassHealth Drug List. ○ The MassHealth ACP/MCO Unified Pharmacy Product List will be removed from the MassHealth Drug List. 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

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	<ul style="list-style-type: none"> ○ The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List. ○ Two initiatives have been updated to the MassHealth Pharmacy and Clinical Initiatives Information and added to the New Pharmacy Initiatives. ○ Two links have been updated and added: MassHealth Pharmacy Operational Page and MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs). ○ Table 79: Pharmaceutical Compounds has been added to the New Therapeutic Class Tables. 	

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DUR Operational Update	<p><u>DUR Operational Update by Dr. Kristen Danis</u></p> <p>DUR Operational Overview included statistics associated with Prior Authorization (PA) review and PA response, and call center metrics.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • MassHealth PA requests from 2020 to 2023 (calendar year to date) showing with COVID leniencies initiated in March 2020 for prior authorizations (PAs) there was a decrease in number of PAs followed by an increase in August with some leniencies removed. • MassHealth call center volume from 2020 to 2023 (calendar year to date) showing with COVID leniencies initiated in March 2020 and then removed in August 2020. • The monthly averages for PAs from 2018 to 2023 (to date) were reviewed. Peak average of 10,547 per month in 2018 while currently 2023 (to date) average per month is 8,899. • Call abandonment rate generally less than 2% (overall average is 1.3%). • Average wait time of answered call generally under the 30-second range (overall average is 13 seconds). • Average treatment time consistently around four minutes. • MassHealth Appeals: Current monthly average is four. • Provider Outreach Volume: Current monthly average is 500 calls. • Top Ten Medications Requested for Prior Authorization – January 1, 2022 to December 31, 2022. 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

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	<table><tr><td>1. Freestyle Libre Prior Authorization</td><td>6. Methylphenidate Prior Authorization</td></tr><tr><td>2. Dexcom Prior Authorization</td><td>7. Testosterone Prior Authorization</td></tr><tr><td>3. Clindamycin Age Restriction</td><td>8. Botulinum Prior Authorization</td></tr><tr><td>4. Tretinoin Age Restriction</td><td>9. Omnipod Prior Authorization</td></tr><tr><td>5. Ozempic Prior Authorization</td><td>10. Clonidine Prior Authorization</td></tr></table> <ul style="list-style-type: none">• Prior Authorization Compliance Response Time – January 2022 to December 2022<ul style="list-style-type: none">○ Total requests: 107,864 requests○ 77% of all PA decisions within six hours.○ 99.9% of all PA decisions in less than 24 hours.○ Over 50% of all PA decisions in less than three hours.• Prior Authorization Compliance Response Time during call center hours – January 2022 to December 2022<ul style="list-style-type: none">○ Total requests: 107,864 requests○ 95% of all PA decisions within six hours.○ 99% of all PA decisions in less than nine hours. <p>Questions</p> <ul style="list-style-type: none">• Stine inquired about operational information that was to be added to the MassHealth Drug List website.<ul style="list-style-type: none">○ Danis replied that the information that was to be added is for the updated policies for under review medications.	1. Freestyle Libre Prior Authorization	6. Methylphenidate Prior Authorization	2. Dexcom Prior Authorization	7. Testosterone Prior Authorization	3. Clindamycin Age Restriction	8. Botulinum Prior Authorization	4. Tretinoin Age Restriction	9. Omnipod Prior Authorization	5. Ozempic Prior Authorization	10. Clonidine Prior Authorization	
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MassHealth Update	<p><u>MassHealth Update by Dr. Kimberly Lenz</u></p> <p>MassHealth Update is a summary of recent developments in MassHealth in the context of pharmacy, managed care, or public health.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> Legislative Updates 	<p><u>Conclusion</u></p>

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	<ul style="list-style-type: none"> ○ Continue to work under public health emergency (PHE) which is ending May 11, 2023. ○ Evaluating what was put in place during the PHE to decide what needs to stay or be discontinued. ○ Currently have 2.3 million members as no members were disenrolled during the PHE. <ul style="list-style-type: none"> ▪ Beginning April 1, 2023, all current members need to renew membership. The reenrollment will take place over a one year time period. ▪ MassHealth has an extensive campaign to notify members. ● ACO updates/ACO Changes will also take place on April 1, 2023 <ul style="list-style-type: none"> ○ New ACOs will be added and there will be a shift in provider affiliations resulting in movement in members. ○ 90-day continuity of care period: plans must accommodate treatment even if a non-preferred drug or out of network pharmacy. ○ Pharmacies should use an emergency override for members new to a plan. Overrides should be used to allow for continued use in instances where a member should have a PA (from a previous insurer) and/or there could be harm to member due to a delay in access to the medication. ● Unified Formulary <ul style="list-style-type: none"> ○ Full unification for April 1, 2023. ○ Updated MassHealth prior authorization forms will be used for all members for all plans and include additional member demographic information to align with health equity initiative. ○ With the unified drug list, managed care plans will also be aligning which drugs are covered under the medical benefit only. ● As of March 2023 <ul style="list-style-type: none"> ○ Supplemental rebate contracts for 63 drugs with 22 manufacturers. ○ Eight value-based contracts with manufacturers. ○ Over ~\$350 million (annualized) savings in total. ● Major provider center for addiction center has closed their doors after charges against some employees. <ul style="list-style-type: none"> ○ MassHealth is working on helping the effort on continuity of care for members. ○ Lenz wanted to thank the LaBelle for the hard work for the coordination that has been provided for the unexpected situation. <p>Questions and comments</p> <ul style="list-style-type: none"> ● Low inquired about e-PA and real time benefit checks. <ul style="list-style-type: none"> ○ Lenz responded that there are no current updates, but it is still in process working with vendor. 	<p>The board reviewed and accepted the presentation.</p>

Agenda Item	Discussion	Conclusions/Follow Up
Open Forum	<u>Open Forum</u>	<u>Follow Up</u> Informational/Advisory
Action	Discussion <ul style="list-style-type: none"> This presentation was tabled until the next DUR Board meeting. 	<u>Conclusion</u> N/A

Meeting adjourned at 8:00 p.m.

Respectfully submitted by Mylissa Price

Date: _____