



Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:06 P.M. by Consultant Pharmacist, Payal Kotadiya

Agenda Items:

- I. Welcome and Introductory Remarks
- II. Acceptance of June 2011 DUR Board Minutes
- III. Xarelto (rivaroxaban) Pharmacoeconomic Model
- IV. Topical Antiviral Initiative
- V. MassHealth Drug List
- VI. DUR Operational Update
- VII. MassHealth Update

Agenda Item	Discussion	Conclusions/Follow Up
Welcome and introductory remarks:	June 2011 DUR Board minutes were mentioned with a motion to approve as written. Motion seconded.	Follow Up
Action		Conclusion Minutes approved as written.

Agenda Item	Discussion	Conclusions/Follow Up
Xarelto (rivaroxaban) Pharmacoeconomic Model	A pharmacoeconomic (PE) analysis was presented to compare rivaroxaban versus enoxaparin for venous thromboembolism (VTE) prophylaxis following total hip replacement surgery.	Informational
Action	The analysis demonstrated that rivaroxaban is more cost-effective than enoxaparin in this population. Rivaroxaban resulted in a greater proportion of effectively treated patients (i.e., no VTE or bleed event) and a lower expected cost per patient. The findings are supported by published literature. The price of enoxaparin should be monitored, as this product becomes a multi-source generic, to determine if it re-evaluation of comparative cost-effectiveness is warranted.	Conclusions: The analysis demonstrated that rivaroxaban may be considered more cost effective than enoxaparin for this patient population.

Agenda Item	Discussion	Conclusions/Follow Up
Topical Antiviral Initiative	The topical antiviral agents were discussed along with current literature regarding place in therapy versus oral antivirals.	Informational
Action	<p>Consensus guidelines do not recommend topical agents for genital herpes due to minimal efficacy in comparison with oral agents (i.e., acyclovir, famciclovir or valacyclovir). Recently, there have been significant cost increases and packaging changes for a number of topical therapies. The oral agents are available generically whereas the topical agents are available solely as branded agents.</p> <ul style="list-style-type: none"> Consider management of the topical antiviral agents by designation of prior authorization on the MassHealth DrugList. 	<p>Conclusion: Proceed with recommendation to place the topical antiviral agents on prior authorization.</p>

Agenda Item	Discussion	Conclusions/Follow Up
MHDL Update	Overview of the drug list additions effective September 26, 2011, and the drug list changes effective October 11, 2011.	Informational
Action	<p>There are 21 new additions, effective September 26, 2011. Changes in Prior Authorization status effective October 11, 2011, were also reviewed.</p> <p>Other updates included :</p> <ul style="list-style-type: none"> 3 new PA forms 	<p>Conclusion Changes in the MassHealth Drug List will continue to be provided as needed.</p>

Agenda Item	Discussion	Conclusions/Follow Up
DUR Operational Update	Overview of Operational trends from July 2010 –June 2011	Informational
Action	<ul style="list-style-type: none"> Average of 8,000 calls received per month Average of 7,000 PA requests received per month The number of appeals in 2010 peaked in September with 21. Average of 500 provider outreach calls per month Reviewed top 10 requested medications PA approvals associated with an average subsequent paid claim, 80% 	<p>Conclusion: Operational updates will continue to be provided as needed.</p>

Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	Overview of pertinent MassHealth information	Informational
Action	Recent organizational changes were highlighted including the appointment of Dr. Julian Harris as the new Medicaid Director. Dr. Harris plans to continue the focus towards patient orientation, and payment and practice reform. Massachusetts is one of 15 states designated by CMS to implement the Dual Integrated Project for adults, ages 18 to 64. Other initiatives involve patient-centered medical homes and the re-procurement of the behavioral health carveout and PCC Plan vendor. There is a pharmacy copayment change as of Oct 1 st . The historical copay of \$3.00 will change to \$3.65, with a new annual co pay cap of \$250. Copay exemptions will remain the same with the exception of adding American Indians. The payment for pharmacies/pharmacists to administer the flu vaccine will continue this season. There is also work towards the new POPS 3 implementation.	Conclusion

Meeting adjourned at 8:00 P.M.

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: _____