

Minutes
Drug Utilization Review Board Meeting
DATE: September 14, 2022



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: Melissa Coyle, PharmD; Colleen Labelle, MSN, RN-BC, CARN; Lori Lewicki, RPh; Greg Low, RPh, PhD; Sarah M McGee, MD; Laura Spring, MD; Christy Stine, MD, PhD;

Absent: Timothy Fensky, RPh; James Gagnon, RPh, PharmD; Karen Ryle, MS, RPh; Michael Thompson, MD

Agenda Items:

- Welcome and Introductory Remarks
- Minutes
- Pipeline Update
- Annual Special Populations Update
- Opioid Dependence and Reversal Agents Quality Assurance Analysis
- Pediatric Behavioral Health Medication Initiative Update
- MHDL Update
- DUR Operational Update
- MassHealth Update
- Open Forum
- Palivizumab (Synagis) Quality Assurance Analysis

Agenda Item	Discussion	Conclusions/Follow Up
Minutes	Motion to approve the minutes for June 2022, was made by Greg Low, RPh, PhD and seconded by Christy Stine, MD, PhD.	Follow Up Minutes are approved.

Agenda Item	Discussion	Conclusions/Follow Up
Pipeline Update	<p><u>Pipeline Update by Dr. Edward Pudim</u> This pipeline update provided a brief overview of clinical and/or regulatory updates regarding select pharmaceutical pipeline agents in late-stage development.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Investigational Agents <ul style="list-style-type: none"> ○ Exagamglogene autotemcel (CTX001) <ul style="list-style-type: none"> ▪ Type of Agent: Gene Therapy ▪ MOA: CRISPR/Cas9 Gene-Editing ▪ Manufacturer: Vertex and CRISPR Therapeutics ▪ FDA Designations: Regenerative Medicine Advanced Therapy, Fast Track, Orphan Drug, Rare Pediatric Disease ▪ Proposed indications: Treatment of SCD, Treatment of TDT ▪ Summary of Update <ul style="list-style-type: none"> • Vertex and CRISPR Therapeutics announced that BLA filing is expected by the end of 2022. • <u>Population</u>: Patients ≥ 12 years of age with SCD or TDT • <u>Administration</u>: IV infusion administered once ▪ Potential Impact <ul style="list-style-type: none"> • Epidemiology <ul style="list-style-type: none"> ○ The prevalence of SCD in the US is estimated to be 100,000 individuals. ○ The prevalence of TDT in the US is estimated to be 1,000 to 1,500 individuals. • Treatment Options for SCD and TDT <ul style="list-style-type: none"> ○ Current guidelines for SCD recommend hydroxyurea, L-glutamine, voxelotor, crizanlizumab, and chronic transfusions. ○ Current guidelines for TDT recommend chronic transfusions, iron chelation therapy, and management of complications, but also acknowledge the availability of novel therapies like HSCT, Zynteglo, and luspatercept. • Place in Therapy 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

	<ul style="list-style-type: none"> ○ If approved, CTX001 may be the first gene therapy option for SCD and the second gene therapy treatment option for TDT. ○ Zynteglo (betibeglogene autotemcel) is FDA-approved in adult and pediatric patients with TDT. ○ Lovo-cel (lovotibeglogene autotemcel) is another gene therapy in development for SCD. ○ Omaveloxolone <ul style="list-style-type: none"> ▪ Type of agent: oral capsule ▪ MOA: NRF2 agonist ▪ Manufacturer: Reata Pharmaceuticals, Inc. ▪ FDA Designations: Orphan Drug, Fast Track, Rare Pediatric Disease, Priority Review ▪ Proposed indication: Treatment of FRDA ▪ Summary of Update <ul style="list-style-type: none"> • NDA submission granted a PDUFA date of February 28, 2023. • <u>Population</u>: Patients ≥ 16 years of age with FRDA • <u>Administration</u>: 150 mg capsule by mouth once daily. ▪ Potential Impact <ul style="list-style-type: none"> • Epidemiology <ul style="list-style-type: none"> ○ The prevalence of FRDA in the US is estimated to be 5,000 children and adults. ○ Worldwide prevalence is estimated to be one in 40,000 people primarily affecting those of European, Middle Eastern, South Asian, or North African heritage. • Treatment Options for FRDA <ul style="list-style-type: none"> ○ Treatment options according to NORD are symptomatic and supportive including movement aids, surgery, corrective devices for vision and hearing, therapy, and treatment of comorbid conditions. ○ There is currently no cure available. • Place in Therapy <ul style="list-style-type: none"> ○ If approved, omaveloxolone would be the first agent approved for the treatment of FRDA. 	
	Questions	

	<ul style="list-style-type: none"> • Stine asked if the change in baseline peak measurement of 48 weeks was the normal measurement used. <ul style="list-style-type: none"> ○ Pudim stated that 48 weeks measurement was used to assess the effort levels of those patients who were able to perform daily activities. • Low asked about the clinical impact of the data. <ul style="list-style-type: none"> ○ Pudim replied that there wasn't a substantial change in patient symptoms based on the study results. He also said they still need to know if the effects remained durable, and if the patients maintained the reduction in score. • Stine commented that the medication may ease the symptoms for the patient. <ul style="list-style-type: none"> ○ Pudim responded that they would have to look at longer term effects of the medication regarding durability and whether the medication slows the progression of the disease. 	
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Agenda Item	Discussion	Conclusions/Follow Up
Annual Special Populations Update	<p><u>Annual Special Populations Update by Dr. Eliza Anderson and Dr. Kaelyn Boss</u></p> <p>This overview was a summary of the current structure of the Drug Utilization Review Special Populations Program and summarized clinical outcomes of the program over the past year.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Special Populations Program <ul style="list-style-type: none"> ○ Special Populations promotes collaboration between MassHealth and resources within Commonwealth medicine <ul style="list-style-type: none"> ▪ MassHealth Drug Utilization Review (DUR) ▪ Community Case Management (CCM) ▪ Enhanced Coordination of Benefits (ECOB) ▪ Department of Children and Families (DCF) ▪ Boston Children's Hospital (BCH) • Special Populations Services <ul style="list-style-type: none"> ○ Services Provided: <ul style="list-style-type: none"> ▪ Pharmacy consultation ▪ Medication review ▪ Team support at weekly CCM meetings ▪ Education 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

	<ul style="list-style-type: none"> ○ The operational team supports ability to provide vital medication procurement support. • Consults Received <ul style="list-style-type: none"> ○ Total Consults: 232 <ul style="list-style-type: none"> ▪ Operational Consults: 214 ▪ Clinical Consults: 16 ▪ Clinical and Operational Consults: Two • Sample Consult: Clinical <ul style="list-style-type: none"> ○ Issue <ul style="list-style-type: none"> ▪ The clinical manager requested a review of pharmacy claims history to assist in Needs Assessment. <ul style="list-style-type: none"> • Focus on normal saline and albuterol nebulized medications. • Mother of child, reported that the member does not get daily nebulizer treatments. ○ Action <ul style="list-style-type: none"> ▪ Team reviewed pharmacy claims history and found four paid claims for nebulized medications. ▪ Member had two paid claims within one month suggesting a higher need for as-needed respiratory medications at that time. ○ Result <ul style="list-style-type: none"> ▪ The team was able to support a statement that the nebulized agents are not consistently administered daily. ▪ The identified member also had two paid claims for ipratropium/albuterol nebulizer solution. • Sample Consult: Operational <ul style="list-style-type: none"> ○ Issue <ul style="list-style-type: none"> ▪ Mother of child reports that she was unable to pick up Onfi prescription and member needs dose for later that day. ▪ PA was submitted for Vimpat, no PA submitted for Onfi ○ Action <ul style="list-style-type: none"> ▪ The claim was rejected because it required PA. ▪ The team provided an emergency supply for four days and the claim was processed with \$0 copay. ▪ The team reached out to the provider office and requested that the PA for Onfi be submitted urgently for review. ○ Result <ul style="list-style-type: none"> ▪ The mother was advised to contact pharmacy to confirm when medication was ready for pick up. ▪ The mother was advised to verify that the office submitted the PA, ▪ A new PA was submitted and approved that day. • Recent Trends – COVID-19 	
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	<ul style="list-style-type: none"> ○ COVID-19 at home testing kits <ul style="list-style-type: none"> ▪ Finding test kits ▪ Calling pharmacies to assist in billing ▪ Providing education ○ COVID-19 vaccine <ul style="list-style-type: none"> ▪ Answering eligibility questions ▪ Providing education • Recent Trends – Formula <ul style="list-style-type: none"> ○ Due to a shortage of formula, MassHealth expanded access through the pharmacy benefit. ○ Special Populations team assisted by: <ul style="list-style-type: none"> ▪ Providing updates on coverage at CCM meetings ▪ Answering CCM questions ▪ Calling pharmacies to assist in processing claims • Resident Involvement <ul style="list-style-type: none"> ○ Presentations <ul style="list-style-type: none"> ▪ Nebulizer Treatments and Inhalers (November 2021) ▪ Reviewed pharmacologic profiles, administration and cleaning techniques, and order of medication administration ▪ COVID-19 Updates and Clinical Pearls (May 2022) ▪ Reviewed COVID-19 vaccines, diagnostic testing, antiviral and antibody therapies, and clinical management ○ Medication Reviews <ul style="list-style-type: none"> ▪ Provided for Appeals or as requested by clinical managers ▪ Reviews all the member's medications ▪ Includes recommendations for monitoring, drug interactions, safety, etc. ○ Home Visits <ul style="list-style-type: none"> ▪ Review medication claims over the past year and medications documented in previous visits. ▪ Support clinical manager during annual home visit. ▪ Provide counseling on any identified potential medication related concerns. ○ Quality Improvement <ul style="list-style-type: none"> ▪ Evaluated and updated a template for home visits that allows residents to provide a summary of medications and counseling to nurses/families. ▪ Survey created to assess caregiver/family satisfaction with resident involvement in home visits. ▪ Current residents are creating a guide for understanding denials reasons and action steps for special populations. • ROI Calculations <ul style="list-style-type: none"> ○ Cost savings 	
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	<ul style="list-style-type: none"> ▪ Determination of outcome: Based on information available from the consult. ▪ Associated cost savings: Based on literature evaluation. ○ Cost of program <ul style="list-style-type: none"> ▪ Determination of time spent: Based on reported time spent on by the pharmacist who completed the consult. ▪ Associated cost: Based on cost of pharmacist time and overhead. • PA Recertification Outreach Program <ul style="list-style-type: none"> ○ Goal of Program <ul style="list-style-type: none"> ▪ Notify providers of upcoming expiring PAs. ▪ Increase PA submissions for chronic medications. ▪ Minimize gaps in therapy due to no PA on file. ▪ Ensure members have access to medications. ○ Workflow <ul style="list-style-type: none"> ▪ Report of expiring PAs generated by a clinical pharmacist. ▪ Report filtered by a clinical pharmacist to remove PAs that would not be appropriate for recertification. ▪ Fax outreach completed by pharmacy associates. ▪ Quality assurance of the program completed by a clinical pharmacist • PA Recertification Outreach Program Results <ul style="list-style-type: none"> ○ Quality assurance analysis performed in 2021 showed: <ul style="list-style-type: none"> ▪ Return on investment calculated to be \$13 per \$1 spent on outreach. ▪ A follow-up analysis will be scheduled over the next few months. • Summary <ul style="list-style-type: none"> ○ The CPS Special Populations program encourages collaboration among CWM departments to improve member outcomes. ○ Residents are crucial to this collaboration, and they continue to improve offered services. ○ Outcomes suggest that the collaboration between CPS and other CWM departments has a positive impact on members and CWM. ○ Plan to continue evaluation of the CPS Special Populations program to identify opportunities to expand services and evaluate outcomes. <p>Questions</p> <ul style="list-style-type: none"> • Low inquired about the ROI doing a sensitivity analysis. <ul style="list-style-type: none"> ○ Boss replied that they have not done an analysis like that, but it is something that they may investigate for the future. 	
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	<ul style="list-style-type: none"> Stine stated that since the anticonvulsant population is the third highest, and the parents being told to go to the hospital for the medication when they run out, it should be considered how to capture the information. <ul style="list-style-type: none"> Boss replied that it was a great point, and potential prevention of hospitalization or emergency room visits was not documented for the consult that was reviewed. Stine wanted to clarify that the \$3.38 was not in millions. <ul style="list-style-type: none"> Boss stated it was not millions. It represents the return on investment for every dollar spent. 	
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Agenda Item	Discussion	Conclusions/Follow Up
Opioid Dependence and Reversal Agents Quality Assurance Analysis	<p><u>Opioid Dependence and Reversal Agents Quality Assurance Analysis by Dr. Michael Jones</u></p> <p>This was an evaluation of 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"> Prior Authorization Criteria <ul style="list-style-type: none"> Non-preferred buprenorphine <ul style="list-style-type: none"> Medical records documenting adverse reaction to Suboxone film Contraindication to naloxone High-dose criteria <ul style="list-style-type: none"> Documented lowest effective dose Lucemyra (lofexidine) <ul style="list-style-type: none"> Failure to oral clonidine with dose and duration limits DEA Public Safety Alert <ul style="list-style-type: none"> DEA September 2021 Alert <ul style="list-style-type: none"> More than 9.5 million counterfeit pills seized in 2021 <ul style="list-style-type: none"> More than the previous two years combined 430% increase of fentanyl-laced pills from 2019 Methamphetamine also on the rise Counterfeit Percocet, Oxycontin, Xanax, Adderall Massachusetts Rate of Opioid-Related Overdose Deaths Increased 8.8% in 2021 <ul style="list-style-type: none"> Fentanyl was present in 93% of overdose death toxicology reports. In 2021, the opioid-related overdose death rate increased to 32.6 per 100,000 compared to 29.9 per 100,000 in 2020. 	<p><u>Conclusion</u></p> <p>N/A</p>

- Recent and Future Considerations
 - May 2019 – Removal of Suboxone dose limits up to 24 mg
 - March 2020 – During the COVID pandemic, restrictions for Sublocade were lifted, and became permanent in August 2020 and designated as preferred in December 2020.
 - September 2021 – Kloxxado was added to the MHDL and in May 2022 the PA requirement was removed.
 - June 2022 – Following the QA, Zimhi and nalmefene hydrochloride are available without PA.
 - Kloxxado, Narcan, and generic naloxone nasal spray, are also available without PA through MCO plans consistent with our recent updates.
 - The FDA accepted Braeburn's NDA resubmission for Brixadi (buprenorphine) ER Injection for moderate to severe OUD. PDUFA action date was set for December 15, 2021.
 - December 2021 – Camurus AB received a complete response letter noting continued quality-related deficiencies at Braeburn's US based third-part manufacturer.

Questions

- Labelle stated that she does not think high dose naloxone is needed. A veterinary tranquilizer, Xylazine, has been on the rise on the streets. It causes people to overdose since it is mixed with fentanyl, clonidine, and other medications.
 - Jones replied that he has not currently heard of any issues.
- Lenz stated that they are trying to give people access to the medications that they need, which is why the newer naloxone formulations are available without PA.
- Jones inquired of Labelle if she is using Sublocade more or if she or other prescribers have noticed a difference.
 - Labelle responded that she has noticed that the numbers have been growing consistently. She has noticed they have come up with issues with specific plans and forced provider administration, and stated she wished it was easier to get via pharmacy (commented that these issues are not with MassHealth PCC/FFS but one of the MCOs).
 - Lenz stated she would investigate this.
 - Lenz responded that Labelle should touch base with MassHealth with any other questions about getting it.

Agenda Item	Discussion	Conclusions/Follow Up
Pediatric Behavioral Health Medication Initiative Update	<p><u>Pediatric Behavioral Health Medication Initiative Update by Dr. Ashley Chiara</u></p> <p>This overview was a summary of the current structure of the Pediatric Behavioral Health Medication Initiative and summarized clinical outcomes since the program's inception.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
<p>Action</p>	<p>Background</p> <ul style="list-style-type: none"> • The MassHealth Pharmacy Program developed the PBHMI with its launch in 2014 to 2015 for PCC/FFS/ACO-B plan and in 2015 to 2016 for MCOs. • The comprehensive management program focused on reducing behavioral health medication use in children. <ul style="list-style-type: none"> ○ Limited evidence to support use ○ Carry a high risk of adverse reactions ○ May be unnecessary or redundant • Two primary management strategies of the initiative: <ul style="list-style-type: none"> ○ Prior authorization requirements ○ Therapeutic class management (TCM) workgroup retrospective case reviews <ul style="list-style-type: none"> ▪ Multidisciplinary and multiagency team: child adolescent psychiatrists, pharmacists, social workers • Background: Forwarding and High-Risk Criteria <ul style="list-style-type: none"> ○ Forwarding Criteria <ul style="list-style-type: none"> ▪ Recent psychiatric hospitalization ▪ Age <three years ▪ Regimen ≥ six agents ▪ Antipsychotic polypharmacy ▪ Clozapine ▪ Antipsychotic in < eight years ▪ Antidepressant in < six years ▪ Mood stabilizer in < six years ▪ Other ○ Discussion Criteria <ul style="list-style-type: none"> ▪ Regimen ≥ six agents ▪ Antipsychotic polypharmacy ▪ Regimen includes lithium ▪ Regimen includes VPA or divalproex ▪ Regimen includes a TCA ▪ Regimen includes a standing BZD* ▪ Antipsychotic in < 13 years 	<p><u>Conclusion</u> N/A</p>

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Other ○ Not brought to TCM <ul style="list-style-type: none"> ▪ High-risk algorithm not met ▪ Recently discussed ▪ PBHMI no longer applies (age) ▪ PBHMI no longer applies (regimen) ▪ Neurology regimen ▪ Medically complex ▪ Other • Program Impact: TCM Workgroup <ul style="list-style-type: none"> ○ Meets weekly to review six to eight cases. <ul style="list-style-type: none"> ▪ Primary intervention: peer-to-peer outreach ○ Monthly quality assurance meeting ○ In 2021: <ul style="list-style-type: none"> ▪ 1,067 Cases forwarded to workgroup ▪ 308 Cases discussed at workgroup <ul style="list-style-type: none"> • Cases not brought to group may not meet high-risk criteria or have been recently discussed ▪ 79% or 242 Cases required a peer-to-peer ▪ 81% or 196 Peer-to Peer cases have been completed • Program Impact: Peer to Peer Research Project <ul style="list-style-type: none"> ○ Objective <ul style="list-style-type: none"> ▪ Evaluate the impact of the prescriber outreach consultation program by assessing the percentage of consultations with an accepted drug-related recommendation ○ Methods <ul style="list-style-type: none"> ▪ Retrospective evaluation of cases with a completed prescriber outreach between June 15, 2017, and December 31, 2019. ▪ Included at least one drug-related recommendation ▪ Reviewed pharmacy claims at three- and six-month following the completion of the consultation. ○ Results <ul style="list-style-type: none"> ▪ 406 completed, 188 with drug-related recommendations <ul style="list-style-type: none"> • 47.3% (89/188) of consults had \geq one drug-related recommendation accepted within three months of outreach. • 56.4% (106/188) accepted within six months ▪ 424 individual drug-related recommendations were made across all consultations. <ul style="list-style-type: none"> • 29.5% (125/424) accepted within three months. • 36.6% (155/424) accepted within six months. • Program Impact: Medical Claims Research Project <ul style="list-style-type: none"> ○ Objective 	
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	<ul style="list-style-type: none"> ▪ To evaluate trends in medical claims in members who have been identified as requiring a peer-to-peer discussion ○ Methods <ul style="list-style-type: none"> ▪ MH PCC/FFS/ACO-B members who have been reviewed in PBHMI TCM and have been identified as requiring a peer-to-peer (January 1, 2017, to December 31, 2019) ▪ Includes members for which peer-to-peer did not occur ▪ Includes multiple instances for members with more than one peer-to-peer ▪ Retrospective claims review: evaluated one-year pre/post peer-to-peer (or TCM review date if PTP did not occur) <ul style="list-style-type: none"> • Acute care interventions, in-patient hospitalizations, outpatient visits, laboratory monitoring, etc. ○ Results <ul style="list-style-type: none"> ▪ In progress ▪ Tentative member cases included in review: 374 • Quality Improvement Literature Evaluation <ul style="list-style-type: none"> ○ The individual drug classes for each disease state are also reviewed on an annual basis as part of the standard DUR QA process <ul style="list-style-type: none"> ▪ December 2018: ADHD, OCD, Anxiety Disorders ▪ January 2019: Insomnia and Sleep Elimination Disorders ▪ February 2019: Schizophrenia Spectrum, Neurodevelopment Disorders, (ASD and PDD) ▪ March 2019: Depressive Disorders ▪ April 2019: Trauma and Stress Related Disorders ▪ May 2019: Bipolar Disorder ▪ June 2019: Conduct Disorder, Feeding and Eating Disorders ▪ July 2019: Oppositional Defiant Disorder ▪ August 2019: Tic Disorders, Sexually Reactive Behavior, Aggression ▪ October 2019: Suicidal Behavior, Self-Injury, Catatonia ▪ November 2019: Polypharmacy, Managing Side Effects ○ Existing Criteria <ul style="list-style-type: none"> ▪ Polypharmacy restrictions <ul style="list-style-type: none"> • Clinical literature did not support the routine use of multiple medications within the same class. • No changes to intraclass polypharmacy restrictions ▪ Age restrictions <ul style="list-style-type: none"> • The majority of clinical trials for antidepressants, antipsychotics, and mood stabilizers did not include patients < six years of age. 	
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- Treatment guidelines rarely suggest medication in preschool aged patients.
 - No changes to age restrictions
- New Additions
 - Alzheimer's agents
 - Donepezil
 - Memantine
 - Modafinil and armodafinil
 - Naltrexone
 - PA is required for members < six years of age and regimens with ≥ four PBHMI medications.
 - Assessed, but not added:
 - Hydroxyzine, diphenhydramine, melatonin, metformin, prazosin, propranolol
- Quality Improvement: Provider Outreach/Expansion
 - Prescriber Satisfaction Survey
 - Initiated November 2020, completed September 2021
 - Surveys were sent to prescribers after a peer to peer was completed.
 - A majority of prescribers found discussions to be helpful.
 - National Medicaid Program Survey
 - Initiated June 2021, completed August 2021
 - Requested information regarding pediatric behavioral health restrictions and programs from Medicaid programs
 - Received responses from 10 states with various strategies
 - Medication Lab Monitoring Analysis
 - Initiated in January 2022, ongoing
 - Claims for medication monitoring labs pulled pre-meeting
 - Recommended labs identified, addressed during consultations, review claims six-months later
 - Aligns with MBHP antipsychotic monitoring initiative targeting lipids and A1c screening
 - MBHP mailing for 2021: 999 unique members
 - 30 to 35% members screened after mailing
- Recent Updates
 - PBHMI criteria requires specialist involvement
 - Psychiatrist or psychiatry consult within last year
 - Require mid-level practitioners to document the collaborating physician.
 - Shorter PA approvals if information is missing
 - Prior to 2021, NPs required a collaborating physician; new legislation allowing independent practice
 - NPs with specialty designation (psychiatry/mental health) are now accepted as specialist prescribers to meet PA criteria.

	<ul style="list-style-type: none"> • Next Steps: Improvement Opportunities <ul style="list-style-type: none"> ○ Explore expansion of prescriber consultation offerings. ○ Enhance interagency communication. ○ Optimize selection criteria for TCM case reviews. ○ Adjust and update detailed PA criteria. 	
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Agenda Item	Discussion	Conclusions/Follow Up
MHDL Update	<p><u>MHDL Update by Dr. Ryan Bettencourt</u></p> <p>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></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • There were 20 additions to the MHDL Drug list effective as of September 19, 2022. • Of the 20 additions, 12 will require PA and eight will not. • Changes in PA status <ul style="list-style-type: none"> ○ One antimalarial agent will no longer require prior authorization. ○ One immunosuppressant agent will no longer require prior authorization. ○ Three modafinil agents will require prior authorization for concurrent therapy. • Changes to the MassHealth Brand Name Preferred Over Generic Drug List <ul style="list-style-type: none"> ○ Three agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List. ○ Three agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List. • Changes to the New FDA “A”-rated Generics <ul style="list-style-type: none"> ○ One update and PA will be required for the brand name medication. • 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 Quick Reference Guide has been 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. 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

	<ul style="list-style-type: none"> ○ One drug will be added to the MassHealth Supplemental Rebate/Preferred Drug List. ○ The MassHealth ACPP/MCO Unified Pharmacy Product List has been updated to reflect recent changes to the MassHealth Drug List. ○ The MassHealth Pharmacy Covered Professional Services List has been updated to reflect recent changes to the MassHealth Drug List. ○ New Pharmacy Initiative Documents <ul style="list-style-type: none"> ▪ The 90-day Supply initiative, Opioid and Pain Initiative, and Pediatric Behavioral Health Medication Initiative will be updated based on the updates to the MassHealth drug list. 	
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Agenda Item	Discussion	Conclusions/Follow Up		
DUR Operational Update	<p><u>DUR Operational Update by Dr. Jeannine Beauregard</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 2019 to December 2022 (calendar year to date) showing with COVID leniencies initiated in March 2020 and then some removed in August 2020.• MassHealth call center volume from 2019 to December 2022 (calendar year to date) showing with COVID leniencies initiated in March 2020 and then removed in August 2020.• The monthly average for PAs from 2017 to 2022 (to date) were reviewed. Peak average of 10,547 per month in 2018 while currently 2022 (to date) average per month is 9,050.• The call abandonment rate was generally less than 2% (overall average is 1.2%).• The average wait time of answered call was 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: The current monthly average is 570 calls.• Top Ten Medications Requested for Prior Authorization – July 1, 2021 to June 30, 2022. <table><tr><td>1. Freestyle Libre</td><td>6. Testosterone</td></tr></table>	1. Freestyle Libre	6. Testosterone	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>
1. Freestyle Libre	6. Testosterone			

	<table border="1"> <tr> <td>Prior Authorization</td> <td>Prior Authorization</td> </tr> <tr> <td>2. Dexcom Prior Authorization</td> <td>7. Clonidine Pediatric Behavioral Health Initiative</td> </tr> <tr> <td>3. Clindamycin Age Restriction</td> <td>8. Ozempic Prior Authorization</td> </tr> <tr> <td>4. Tretinoin Age Restriction</td> <td>9. Botulinum Prior Authorization</td> </tr> <tr> <td>5. Methylphenidate Pediatric Behavioral Health Initiative</td> <td>10. Linzess Prior Authorization</td> </tr> </table>	Prior Authorization	Prior Authorization	2. Dexcom Prior Authorization	7. Clonidine Pediatric Behavioral Health Initiative	3. Clindamycin Age Restriction	8. Ozempic Prior Authorization	4. Tretinoin Age Restriction	9. Botulinum Prior Authorization	5. Methylphenidate Pediatric Behavioral Health Initiative	10. Linzess Prior Authorization	
Prior Authorization	Prior Authorization											
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4. Tretinoin Age Restriction	9. Botulinum Prior Authorization											
5. Methylphenidate Pediatric Behavioral Health Initiative	10. Linzess Prior Authorization											
	<ul style="list-style-type: none"> • Prior Authorization Compliance Response Time – July 2021 to June 2022 <ul style="list-style-type: none"> ○ Total requests: 107,275 requests ○ 77% of all PAs decisions within six hours. ○ 99.9% of all PAs decisions in less than 24 hours. ○ Over 50% of all PAs decisions in less than three hours • Prior Authorization Compliance Response Time during Call Center hours – July 2021 to June 2022 <ul style="list-style-type: none"> ○ Total requests: 107,275 requests ○ 96% of all PAs decisions within six hours. ○ 99 % of all PAs decisions in less than nine hours. 											

Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	<u>MassHealth Update by Dr. Kimberly Lenz</u> MassHealth Update is a summary of recent developments in MassHealth in the context of pharmacy, managed care, or public health.	<u>Follow Up</u> Informational/Advisory
Action	Discussion <ul style="list-style-type: none"> • Federal Health Emergency <ul style="list-style-type: none"> ○ Scheduled to expire in October 2022 ○ Have not received a 60-day notice that it will expire and expect that to be pushed at least an additional 90 days • Claims Processing <ul style="list-style-type: none"> ○ Pay for the COVID booster ○ Still paying for COVID-19 Antigen Testing Kits <ul style="list-style-type: none"> ▪ Numbers are currently steady ○ Paying for Jynneos and oral T-Pox <ul style="list-style-type: none"> ▪ Have not seen prior authorizations yet 	<u>Conclusion</u> The board reviewed and accepted the presentation.

	<ul style="list-style-type: none"> ○ Optional 90-day Supply Program <ul style="list-style-type: none"> ▪ Launched on September 19, 2022 ▪ Consists of maintenance generic, low-cost medications ○ Mandatory 90-day Supply Program <ul style="list-style-type: none"> ▪ Scheduled for December ▪ Will put out a Pharmacy Fax detailing how to enter overrides (e.g., not safe to dispense 90 days, adherence packaging, etc.) • End of FY22 <ul style="list-style-type: none"> ○ Supplemental rebate contracts for 51 drugs ○ Seven value-based contracts with manufacturers ○ Over ~\$230 million (annualized) savings • Unified Formulary <ul style="list-style-type: none"> ○ Launched partial unified formulary in January 2021 ○ As of September 2022, has around 300 drugs and non-drug products ○ Increased capitation rates around \$7.50 per member/per month. ○ After evaluation and accounting for the increased capitation rate, yielded over \$10 per member/per month in additional savings ○ Full unification for April 2023 • Legislative Updates <ul style="list-style-type: none"> ○ Updates in process at the federal and state level 	
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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

Agenda Item	Discussion	Conclusions/Follow Up
Palivizumab (Synagis) Quality Assurance Analysis	<u>Palivizumab (Synagis) Quality Assurance Analysis by Dr. Warren Smith</u> This overview was an evaluation of current medical literature and had provided a brief overview of new guideline recommendations in this disease state.	<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
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Meeting adjourned at 8:00 p.m.

Respectfully submitted by Mylissa Price

Date: _____