

Minutes
Drug Utilization Review Board Meeting
DATE: September 9, 2015



Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:10 P.M. by Chair, Patrick Reilly.

Attendance: Timothy Fensky, R.PH.; Leslie S. Fish, Pharm.D.; Sarah M. McGee, M.D.; Sophie McIntyre, Pharm.D.; Audra R. Meadows, M.D., MPH.; Sherry Nykiel, M.D.; Patrick Reilly, R.PH.; Karen Ryle, M.S., R.PH; Christine Stine, M.D.

Absent: Adam Bard Burrows, M.D.; Karin Gardner Johnson, M.D.; Camilla S. Graham, M.D., MPH

Agenda Items:

- I. Welcome and Introductory Remarks
- II. Pediatric Behavioral Health Medication Initiative
- III. Respiratory Agents, Oral Quality Assurance Analysis
- IV. Antihypertensive Agents: Quality Assurance Analysis
- V. MHDL Update
- VI. DUR Operational Update
- VII. MassHealth Update

Agenda Item	Discussion	Conclusions/Follow Up
Review of Minutes	June 10, 2015	<u>Follow Up</u> N/A
Action	The June 10, 2015 Minutes were accepted as written.	Conclusions: N/A

Agenda Item	Discussion	Conclusions/Follow Up
Pediatric Behavioral Health Medication Initiative (PBHMI)	<p>PBHMI</p> <ul style="list-style-type: none">• Created in response to:<ul style="list-style-type: none">➢ Recent studies that evaluated trends in polypharmacy as well as antipsychotic use➢ Government Accountability Office (GAO):<ul style="list-style-type: none">✓ Reported on trends and analysis in use of polypharmacy and antipsychotic medications✓ Voiced concern with the increase in behavioral health medication use in children• Implemented by MassHealth in collaboration with:	<u>Follow Up</u> N/A

	<ul style="list-style-type: none"> ➤ Department of Mental Health (DMH) ➤ Department of Children and Families (DCF) • Requires prior authorization for members that are < 18 years of age for: <ul style="list-style-type: none"> ➤ Certain medication classes ➤ Combinations of behavioral health medications 	
Action	<ul style="list-style-type: none"> • Discussed background information about the Pediatric Behavioral Health Medication Initiative (PBHMI) and its implementation • Evaluated recent utilization data for MassHealth members affected by the PBHMI • Reviewed member cases evaluated by the PBHMI Therapeutic Class Management (TCM) Workgroup • Discussed recommendations for the MassHealth PBHMI • Discussed sub-analyses and future plans for PBHMI <p>Summary</p> <ul style="list-style-type: none"> • PBHMI will continue to expand and identify areas for improvement. • Prescriber outreach and additional resources are available to assist in not disrupting member care. • The TCM workgroup will continue to evaluate clinically complex cases and encourage safe prescribing practices. • PBHMI prior authorization requests will continue to be monitored on a regular basis through quality assurance analyses. • PBHMI will continually be evaluated and criteria will be adjusted as needed based on current evidence-based medicine. 	Conclusions: Informational

Agenda Item	Discussion	Conclusions/Follow Up
Respiratory Agents, Oral Quality Assurance Analysis	<ul style="list-style-type: none"> • Discussed the indications of use of oral respiratory agents • Analyzed trends in recent MassHealth utilization • Presented an overview of prior authorization (PA) requests for oral respiratory agents • Recommended changes to MassHealth clinical criteria 	<u>Follow Up</u> N/A
Action	<p>Conclusions/Recommendations</p> <ul style="list-style-type: none"> • Utilization Data <ul style="list-style-type: none"> ➤ From October 1, 2014, through March 31, 2015, there were 10,738 unique utilizers with 31,815 claims for oral respiratory agents requiring PA, for a total amount paid of \$420,910. • PA Requests <ul style="list-style-type: none"> ➤ Total of 749 PA requests including 608 approvals and 140 denials ➤ Initial denial rate: 18.7% ➤ All PA requests demonstrated appropriate use of the current clinical guideline 	Conclusions: Informational

	<ul style="list-style-type: none"> Recommendations for montelukast granules approval criteria were made for the following diagnoses: <ul style="list-style-type: none"> ➤ Asthma ➤ Exercise-Induced Bronchoconstriction (EIB) ➤ Allergic Rhinitis 	
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Agenda Item	Discussion	Conclusions/Follow Up
Antihypertensive Agents: Quality Assurance Analysis	<ul style="list-style-type: none"> Discussed the treatment of hypertension (HTN) including recent changes to consensus guidelines Analyzed trends and changes in recent utilization for hypertension agents for the MassHealth population Presented an overview of prior authorization requests for a six month window Recommended changes to MassHealth clinical criteria 	<u>Follow Up</u> N/A
Action	<p>Conclusions/Recommendations</p> <ul style="list-style-type: none"> Updated JNC8 guidelines offer new BP goals < 140/90 or < 150/90 based on age, history of chronic kidney disease Drugs of first choice: thiazide diuretics, ACEI, ARB, CCB Initially, uncomplicated HTN should be managed with lifestyle modifications and then monotherapy with an antihypertensive agent if needed. Over time, most individuals with HTN will require more than one antihypertensive therapy to reach goal BP. QAs continue to show significant antihypertensive agent utilization by Mass Health members: <ul style="list-style-type: none"> ➤ Previous six month QA from 2/2013: 106,641 members filled 559,119 claims totaling \$4,663,045 ➤ This six month QA: 140,337 members filled 769,348 claims for antihypertensive agents totaling \$4,992,851 ➤ Highest utilization seen with generic agents. Significant utilization of some PA-required agents (e.g. ARBs) From 10/1/2014 to 3/31/2015: 665 prior authorization requests <ul style="list-style-type: none"> ➤ Majority of requests received were for ARBs: valsartan (221) and irbesartan (60) Recent availability of cost-effective generic valsartan, valsartan/HCTZ, irbesartan, irbesartan/HCTZ Several significant changes noted on QA in pricing of several older generic products: captopril, captopril/HCTZ, Nadolol Recommended removing prior authorization requirement from valsartan, valsartan/HCTZ, irbesartan, irbesartan/HCTZ Recommended requiring prior authorization for the following generics: captopril, nadolol, and captopril/HCTZ 	Conclusions: Informational

Agenda Item	Discussion	Conclusions/Follow Up
MHDL Update	<ul style="list-style-type: none"> New Additions 	<u>Follow Up</u> N/A
Action	<ul style="list-style-type: none"> MassHealth Drug List (MHDL). <ul style="list-style-type: none"> Tentative date for implementation is October 13, 2015 Of the 24 medication being added: <ul style="list-style-type: none"> ✓ 19 of those drugs will require prior authorization ✓ One medication will be available through the health care provider that administers the drug Four medications will be covered without a PA requirement. 	Conclusions: Informational

Agenda Item	Discussion	Conclusions/Follow Up
DUR Operational Update	<ul style="list-style-type: none"> In the fiscal year, we averaged roughly 8,000 requests per month. March, 2015 peak of 12,000 requests due to pediatric initiative We are averaging 7,500 calls per month in our call center. <ul style="list-style-type: none"> Under 2% abandon rate Under 20 seconds for both abandoned rate and answer call times Treatment time under four minutes DUR appeals fluctuate based on the Board of Hearings but are trending downward Provider outreach volume is generally 700 per month Two new additions to our top 10 medications requested for prior authorization: <ul style="list-style-type: none"> Harvoni Clonidine 	<u>Follow Up</u> N/A

Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	<ul style="list-style-type: none"> Update 	<u>Follow Up</u> N/A
Action	<ul style="list-style-type: none"> Opiate Crisis is a front and center issue for Massachusetts <ul style="list-style-type: none"> The number of deaths due to opiate overdose continues to escalate in Mass. MassHealth continues to work on ways to protect its members. Multi-disciplinary/multi agency workgroup will meet next week <ul style="list-style-type: none"> ✓ To review current MassHealth policies/procedures around opiate management in order to make the utilization of those drugs safer ✓ Try to determine what the next steps will be 	

	<ul style="list-style-type: none"> ➤ Paul Jeffrey was recently appointed to the Drug Formulary Commission on behalf of MassHealth. The commission will make recommendations to the Department of Public Health on the creation of an interchangeable drug formulary for abuse deterrent drug formulations of opiates (by mid-February). They will: <ol style="list-style-type: none"> 1) determine within the boundaries of the law what drugs could be interchanged (what is equivalent or substitutable); 2) identify substitutable drugs; and 3) consider the efficacy and effectiveness of the substitutable drugs <ul style="list-style-type: none"> ○ Effectiveness of the abuse deterrent properties ○ Accessibility of the drug ○ Cost of the drug • Drug pricing is becoming a more widespread issue <ul style="list-style-type: none"> ➤ Turing Pharmaceuticals purchased Daraprim (pyrimethamine) (used for the treatment of toxoplasmosis when used conjointly with sulfonamide – first line therapy) ➤ Wholesale acquisition costs increased from \$1,200 - \$75,000 ➤ Turing will invest in investigational development of new drug therapy for toxoplasmosis • State and Federal government are looking at price controls for this country. • The pharmacy spend in the MassHealth PCC Fee-for Service Program is trending under budget for the first two months of the fiscal year. <ul style="list-style-type: none"> ➤ Eligibility redetermination for MassHealth is one of the primary program integrity initiatives for 2015. • All state agencies are reviewing the process for Freedom of Information Act (FOIA) requests. • ICD-10 Coding goes into effect October 1, 2015. <ul style="list-style-type: none"> ➤ From 10,000 to 65,000 codes • The Affordable Care Act now requires Medicaid to enroll all physicians in MassHealth, in order to write a prescription for a MassHealth member, by November 1, 2015. <ul style="list-style-type: none"> ➤ We will no longer pay for services ordered by them if they are not enrolled. • All Managed Care Organization (MCO) contracts renew on October 1, 2015. 	
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Meeting adjourned at 7:55 P.M.

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: September 9, 2015