

Minutes
Drug Utilization Review Board Meeting
DATE: December 8, 2021



Meeting Purpose: Quarterly Drug Utilization Board Meeting
The meeting was opened at 6:00 p.m. by Greg Low, RPh, PhD

The meeting was conducted under Massachusetts Public Meeting Law requirements.

Attendance: Melissa Coyle, PharmD; Kristopher DaCosta, PharmD; Timothy Fensky, RPh; James Gagnon, RPh, PharmD; Colleen Labelle, MSN, RN-BC, CARN; Greg Low, RPh, PhD; Sarah M McGee, MD; Karen Ryle, MS, RPh; Laura Spring, MD; Christy Stine, MD, PhD.; Michael Thompson, MD

Absent: Lori Lewicki, RPh

Agenda Items:

- Welcome and Introductory Remarks
- Minutes
- MHDL Update
- DUR Operational Update
- Clinical Team Update
- MassHealth Update: The MassHealth Pharmacy in the 21st Century
- Open Forum
- DUR Board Year End Review

Agenda Item	Discussion	Conclusions/Follow Up
Minutes	A motion to approve the minutes for September 2021 was made by Sarah M McGee, MD and seconded by Christy Stine, MD, PhD.	<u>Follow Up</u> Minutes are approved.

Agenda Item	Discussion	Conclusions/Follow Up
MHDL Update	<p><u>MHDL Update by Dr. Christopher Nelson</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 10 additions to the MHDL Drug list effective as of December 20, 2021. • Of the 10 additions, six will require PA and four will not. • Changes in PA status <ul style="list-style-type: none"> ○ Two oral antibiotic agents will no longer require prior authorization. ○ Four oral antibiotic agents will require prior authorization. ○ One antiviral agent will no longer require prior authorization. ○ Five antidepressant agents will require prior authorization. ○ One corticosteroid agent will require prior authorization. ○ One immunosuppressant agent will require prior authorization. ○ One anti-acne and rosacea agent will no longer require prior authorization within the newly established age limit. ○ One insulin agent will require prior authorization. • Changes to the MassHealth Brand Name Preferred Over Generic Drug List <ul style="list-style-type: none"> ○ Six agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List. ○ Six agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List. • Changes to Miscellaneous Documents on the MassHealth Drug List <ul style="list-style-type: none"> ○ One document has been updated to reflect recent changes for the MassHealth COVID-19 Pharmacy Program Emergency Response. ○ The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List. ○ The MassHealth Supplemental Rebate/Preferred Drug List has been updated. ○ The MassHealth ACPP/MCO Unified Pharmacy Product List has been updated to reflect recent changes to be effective January 1, 2022. 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

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DUR Operational Update	<u>DUR Operational Update by Dr. Arthur Lam</u> DUR Operational Overview included statistics associated with Prior Authorization (PA) review and PA response, and Call Center metrics.	<u>Follow Up</u> Informational/Advisory										
Action	<p>Discussion</p> <ul style="list-style-type: none">MassHealth PA requests from 2017 to 2021 (calendar year to date) showing with COVID leniencies initiated in March 2020 and then removed in August 2020.MassHealth call center volume from 2017 to 2021 (calendar year to date) showing with COVID leniencies initiated in March 2020 and then removed in August 2020.The monthly average for PAs from 2015 to 2021 (to date) were reviewed. The peak average was 10,547 per month in 2018 while currently, the 2021 (to date) average per month was 9,139.The call abandonment rate was generally in the 2% range.The average wait time of answered calls was generally in the 30-second range.The average treatment time was consistently around four minutes.MassHealth Appeals: The current monthly average is five.Provider Outreach Volume: The current monthly average is 714 calls.Top Ten Medications Requested for Prior Authorization – October 1, 2020 to September 30, 2021. <table><tr><td>1. Clindamycin</td><td>6. Pregabalin</td></tr><tr><td>2. FreeStyle Test Strips</td><td>7. Testosterone</td></tr><tr><td>3. Tretinoin</td><td>8. Clonazepam</td></tr><tr><td>4. Clonidine</td><td>9. Botulinum</td></tr><tr><td>5. Methylphenidate</td><td>10. Ozempic</td></tr></table> <ul style="list-style-type: none">Prior Authorization Compliance Response Time – October 2020 to September 2021<ul style="list-style-type: none">Total requests:107,491 requests69% of all PAs decisions with in six hours.99.5% of all PAs decisions in less than 24 hours.Prior Authorization Compliance Response Time during Call Center hours – October 2020 to September 2021<ul style="list-style-type: none">Total requests: 107,491 requests90% of all PAs decisions within six hours.98.5 % of all PAs decisions in less than nine hours.	1. Clindamycin	6. Pregabalin	2. FreeStyle Test Strips	7. Testosterone	3. Tretinoin	8. Clonazepam	4. Clonidine	9. Botulinum	5. Methylphenidate	10. Ozempic	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>
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	<p>Questions</p> <ul style="list-style-type: none"> • Thompson inquired about the calls for the FreeStyle Test Strips and what the limit was. • Lam replied that there is a quantity limit of 100 per month that does not require a prior authorization. If a request is more than the limit per month, then it does require a prior authorization. There are also point of sale rules. For example, if the member has insulin pharmacy claims, it will increase the limit availability to 200 per month. • Stine inquired about the formulation for clindamycin. • Lam replied that it is the topical formulation. He also stated that any request over 22 years require PA. 	
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Clinical Team Update	<p><u>Clinical Team Update by Dr. Mark Tesell</u></p> <p>An overview of projects and accomplishments of the clinical pharmacist team of the MassHealth Drug Utilization Review Program and Office of Clinical Affairs was provided.</p>	<p><u>Follow Up</u></p> <p>Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Formulary Management <ul style="list-style-type: none"> ○ New Drug Reviews: 74 ○ Criteria updates: 74 (new formulation/strength/indication) ○ Quality Assurance Analysis <ul style="list-style-type: none"> ▪ Total number of QAs: 47 ○ Unified Preferred Product List was deployed on January 1, 2021 <ul style="list-style-type: none"> ▪ Identification of Agents Included <ul style="list-style-type: none"> • Preferred products exist • Cost saving opportunities • Class unification to promote uniform care ▪ Unified Guideline Development <ul style="list-style-type: none"> • ~40 unified guidelines • Stability/grandfathering ▪ Support <ul style="list-style-type: none"> • Guideline discussion sessions • MCO FAQ development 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the presentation.</p>

- Drug list materials (Drug List Summary Document)
 - Provider communications
- Moving Forward (Full Unification)
 - EBM Process
 - Goal was to emphasize LCA options; ensure best practice (prior to sending to MCO).
 - MCO Adoption
 - Goal was to assist MCOs in interpretation and implementation of DUR protocols.
 - Ongoing Support
 - Goal was to ensure ongoing support with website and processes.
- Market Intelligence
 - Pipeline Monitoring
 - Currently monitoring > 2,000 drugs in the pharmaceutical pipeline
 - Currently projecting BIF impact of 300 drugs
 - Moving Forward: Quality assurance of estimates
 - Negotiation Support
 - Formulary Management
 - Proposing drug classes for manufacturer negotiation during the drug review process
 - Analyzing criteria changes resulting from negotiations
 - Data Support
 - Provision of comprehensive clinical and economic information
 - Support development of framework for identifying drug candidates for negotiation
 - Value-Based Contract
 - Implementation of outcomes-based contracting
 - Assessments of drug value
 - Replicable and practical methodologies
- Clinical Initiatives
 - Monitoring Programs
 - Coordinate with providers, support manufacturer contracts, and support drug value determinations.
 - Opioid/benzodiazepine Management
 - PBHMI
 - Care Coordination Referrals to Primary Care ACO and MBHP
 - Care management assists members with complex medical, mental health, and/or SUD.

	<ul style="list-style-type: none"> ▪ DUR designates numerous types of patient cases for care management. ▪ Members are referred to primary ACO-B or MBHP. ○ Other and Moving Forward <ul style="list-style-type: none"> ▪ Compounding (high-cost ingredient management) ▪ Hepatitis C (adherence, regimen switches), outcomes collection) ▪ Opioid high-dose limits ▪ PBHMI laboratory monitoring ▪ Special Populations/PA recertification program ▪ Synagis (dose optimization, missed doses) • Education <ul style="list-style-type: none"> ○ Staff Development <ul style="list-style-type: none"> ○ Rollout Guideline Trainings ○ Clinical Forum ○ Continuing education programs <ul style="list-style-type: none"> • CPS Insider (X3) • Pipeline Preview 2020 • Synagis 2020 to 2021 Staff Training ○ Pharmacy Practice Resident DUR Retention <ul style="list-style-type: none"> ○ Contribution to client project work ○ Clinical Review ○ Participation in TCM workgroup (case presentation, provider outreach, quality improvement project) <ul style="list-style-type: none"> • Opioid workgroup • PBHMI workgroup ○ Pipeline tracking/budget impact forecasting ○ Student precepting ○ Longitudinal research projects ○ Resident Research ○ Student APPE <ul style="list-style-type: none"> ○ Affiliated with eight Schools of Pharmacy <ul style="list-style-type: none"> • Albany College of Pharmacy and Health Sciences • Concordia University Wisconsin School of Pharmacy • Thomas Jefferson University College of Pharmacy • Massachusetts College of Pharmacy and Health Sciences • Northeastern University, Bouvé College of Health Sciences • University of Connecticut College of Pharmacy • University of Rhode Island College of Pharmacy 	
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	<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Western New England University College of Pharmacy ○ Students contributed to NDRs, clinical review cases, and pipeline updates • Dissemination <ul style="list-style-type: none"> ○ Publication <ul style="list-style-type: none"> ▪ American Journal of Managed Care <ul style="list-style-type: none"> • PA recertification program ○ Public Presentation <ul style="list-style-type: none"> ▪ Academy of Managed Care Pharmacy <ul style="list-style-type: none"> • Resident posters: Does outreach improve hepatitis C treatment rates? • Implementation of Harm Reduction Strategies in High-Risk Opioid-Benzodiazepine Regimens • COVID-19 treatments (Webinar) ▪ Association for Community Affiliation Plans Webinar <ul style="list-style-type: none"> • New drugs bring promise and caution. ▪ Eastern Medicaid Pharmacy Administrators Association <ul style="list-style-type: none"> • Compounding Trends ▪ Academy Health <ul style="list-style-type: none"> • Hepatitis C Uptake trends ○ Commonwealth Medicine Blogs <ul style="list-style-type: none"> ▪ Monthly topic overviews, several on MassHealth programs <ul style="list-style-type: none"> • Accelerated Approval Pathway, Antidepressants Pipeline, COVID-19 therapeutics, Digital Therapeutics, PA Recertification Program, Pipeline Monitoring to Reduce Costs • OCA Pharmacy Accomplishments <ul style="list-style-type: none"> ○ Direct Negotiations ○ \$171.4M in annualized supplemental rebate value with 17 manufacturers/50 drugs ○ ~\$30M in additional savings from DME products <ul style="list-style-type: none"> ▪ Working with MCO partners to launch incremental additions to the unified pharmacy products list ○ Anticipated launch of fully unified formulary January 2023 <ul style="list-style-type: none"> ▪ Claims processor re-procurement ▪ COVID Pharmacy Assistance Team ▪ COVID vaccine payment and other treatment integration ▪ CGM and insulin pump pharmacy integration ▪ First Medicaid program to cover digital therapeutics 	
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MassHealth Update: The MassHealth Pharmacy Program in the 21st Century	<p><u>MassHealth Update by Dr. Paul Jeffrey</u> MassHealth Update is a summary of recent developments in MassHealth in the context of pharmacy, managed care, or public health. This edition will include historical milestones from the past two decades.</p>	<p><u>Follow Up</u> Informational/Advisory</p>
Action	<p>Discussion</p> <ul style="list-style-type: none"> • Objectives <ul style="list-style-type: none"> ○ Provide an overview of the evolution of the MassHealth Pharmacy Program this century as an illustrative case for addressing the regulatory, market and practice demands of a public payer. ○ To describe the collaborative efforts among the many stakeholders to create the MassHealth Pharmacy Program. ○ Provide a current state of affairs for the MassHealth Pharmacy Program. ○ Hazard some projections of the impact of practice innovations of the future of the MassHealth Pharmacy Program. • Report to Legislature October 2021 <ul style="list-style-type: none"> ○ Fourteen agreements with manufactures <ul style="list-style-type: none"> ▪ 46 medications ▪ ~\$159 million (annualized) in new supplemental rebates ▪ Six alternative payment methodology contracts with manufacturers <ul style="list-style-type: none"> • 16 medications • Value-based agreements that tie rebate level to effectiveness or utilization <ul style="list-style-type: none"> ○ So-called subscription model ○ Outcomes based model ○ Pear Therapeutics Contract <ul style="list-style-type: none"> ▪ Currently moving slowly ▪ Press release that announced first state Medicaid program decision was on October 13, 2021. ▪ reSET and reSET-O are the first only FDA-authorized PDTs for the treatment of substance disorder and opioid use disorder, respectively ○ Formulary <ul style="list-style-type: none"> ▪ CGM products are being added pharmacy coverage 	<p><u>Conclusion</u> The board reviewed and accepted the presentation.</p>

	<ul style="list-style-type: none"> • Dexcom G6 - DME and pharmacy coverage • Freestyle Libre - DME and pharmacy coverage • Medtronic Guardian - DME coverage only <p>Conclusions</p> <ul style="list-style-type: none"> • Pharmacy Program Future Issues <ul style="list-style-type: none"> ○ Long awaited information exchanges become robust <ul style="list-style-type: none"> ▪ Propels pharmacy automation ▪ Significant improvements in outcomes ○ New limited distribution systems for pharmacy and related products/services <ul style="list-style-type: none"> ▪ Emergency therapy (cell, gene, regenerative, digital) delivery systems) ○ Expansive use of digital health apps <ul style="list-style-type: none"> ▪ Companion therapy to score of drug therapies ○ Workforce/workplace evolution will not spare pharmacy <p>Questions</p>	
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Open Forum	<u>Open Forum</u>	<u>Follow Up</u> Informational/Advisory
Action	<p>Questions</p> <ul style="list-style-type: none"> • Lee from Gilliard mentioned to Paul that his father would be proud of him. Terry also mentioned that he as well as others have called other pharmacy programs, and this is the most clinical pharmacy state he is aware of. • Miller from J&J wanted to express her gratitude and congratulate Paul on his retirement. • Libera congratulated Paul on his retirement. • Jasinski wished Paul congratulations and well wishes on his retirement. • Newth has enjoyed working with Paul over the years and wished him the best. • DiDesidero wished Paul the best and stated it was an honor and a pleasure to have worked with him. • O'Toole wished Paul the best in his retirement. She appreciated his help and engagement for the two months they worked together. 	<p><u>Conclusion</u></p> <p>The board reviewed and accepted the well wishes.</p>

	<ul style="list-style-type: none"> • Bandekar congratulated Paul on his retirement. She also wished him great luck. She stated that she will miss his humor and smile during the MassHealth meetings. • Morriss congratulated Paul and wished him luck. She was glad that their paths had crossed again as she had previously been a CPS resident in the past. • Lessard wished Paul the best of luck. She stated it was a pleasure to work with him over the years. She also said to him to enjoy his retirement. • Thompson congratulated Paul. He thanked him for all his years for running an excellent program. Thompson expressed that he had learned a lot from Paul over the years and will be grateful. • Spring congratulated and wished a happy retirement to Paul. She stated it was well-deserved. • King from J&J wished Paul the best in retirement. She also stated that he ran an amazing program over the years and had led the way for many others who will follow in his steps. She mentioned that he left a legacy. • Jandali congratulated Paul and wished that he could have mentioned that he could have gotten to know Paul more. He was happy to see him at EMPAA and AMCP. • Palumbo from Astra Zeneca wished Paul the best of luck. She also stated to enjoy his travels and free time. She enjoyed calling on him over the years. • Downey congratulated Paul and wished him the best in his retirement. • Trask stated that it was a pleasure working with Paul. She also stated that she enjoyed learning from him over the years. She wished him the best in his retirement. • LaBelle thanked Paul for his passion and commitment. She stated that Massachusetts was fortunate to have such a leader not only in the state but nationally. • McCann congratulated Paul and wished him well in his retirement. • Burns congratulated Paul. She stated it was a pleasure working with him and wished him all the best. • Iannetta wished Paul the best of luck. • McGee wished all the best to Paul. She has stated she learned a lot and appreciated the opportunity to work with him and his team. • Keats thanked Paul for being himself. She stated she had the utmost respect for him and wished him the best in his retirement. • Kenyon wished the best to Paul. He stated that Paul was a true professional and gentleman. • Denman congratulated Paul. He stated that it was a pleasure working with Paul over the years. 	
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Agenda Item	Discussion	Conclusions/Follow Up
DUR Board Year End Review	<u>DUR Board Year End Review by Dr. Mark Tesell</u> An overview of projects and accomplishments of the DUR board in the past year was made.	<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> The board reviewed and accepted the presentation.

Meeting adjourned at 8:00 p.m.

Respectfully submitted by Mylissa Price

Date: _____