Special Commission to Study Switching Medications
Created pursuant to Section 195 of
Chapter 133 of the Acts of 2016

Thursday, August 10, 2017
1:00 pm – 3:00 pm
6th floor, 100 Hancock St, Quincy

Minutes

Chair: Paul Jeffrey
Scribe: Nancy Schiff
Commission Members in Attendance: P Jeffrey, S Sadownik, D Schiel, L Stairs, P Summergrad, E Kiriakopoulos (phone), D Mauch (phone)
Commission Members not in Attendance: C Griffin
Others in Attendance: K. Krishnamurthy N Schiff

Meeting Summary:

1. Welcome

2. The group reviewed and approved the minutes from the June 29, 2017 meeting.

3. Discussion of Workflow Steps and Process- The group discussed the available tools.

    i. Paul sent the group the literature review commissioned by the Academy of Managed Care Pharmacy (AMCP) about this topic done in 2011 (Literature through 2010). AMCP is in the process of updating it now and will send the updated version so we can use it.
    ii. The group agreed that having a public hearing would be useful after sending out a pre-hearing survey (discussed below). The Commission must determine how to identify survey participants and invitees to the public hearing.
    iii. The group discussed how to approach how to approach each of the stated charges (items i through v) to the Commission required for the report.

4. The approach below was suggested for items i and ii:
    - *(i) the frequency by which patients are switched from prescription medications to other medications for non-medical reasons and without the consent or notification of the patients' prescribing physicians;*

- *(ii) the frequency of a health provider prescribing an alternative drug in response to changes in health plan policies mid-year for non-medical response.*

a. Start by reviewing the literature and surveying health plans about their practices to determine how to approach the analysis, including what outcomes to measure.
   i. One measure of the rate of switching by plans may be derived by reviewing plans' formularies to see when they changed preferred drugs :
      a. The two largest PBMs (CVS and Express Scripts) publish their formularies each year.
      b. Although not technically a switch, tiering can result in patients needing to change their drugs due to copay considerations.
      c. Identifying any drugs dropped from the formulary
   ii. Use information gathered above to inform an analysis using the All-Payer Claims Database (APCD).
      a. The APCD includes data from payers from FY 2014-2015. Can see costs and number of prescriptions and therapeutic class but not individual members or the type of prescriber.
      b. Need to narrow any analysis to fully insured individuals.

b. The group discussed if there is a way to know what type of notification is required.
   i. With biosimilars the law requires communication between and among the pharmacy, patient and prescriber
   ii. Find out if there are regulations about how much time MCOs need to give providers and members when they change the status of drugs
c. Possible survey questions for plans:
   i. How do they identify changes for drugs being preferred over others on their formulary
   ii. What are their notification requirements?
   iii. What is their rate of switching?
   iv. Request the number of drugs impacted by formulary changes.
   v. Does the plan have different formularies and use different formulary controls (step therapy, PA requirements) depending on their product line?
   vi. Has your plan done studies internally about switching that they might share with us?

   Note: When surveying health plans ask questions with yes or no answers and/or request numbers so we can use the information to run the analysis.

5. The following was discussed regarding item iii:
   - *(iii) Evaluating the role of financial incentives to pharmacists and prescribers in prescription drug switching decisions, including but not limited to payment, fee, incentive or other contractual reward for choosing a drug alternative*;

a. The group discussed a variety of possible incentives that could impact prescriber and pharmacists switching prescriptions.
b. Suggestion: Request a flow chart from the plans about the flow of prescriptions (prescription written, patient goes to pharmacy, etc. to identify when in the process patients and providers are notified about changes). Include their appeals process as well.

c. Suggestion: For the report - list various incentives that could impact formulary changes and explain more about them, so the legislature better understands their impact. Verify the list of incentives with the surveys.

6. The following was discussed regarding *item iv:*
   - *(iv) "determining the total cost to the commonwealth when individuals are switched from prescription drugs that have been safe and effective, including but not limited to increased use of services, emergency rooms visits, inpatient hospital stays and outpatient office visits";*

   a. Literature review and particularly a meta-analysis from credible organizations.
   b. Apply information derived from the literature to measure the costs to the population in Massachusetts (need to limit the population to insured individuals)
   c. Research what other states do about this, including if there is evidence of any practices that cost or save money for other states

7. *The following approach was suggested for item v.*
   - *(v) "identifying the patient populations most impacted by and vulnerable to being switched from prescription drugs for non-medical reason"*

   a. The group discussed how to identify these groups in an objective manner
      i. Outline general principles without specifying particular diseases
   b. Request a health law group or the AG to learn if there are protected classes in MA.
   c. Use combination of literature review, survey and public hearing. The group discussed the importance of hearing about people's experiences to understand the impact of switching.

8. Next steps and Action items
   a. The group decided to meet in September
   b. Action items were assigned to be completed prior to the September meeting:

9. Adjournment

Respectfully Submitted,

Paul L. Jeffrey

Paul L. Jeffrey, PharmD

Materials Distributed at the Meeting:

Annotated bibliography of pertinent publications