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

Thursday, June 29, 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, C Griffin (by phone), L Stairs, E Kiriakopoulos, D Mauch, P Summergrad
Commission Members not in Attendance:
Others in Attendance: R Jones, N Schiff

Meeting Summary:

1. Welcome and Introductions

2. Open Meeting Requirements

    a. Robert Jones, Deputy Chief of Staff, Executive Office of Health and Human Services discussed the rules to maintain a public process that must occur with the commission.
    b. The Chair should be correspondent on any emails that occur about the business of this group - . Nancy Schiff should be copied.
    c. Some items need to be posted on line. Agendas must be posted 48 hours prior to the meeting. Minutes can be approved at the next meeting and must be available upon request
    d. Robert will send Paul a link to the website for this commission. (The website is: http://www.mass.gov/eohhs/gov/commissions-and-initiatives/special-commission-to-study-switching-medications/).
    e. The group voted to allow commission members to call into the meetings.

3. Review of Charge to Commission

    a. Paul Jeffrey read the purpose of the group as defined by legislation.
    b. The commission needs to write a report on its findings and recommendations by January 1, 2018. Paul Jeffrey will be responsible for compiling the report.
    c. The commission members agreed that medication switches for individuals with complex or chronic diseases due to formulary changes by health plans and PBMs

is the scope of our study. Both negative and positive impact on patients, clinicians and health plans should be considered.

i. Medication switches from brand-name drugs to their generic equivalent (drug with the same active ingredient) as required by state statue, is outside that scope.
ii. When health plans make formulary changes, they do it based on clinical research that shows the drugs will be equally effective for the majority of people with the condition being treated. As a practical matter, the Commission may consider focusing its efforts on antipsychotic drugs, anti-epilepsy drugs, and biologics for autoimmune diseases. (Biosimilar drugs may be considered therapeutic equivalents but may have some differences that require special monitoring).

d. The commission members discussed the importance of recognizing the policy, budget and practice issues in the context of health plans managing a pharmacy benefit for all their patients. It is legitimate to talk about Utilization Management and cost, but there must be safeguards in place for individual patients and the impact of potentially destabilizing their treatment.
e. The commission members talked about how to get data, including the feasibility of accessing data sets owned by other entities.
    i. One data concern raised is the difficulty in determining when switching is for non-medical reasons by simply looking at data.
f. The group agreed that getting input from patients/advocates and clinicians through a survey and/or public hearings will also supply useful information for making the final report.
g. The group discussed how to identify which patient populations are most vulnerable, and is considering contacting the Mass Medical Society, and perhaps also specialty groups/organizations.

4. Discussion of Workflow Steps and Process

a. Define Interim Objectives
b. In order to develop a methodology the commission members defined the following interim objectives:
    i. conduct a literature search to see what other states and payers do
    ii. developing a survey(s) for patients/advocates, clinicians, health plans
    iii. investigate the procedures to hold a public hearing
c. Next Steps
    i. Commission members agreed to identify and submit articles for the literature review and citations to the chair by mid-July Paul J will summarize the information to propose a methodology for the study
    ii. Sarah and Deb will help structure the analysis
    iii. Several commission members were charged to draft questions for the survey(s)
        1. Health plans- Paul J
        2. Patients/advocates- Elaine, Lily, Chris
        3. Clinicians

iv. Paul J will research the requirements for having a public hearing

5. Frequency of Meetings

   Paul J will distribute a schedule of future meeting dates, times and locations. The proposed dates are: August 10, October 12, and December 14. All meetings are from 1pm-3pm at the Medicaid offices at 100 Hancock Street in Quincy. The reminder notice will provide the room.

Respectfully Submitted,

Paul L. Jeffrey, PharmD

Materials Distributed at the Meeting:

Agenda
Legislative Authority: Section 195, Chapter 133 of the Acts of 2016
Roster of Commission Members