Minutes
Drug Utilization Review Board Meeting
DATE: September 14, 2016

Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:00 PM by Chair, Sarah McGee.

Attendance: Leslie S. Fish, Pharm.D.; Sarah M. McGee, M.D.; Sophie McIntyre, Pharm.D.; Audra R. Meadows, M.D., Christy Stine, M.D.

Absent: Adam Bard Burrows, M.D., Timothy Fensky, R.Ph., Karen Ryle, M.S., R.PH; Arthur Yu-shin Kim, M.D.

Agenda Items:
I. Welcome and Introductory Remarks
II. Antidepressant Quality Assurance Analysis
III. NASH Pipeline Overview
IV. Neuraminidase Inhibitors Quality Assurance Analysis
V. Gastrointestinal Agents Quality Assurance Analysis
VI. Hyaluronate Agents Quality Assurance Analysis
VII. MHDL Update
VIII. DUR Operational Update
IX. MassHealth Update
X. Phosphate Binders Quality Assurance Analysis *(Time permitting)*

Agenda Item	Discussion	Conclusions/Follow Up
Review of Minutes	• Motion to accept June 8, 2016 minutes with amendment that Audra Meadows, M.D., M.P.H. was in attendance.	Follow Up
Action	• Motion accepted	

Agenda Item	Discussion	Conclusions/Follow Up
Antidepressant Quality Assurance Analysis	Objectives • Provided general overview of the treatment of psychiatric disorders and indications for use of antidepressants • Reviewed current MassHealth management of antidepressants • Analyzed utilization and highlight trends in prior authorization (PA) request submissions • Discussed the recommended changes to PA status of antidepressants	Follow Up Informational

Action	Conclusions • Antidepressants continue to be widely used in psychiatric and chronic pain disorders ➢ 468,081 paid claims for 106,952 unique utilizers ➢ $3,170,488 plan spend/six months ➢ Commonly filled agents included generic SSRIs and TCAs, bupropion, venlafaxine, and trazodone • All sampled approvals and denials were issued appropriately • Several products requiring PA have decreased in cost ➢ Duloxetine ➢ Fluoxetine 40 mg capsule Recommendations • Remove PA: ➢ Duloxetine ➢ Fluoxetine 40 mg capsule • Criteria changes to promote consistency in PA review process • Evaluate the impact of inclusion of other classes of antidepressants into polypharmacy (MAOIs, TCAs) • Continue to evaluate pediatric behavioral health medication initiative (PBHMI)	
Agenda Item	**Discussion**	**Conclusions/Follow Up**
Nonalcoholic Steatohepatitis (NASH) Pipeline Overview	• Provided an overview of Nonalcoholic Steatohepatitis (NASH) and currently available treatment options • Summarized emerging pipeline agents that have the potential to fill unmet need in NASH treatment • Compared and contrasted pipeline agents in the final stages of development for NASH • Summarized the findings of pipeline analysis	<u>Follow Up</u> Informational
Action	Conclusions • NASH is associated with increased mortality • No FDA-approved therapies for NASH • Many promising investigational treatments with various mechanisms of action • Unanswered questions: ➢ Optimal definition of surrogate endpoints (e.g., NASH resolution) ➢ Lack of long-term clinical outcomes ➢ Long-term drug safety ➢ Cost-effectiveness? ➢ Medication adherence to daily therapy for asymptomatic condition?	

Agenda Item	Discussion	Conclusions/Follow Up
Neuraminidase Inhibitors Quality Assurance Analysis	• Discussed background information on influenza, the neuraminidase inhibitors and their utilization in clinical practice • Evaluated recent utilization and cost data for MassHealth members • Presented an overview of current prior authorization (PA) requests for the neuraminidase inhibitors • Reviewed historical comparison of utilization from last evaluation • Discussed recommendations to current MassHealth clinical criteria	Follow Up Recommendations accepted by MassHealth. Impact/results to be reported in future.
Action	Discussion • No changes to the ACIP guidelines or CDC recommendations for use in appropriate high-risk groups since last evaluation of the class. • CDC continues to recommend neuraminidase inhibitors in individuals with severe disease or at high risk for complications if used within 48 hours of illness onset. • Steady decline in utilization of neuraminidase inhibitors from 2015 analysis could be attributed to: ➢ Recent reduction in seasonal quantity limits (one course allowed per season without a prior authorization) ➢ More mild influenza season compared with previous year Recommendations • Due to narrow window of opportunity for the discussed agents to be effective, it was recommended that the consultants be instructed to make outreach calls on potential denials to inform them of the additional information that would be required in order to consider an approval. • Guideline updated to allow consultants to gather additional information to assist with decision (e.g., timing of illness onset, clarification of diagnosis, weight for children, etc.)	

Agenda Item	Discussion	Conclusions/Follow Up
Hyaluronate Agents Quality Assurance Analysis	• Provided background on the prevalence and pathophysiology of osteoarthritis • Summarized consensus guidelines recommendations • Evaluated recent utilization and cost data for MassHealth members • Presented an overview of current prior authorization (PA) requests for hyaluronan agents • Discussed recommendations to current MassHealth clinical criteria	Follow Up Recommendations accepted by MassHealth. Impact/results to be reported in future.

Action	Conclusion • Aim of hyaluronan injection treatment in osteoarthritis of the knee is to supplement the viscosity and elasticity of synovial fluid, reduce pain and improve physical function • Consensus guidelines provide inconclusive recommendations regarding the use of the agents • Limited hyaluronan agent utilization by MassHealth members. • Prior authorization requests were reviewed appropriately • Consider choosing a preferred agent and evaluate supplemental rebates for the class Recommended Prior Authorization Criteria • Appropriate diagnosis • Inadequate response, adverse reaction or contraindication to acetaminophen • Trial with intra-articular corticosteroid injection • Other trials include: ➢ Inadequate response, adverse reaction or contraindication to NSAIDs	
Agenda Item	**Discussion**	**Conclusions/Follow Up**
MHDL Update	• Presented the MassHealth Drug List Additions (MHDL) • Discussed MHDL changes in Prior Authorization status • Reviewed therapeutic class tables updates • Provided an updated list of pharmacy initiatives and clinical documents	<u>Follow Up</u> Informational
Action	Discussion • New MHDL additions effective 10/31/16 ➢ Include addition of FDA “A”-rated generic drugs to be added to the MHDL as of 10/31/16 • Listed agents requiring and no longer requiring prior authorization as of 10/31/16 • Table Updates ➢ Table 74 removed and all drugs from that table were moved to table 22 ➢ Table 22 updated from phosphate binding agents to hormones • Updated pharmacy initiatives and clinical documents ➢ The Gelsyn device will be added requiring prior authorization. ➢ Hepatitis C Virus Clinical Information ➢ MassHealth Opioid and Pain Initiative ➢ Pediatric and Adolescent ADHD Initiative ➢ Pediatric Behavioral Health Medication Initiative	
Agenda Item	**Discussion**	**Conclusions/Follow Up**

DUR Operational Update	• Presented call center metrics • Discussed call center volume • Provided DUR call center statistics	<u>Follow Up</u>
Action	Discussion • Prior authorization requests have been averaging around 8000 per month ➢ March 2016 peak related to opiate initiative as well as Suboxone film and PBHMI PAs coming back from last year • The call center volume was generally 7,000 calls per month with a peak in March of 2016 corresponding to the PA volume • Goal is to have a call abandoned rate of 2% or under • Call wait time under one minute • Call treatment time under four minutes • Call center volume is about 90,000 per year • Increase in appeals may be impacted by the opiate initiative • Provider outreach volume is around 700 ➢ Staff did a good job • Top 10 medications requested for prior authorization July 1, 2015-June 30, 2016 ➢ Oxycodone was bumped up to number seven due to opiate initiative 1. Aripiprazole 2. Duloxetine 3. Guanfacine 4. Harvoni 5. Clonidine 6. Methylphenidate 7. Oxycodone 8. Lyrica 9. Lidocaine 10. Suboxone • Prior authorization compliance time from July 2016-June 2016 ➢ PA request are reviewed in less than 24 hours o 54% within 6 hours ➢ If you take out the non-call center hours, we reviewed requests in less than nine hours o 78% within 6 hours	

Agenda Item	**Discussion**	**Conclusions/Follow Up**
MassHealth Update	• Current effort to expand the Hepatitis C therapy in the Commonwealth ➢ For MassHealth beneficiary, removed many restrictions in the Managed Care plans to be consistent with the PCC/FFS benefit. ➢ Policy in effect August 1, 2016 ➢ Received positive response throughout the nation • Ginny Kula retiring from her position as the Director Pharmacy, MA Behavioral Health Partnership	<u>Follow Up</u> Impact of expanded access to HCV medications to be reported at a future meeting. Congratulations and farewell to Ginny with gratitude.

Meeting adjourned at 8:00 PM.

Respectfully submitted by: Vincent Palumbo, Director of DUR

Date: _____

Meeting adjourned at _____ pm.

Respectfully Submitted,

Vincent Palumbo, R.Ph.
DUR Program Director