April 17, 2013 DURB Meeting Summary

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Roll Call			Present: Dr. Swee, Dr. Moynihan, Dr. Zanna, Dr. Gochfeld, Ms. Olson, Dr. Barberio, Dr. Marcus, Dr. Gooen, Dr. Lind (ex officio), Absent: Ms. Rodriguez, Mr. Schafer, Dr. Moore
Review of Minutes	Pages 3-8; Tab 1	Approved	Minutes from January 23, 2013 meeting was reviewed and approved. The approved meeting summary will also be posted on the DURB website at: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
Secretary's Report	Pages 9-10; Tab 2		• The State Fiscal Year 2012 DURB Annual Report was approved by the Commissioners and has been sent to the NJ State Register for publication. The Board will be informed as soon as this is done. • A new report – "Summary of DURB Action Items" will be introduced to the Board for review and will be an ongoing report. • The non-billing providers' applications implemented as part of the Affordable Care Act (ACA) requirement is going well. As of April 1st 2013, 1,753 non-billing providers' applications have been processed by the Provider Services at Molina Medicaid Solutions. • The Department of Medical Assistance and Health Services (DMAHS) is working to fill the three open positions on the DURB. • A comparison of protocols among the HMO organizations and FFS has been initiated with three of those protocols included in the package for the Board's review. • Dr. Swee expressed his concern about not having enough subspecialists, in the HMO service areas, especially in the mental health population to meet the need of the population. Dr. Lind stated that the feedback was something to be reviewed by the Office of Managed Care. Mr. Vaccaro informed the Board of two phone numbers that are available to HMO patients who cannot immediately access a mental health specialist. Those #s are: (PACT) 1-800-382-6717 and (800) 356-1561. • Dr. Marcus requested a breakdown of the currently registered non-billing providers by specialties. • Dr. Gochfeld informed the Board that she is working with someone at the Mental Health Association of New Jersey to evaluate access

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			to care. She promised to report back to the Committee at a later meeting. • Dr. Swee inquired about the status of hiring a secretary for the Board, pointing out that the current "secretary", Dr. Hanna, works for Molina. Mr. Vaccaro responded that it has not been an issue as the responsibility was delegated by DMAHS.
Old Business			
1. Oral diabetic medication utilization survey (7/11 -6/12)	Page 11; Tab 3	Resolved	The Board reviewed the result of a survey of prescribers who used dipeptidyl-peptidase-4 (DPP-4) inhibitors or glucagon-like peptide-1 (GLP-1) agonists as first line therapy instead of guidelines-recommended metformin. Based on 290 letters sent and 58 or 20% returned, the survey showed that about 14% of prescribers were using these drugs as first line. The Board concluded that this was not overutilization of these class of products.
2. Utilization of medications for HIV pre-exposure prophylaxis (PrEP) [Truvada®]	Page 12; Tab 3	Continue to monitor	The Board reviewed a report of six months monitoring of the use of PrEP medication, tenofovir/emtricitabine. Of the eight patients reviewed during this period, only one patient was confirmed to be taking this product for HIV prophylaxis. Board members concluded that this was not an issue that required a protocol at this time. Dr. Marcus however suggested that the patient pool being reviewed should be expanded beyond the non-enrolled high risk population which is the target of the drug. Since majority of the patients are enrolled in managed care, the Board suggested that the HMOs should be involved in the monitoring of the use of this and future products for this indication.
New Business			
1. Newsletter – Treatment Options for Type 2 Diabetes	Pages 13-16; Tab 4	Return to Committee for approval after updates	The Board reviewed a proposed newsletter titled "Treatment Options for Type 2 Diabetes". The purpose of the newsletter was to address the concerns previously raised about the use of 2nd line medication choices for this disease. An updated version with suggested changes will be presented in the June 2013 meeting for final approval. Dr. Marcus requested that the approved version should be made available online.

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2. Summary of DURB action items	Pages 17-18; Tab 4		The Board reviewed a summary of its activities since January 2012. a) Singulair® - 1,175 PA requests were approved. 51 requests were denied. The Board concluded that the protocol has had minimal impact, therefore recommended to remove it. b) Advair® - In 2012, 1,111 out of 8,141 PA requests were denied due to "clinical criteria not met" (no prior trial of inhaled corticosteroid) and due to "incomplete information" from prescriber. The Board recommended that a newsletter to educate prescribers on proper use of this product and asthma treatment in general is needed and would be appropriate annually. c) Carisoprodol (Soma®) – Dr. Marcus noted that there has been a significant drop in the number of overdoses at the NJ Poison Center. The Board concluded this protocol did provide good outcome in the community. Other action items listed from 2012 thru January 2013 were: • Retrospective DUR for Asthma: Received Commissioners' approval 1/2013. Not yet implemented. • Tadalafil (Cialis®): Received Commissioners' approval 1/2013. No PA request so far for use in treatment of BPH. • Testosterone: Received Commissioners' approval 1/2013. Submitted to Molina for programming. • Protocol for Low Dose quetiapine (Seroquel®): Deferred until more data available. • Protocol for HIV PrEP: see Old Business section above • Oral diabetic medication utilization: see Old Business section above.
3. HMO Protocol Review	Pages 19-32; Tab 4		Of about nine protocols shared by the HMOs and FFS, three (modafinil, atypical antipsychotics and long-acting opioids) were presented to the Board for review. They were broken down into four categories: indications, criteria for approval, prescriber specialty, and duration of approval. The Board expressed concern about the contrast in covered indications among the Plans. However, it was noted that this is the first time these comparisons are being made, and more work is needed. The State, the Board, and the HMOs will work together to get a consensus on the

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			aforementioned categories to ensure patients have comparative access to care among the different plans. The Board agreed to: - Start review with the simpler protocols and then proceed to the more complicated ones. (Modafinil would be the first up for review) - Mention FDA-covered indications and non-FDA-covered or off-label indications where applicable - Align similar or different coverages under the categories (when possible) for easy review
Informational Highlights/Reports			
1 (a) Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 33-34; Tab 5		A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for February 2013 was presented to the Board. There were 912,959 total pharmacy claims processed; 20,735 (2.3%) prior authorization requests and 3,298 (16%) denials. The top four categories of denials were: (1) Clinical Criteria Not Met, (2) MNF Not Returned by Prescriber (MNFNR), (3) Incorrect Day Supply, and (4) Therapeutic Duplication.

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1 (b) Molina Medicaid Solutions Clinical Interventions Review (Top 10 Drugs Denied Med)	Pages 35-36; Tab 5		The Board reviewed the top ten drugs denied in the FFS plan and the reasons for the denials. These drugs or specific therapeutic class (STC) were as follows: 1. Proton Pump Inhibitors (PPIs): Most of the denials in this category were for "clinical criteria not met" (CCNM) – no evidence of trial, inadequate response, or adverse drug reaction to histamine 2 receptor antagonists (H2RA). The other was for high maintenance dose (BID) not approved for diagnosis provided by prescriber. 2. Oxycodone-APAP: Most of the denials for this product were due to "medical necessity form" or MNF not being returned by the prescriber (MNFNR) and CCNM. 3. Tramadol: Reasons for denials here were for MNFNR and duration exceeded. 4. Oxycodone 30mg (IR): Reason here was mostly for CCNM. 5. Zolpidem: Reasons for denials here were for MNFNR and duration exceeded. 6. Advair 250-50 Diskus: Reasons for denials here were for CCNM. See discussion on "DURB action items" above for detail. 7. Voltaren® 1% Gel: Reason for denials here were for CCNM and duplication. The Board was concerned that the unavailability of medication history that could help meet the CCNM criteria may be working against some patients. Concern was also raised about denials for duplication with oral NSAIDs since the gel has only minimal absorption. The Board expressed intention to re-visit the NSAIDs protocol. 8. Carisoprodol: Reasons for denials – Duration exceeded, and MNFNR. 9. Ondansetron 4mg tabs: Reason for denials – Incorrect day supply. 10. Oxycodone 15mg (IR): Reasons = CCNM and MNFNR.

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			The Board indicated that they would like to review the "clinical criteria not met" for some of the drugs in the future to ensure that they are appropriate.
2. NJ HMO 4th Quarter 2012 Reports	Pages 37-40 Tab 6		Fourth quarter 2012 HMO denial reports were reviewed. Denial percentages ranged from 6% to 36%. Board members had noted earlier that the reports were becoming more uniform and less confusing.
3. DHS and DHSS Programs' Top Drugs Report	Pages 41-54; Tab 7		February 2013 report of the top drugs, by dollar amount, claims count and service units were presented. As has recently been the case, HIV medications made up the top ten drugs in amount paid ranking for "All Population" section of the report. The Board requested a quarterly report of the net cost for the top drugs.
4. Medication Information/State Newsletters	Pages 55-58; Tab 8		The following information were included in the Board's meeting package: • Targeted HIV prophylaxis key to cost effectiveness • New Jersey Pharmacy Recalls All Compounded Products • Opioid Pain Meds Culprits in Majority of Overdose Deaths • Azithromycin (Zithromax or Zmax): Drug Safety Communication – Risk of Potentially Fatal Heart Rhythms
5. State Newsletters	Pages 59-65; Tab 8		• Affordable Care Act (ACA), as amended by Section 1202 of the Health Care Education Reconciliation Act (HCERA) of 2010 and Enhanced Reimbursement Rates • Recognizing Physician Assistants as 'Non-Billing' Providers These newsletters are also available at www.njmmis.com

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7. Follow up items: (a) Mental Health Hotline for HMO patients			- Mediciad Hotline for HMO patients: 800-356-1561 - PACT # is: 1-800-382-6717
(b). Breakdown of 'Non-Billing' Providers by specialties			- This information will be provided at the next meeting
(c). Expand PrEP report to include non HIV-infected population			- Will provide at a later meeting if available
(d). Update T2DM newsletter with Board suggestions			- Updated algorithm and additional drugs will be added