

April 20, 2011 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p><u>Present:</u> Dr. Swee, Ms. Olson, Dr. Marcus, Dr. Moynihan, Dr. Moore, Dr. Zanna, Dr. Gooen, Dr. Gochfeld, Dr. Barberio, Mr. Schafer, Ms. Martinez-Rodriguez</p> <p><u>Absent:</u> Dr. Lichtbroun</p>
Review of Minutes	Pages 3-6; Tab 1	Approved	<p>Minutes from January 26, 2011 meeting were approved and are posted on the DURB website:</p> <p>http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html</p>
Secretary's Report	Pages 7-10; Tab 2		<ul style="list-style-type: none"> • All the protocols recommended by the Board dating back to January 2010 have all been approved by the Commissioners. These include NSAID [1.13.10], Tramadol [4.21.10], Lovaza® and Mepron® [6.23.10], oxycodone and Proton Pump Inhibitor (PPI) duration [10.20.11], Pulmonary Arterial Hypertension (PAH) and Megestrol [1.26.11] • Board meeting previously scheduled for June 22, 2011 will be held on the 29th. • CMS approved an 1115 waiver which makes the State's General Assistance population eligible for federal matched funds. • The Division has updated the system to check for federal rebates instead of the State rebates.
Old Business			
A. NSAID protocol information	Pages 11-12; Tab 3		<ul style="list-style-type: none"> • The Board reviewed a letter from National Arthritis Foundation regarding concerns about the approved protocol. Board members did not feel there was a need to change the context of the protocol. • The Board requested that the word "generic" be changed to "multi-source" nonselective products. It was also clarified that failure of two (2) multi-source products not one (1) was mentioned in the protocol.
New Business			

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A. Proposed Rheumatoid Arthritis (RA) protocol	Pages 13-16; Tab 4	Approved	Dr. Khan from Johnson and Johnson addressed the Board about his concerns regarding a new protocol for the Efficient and Safe Use of Drugs in the Treatment of RA. The Board approved the protocol after making some recommendations.
B. Approval algorithm/protocol for Tesamorelin (Egrifta®) injection.	Pages 17-18; Tab 5	Approved	The Board reviewed and approved a protocol prepared by Dr. Sindy Paul with minor adjustment. The word "secondary" will be removed from the first box in the algorithm.
C. Oxycodone CR Newsletter	Pages 19-22; Tab 6	Pending	The Board reviewed and suggested corrections to an educational newsletter intended to bolster a recently approved protocol for the safe and efficient use of controlled release oxycodone. Final approval will be discussed in the June 2011 meeting.
Informational Highlights			
1. Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 23-24; Tab 7		A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for March 2011 was reviewed. There were 42,365 prior authorization requests and 5,571 (13%) denials. The top five categories of denials were: (1) Therapeutic Duplication; (2) Incorrect Day Supply; (3) Clinical Criteria Not Met; (4) MNF Not Returned by Prescriber; and (5) Prescriber Changed to Over-the-Counter (OTC) Product.
2. NJ HMO 4th Quarter Reports	Pages 25-28; Tab 8		Fourth quarter HMO denial reports from United HealthCare, AmeriGroup, and Horizon NJ Health were reviewed. Health First, did not submit a report. The Board again requested a more consistent report from all the HMOs - total PA requests, denied and approved. DMAHS had previously requested that the HMOs provide their data in a standardized format, with more denial category clarification. The additional requested information will be included in the new Contract.

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3. DHS and DHSS Programs' Top Drugs Report	Pages 29-42; Tab 9		A report of the top drugs, by dollar amount, for March 2011 was reviewed. Atypical antipsychotics and HIV drugs continue to be the top ten drugs for the FFS population accounting for about 32% of the amount spent in this population. A total of \$43, 666,125 was spent in March for the top (100) drugs in all Medicaid patients.
Budget Proposal and Carve-in			<p>The Board was informed of the proposed State budget and the potential implications on the Medicaid population. For fiscal year 2012,</p> <ul style="list-style-type: none"> - The ABD patients without Medicare, currently fee-for-service will be carved into Managed Care (covered by HMOs) on July 1, 2011. - Those with Medicare will be enrolled on September 1, 2011 after approval from CMS. - The Board requested that the statistical breakdown of the patient populations and designations be provided at the next meeting. - Some medications (e.g. benzodiazepines, atypical antipsychotics, Suboxone, e.t.c. which are currently carved out will now be carved in.