

June 29, 2011 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p>Present: 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>Absent: Dr. Lichtbroun</p>
Review of Minutes	Pages 3-5; Tab 1	Approved	<p>Minutes from April 20, 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 6-8; Tab 2		<ul style="list-style-type: none"> • Pinali Patel, PharmD, ex-officio on the Board recently resigned her position as the State's pharmacy chief and secretary for the Board. • Dalia Hanna, PharmD and Sam Emenike, PharmD, both with Molina Medicaid Solutions have volunteered to help with all administrative and clinical issues related to the DURB. • DMAHS continues to prepare for the transitioning of its fee-for-service, aged, blind and disabled (ABD) patients without Medicare and with Medicare into Managed Care (MC) on or about July 1st and October 1st, 2011 respectively. <p>Ed Vaccaro, R.Ph, provided the details below:</p> <ul style="list-style-type: none"> • Patients in the breast and cervical cancer waiver programs will be carved into MC on or after August 1st 2011. Fee for Service (FFS) patients currently locked into a pharmacy and beneficiaries and clients in the hospice programs will also be enrolled in MC effective August 1st or thereabouts. • 27,000 ABD beneficiaries without Medicare will enroll in MC in the first phase (August 1st). 80,000 beneficiaries in this category are already in MC. • 94,000 ABD beneficiaries with Medicare will be enrolled in MC on or around October 1st. • Additional services that will be included in the managed care

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			<p>package will include: atypical antipsychotics, home health, speech, physical, and occupational therapies.</p> <ul style="list-style-type: none"> • 57,000 beneficiaries in the General Assistance program, nursing home, NeighborCare population/ PAAD/Sr. Gold and state facilities will remain fee-for-service. • The Board requested that further discussions be held on developing parameters for continued oversight on the HMOs in the management of these patients. They also expressed concern on how these sicker, more vulnerable patients will be managed in the MC environment.
Old Business			
Oxycodone newsletter	Pages 9-12; Tab 3		The Board again reviewed an educational newsletter on the "Safe and Appropriate Use of Oxycodone". Some suggested corrections will be made and sent to the Chairman, Dr. Swee for review and approval prior to distribution.
New Business			
A. Proposed Protocol for the treatment of hepatitis C with boceprevir (Victrelis®)	Pages 13-14; Tab 4	Approved	The Board reviewed and approved a protocol for boceprevir (Victrelis®), a new oral dosage form drug for the treatment of genotype 1 (one) hepatitis C infected patients to be used in conjunction with peginterferon and ribavirin.
B. Proposed protocol for the efficient use of short-acting opioids (SAOs) after 90 days	Pages 15-18; Tab 5	Approved	The Board reviewed and approved a protocol for the efficient use of short-acting opioids after 90 days of therapy. The goal of this protocol is to encourage transition to long-acting opioids after this period as this class of opioids has been determined to be the treatment of choice for chronic non-cancer pain.
Informational Highlights			
1. Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 19-20; Tab 6		A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for April 2011 was reviewed. There were 37,766 prior authorization requests and 4,991 (13%) denials. The top five categories of denials were: (1) Therapeutic Duplication; (2)

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			Incorrect Day Supply; (3) Clinical Criteria Not Met; (4) MNF Not Returned by Prescriber; and (5) Duration Exceeded.
2. NJ HMO 1st Quarter 2011 Reports	Pages 21-24; Tab 7		First quarter HMO denial reports from Healthfirst NJ Family Care, Amerigroup, United HealthCare, and Horizon NJ Health were reviewed. The Board again expressed concern and need to obtain uniform information from the HMOs.
3. DHS and DHSS Programs' Top Drugs Report	Pages 25-36; Tab 8		A report of the top drugs, by dollar amount, for April 2011 was reviewed. Atypical antipsychotics and HIV drugs were again the top products used during this period. \$40,004,242 was the total spent on the top (100) drugs used for all FFS patient population.
4. FDA Alert	Page 37; Tab 9		The Board was informed of a February 8, 2011 FDA alert that added 13 drugs to their watch list. These are drugs being studied to determine whether they are casually to possible risks reported through the agency's Adverse Event Reporting System (AERS), from July 1, 2010, thru September 30, 2010.