

June 26, 2013 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p><u>Present:</u> Dr. Swee, Dr. Zanna, Dr. Gochfeld, Ms. Olson, Dr. Barberio, Dr. Marcus, Dr. Gooen, Dr. Moore, Dr. Lind (ex officio), <u>Absent:</u> Ms. Rodriguez, Mr. Schafer, Dr. Moynihan</p>
Review of Minutes	Pages 3-9; Tab 1	Approved	<p>Minutes from April 17, 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</p>
Secretary's Report	Page 11; Tab 2		<ul style="list-style-type: none"> • Testosterone protocol that was approved by the Board was implemented at the Molina Medicaid Solutions call center on May 1, 2013. • State Fiscal Year 2012 DURB Annual Report was published in the New Jersey State Register. • A list of specialties for non-billing Affordable Care Act (ACA) providers is included in the meeting packet. • Judith Rodriguez, R.Ph, MBA, resigned as a member of the Board, effective today, June 26, 2013. • Mr. Schafer, R.Ph, informed the Secretary that his absence in recent Board meetings was due to an accident and subsequent surgery in March. He is recovering and doing well. • Four dates proposed for 2014 DURB meetings are: Wednesday, January 29th Wednesday, April 23rd Wednesday, June 25th, and Wednesday, October 22nd
Old Business			
1. Proposed educational newsletter for T2DM treatment options	Page 13-16; Tab 3	Approved	<p>The Board reviewed and approved an educational newsletter for type 2 diabetes treatment options. Minor changes including a typo will be corrected prior to publication.</p>
2. Mental Health Update			<p>Dr. Gochfeld updated the Board on recent activities by the Mental Health Association in New Jersey. Their helpline, phone # is: 866-202-HELP. - Takes calls from Medicaid and uninsured patients seeking</p>

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			<p>outpatient services.</p> <ul style="list-style-type: none"> - No definitive figures yet, but reports of six months waiting period for treatment - Ongoing efforts to improve this process - Website available that describes the various outpatient facilities and counties available for patients - HMO patients who call this number are referred to appropriate plans. - Per Mr. Steve Tunney, Customer Service with Medicaid, even though the behavior and mental health drugs are carved into the HMOs, they (HMO plans) are still responsible for coordinating care for their patients - Helpline is staffed from 8am until 8 pm daily by mental health practitioners <p>Dr. Swee inquired about the current breakdown/status of Medicaid patients. Mr. Ed Vaccaro responded that:</p> <ul style="list-style-type: none"> - Ninety-five percent of the patients are now in managed care organizations (MCOs) - Five percent are in General Assistance (GA), Long Term Care, and state facilities (institutions) - GA and LTC populations will be transitioned to managed care (MC) by the end of 2014 - Medical psychiatric day care patients, under the Division of Developmental Disability (DDD) are also under MC. - State institutional patients will remain fee-for-service (FFS)
New Business			
1. Protocols Review	Modafinil: Pages 19-21; Tab 4		<p>The Board reviewed Modafinil (Provigil®), one of the protocols shared by the four HMO plans and fee-for-service. They expressed concern that some of the plans do not have coverage for all the indications included in the FFS section, for example multiple sclerosis and Parkinson's disease. Board members posed a question to the HMOs on how difficult or easy it would be for a patient with one of these non-covered disease states to get an exception for treatment.</p>

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			The Board also expressed concern that in one of the plans, only specialists were authorized to prescribe modafinil. Again, they requested that the HMOs provide some form of pathway for exception to that requirement.
	Atypical Antipsychotics: Pages 22-24; Tab 4		The Board reviewed the protocols for atypical antipsychotics. They again expressed concern about lack of coverage for some clinical indications by some of the HMO plans and wondered what access patients would have for treatment if necessary. They also requested clarification on how the HMO plans process duplicate atypicals or multiple antipsychotics - at the plan level or at the pharmacy dispensing level. Ms. Pardes, director of pharmacy with United Healthcare, explained that some of the plans have a broader therapeutic duplication protocol in their system that encompasses the atypicals.
	Omega-3-Acid ethyl esters: Page 25; Tab 4		Dr. Swee suggested a review and adjustment of the FFS protocol so that the third and fourth criteria are combined to read: Patient has experienced or is likely to experience adverse effects from fibric acid derivatives or niacin ER. Vascepa®, the new prescription omega-3-acid ethyl ester will also be added to the prior authorization list for these products.
	Non-steroidal anti-inflammatory drugs (NSAIDs): Page 26-28; Tab 4		In review of the NSAIDs protocols, the Board voiced concern over: <ul style="list-style-type: none"> - Non-coverage for colorectal polyps by three of the plans - Lack of consistency in the cut off age for COX-2 inhibitor (60 vs 65 years old) - Overlap of COX-2 inhibitors and non-selectives. Requested separation of the two protocols. - Denial of topical formulations by FFS and some plans in favor of opiates The Board requested an educational newsletter for the management of acute pain.
Informational Highlights/Reports			
1. Molina Medicaid Solutions (Fee-for-Service) Prior	Pages 29-30; Tab 5		Dr. Swee mentioned a complaint from a provider who spent 45 minutes on the phone with Molina while trying to resolve a clinical issue. He requested an email with specifics from the complainant and will provide this when

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Authorization Report			<p>available.</p> <p>A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for April 2013 was presented to the Board. There were 937,775 total pharmacy claims processed; 25,325 (2.7%) prior authorization requests and 3,402 (13.4%) denials. The top four categories of denials were: (1) Clinical Criteria Not Met, (2) Incorrect Day Supply, (3) Therapeutic Duplication, and (4) MNF Not Returned by Prescriber (MNFNR).</p>
<p>2. Summary of DURB Action Items</p> <p>(a) October 2012: Protocol for low dose quetiapine (Seroquel®)</p> <p>(b) October 2012: Protocol for HIV PrEP</p> <p>(c) January 2013: Oral diabetic drugs utilization survey</p> <p>(d) April 2013: - Singulair® protocol</p> <p>-Advair® protocol</p>	Page 31; Tab 5	<p>Deferred until more data is collected</p> <p>Deferred until more data is available</p> <p>Questionnaire results reviewed by the Board at the April 2013 meeting</p> <p>The Board recommended removal of this protocol</p> <p>The Board requested an educational</p>	<p>Continue to monitor and present more data to the Board at a later time.</p> <p>In six months review, only one patient was confirmed to be on tenofovir/emtricitabine (Truvada®) for HIV post exposure prophylaxis.</p> <p>Updated Type 2 Diabetes newsletter to be reviewed at the present meeting (June 2013)</p> <p>Minimal impact on utilization/outcomes</p> <p>An educational newsletter on proper use of long-acting beta agonists and combination products will be reviewed at the October meeting</p>

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		newsletter on proper use of this product	
3. NJ HMO 1 st Quarter 2013 Reports	Pages 33-36; Tab 6		First quarter 2013 HMO denial reports were reviewed. Denial percentages ranged from 27% to 41%. Dr. Marcus requested that the HMO reports should be placed side-by-side for easy comparison. Again the Board members expressed their appreciation for the improved reports.
4. Affordable Care Act (ACA) non-billing provider by specialty	Page 32; Tab 5		A list of ACA non-billing providers by specialty was provided for the Board. As of 5/14/2013, there are 3,039 non-billing providers. A total of 17,479 providers are actively enrolled in Medicaid.
5. DHS and DHSS Programs' Top Drugs Report	Pages 37-50; Tab 7		<p>April 2013 report of the top drugs, by dollar amount, claims count and service units were presented. Except for Abilify, an atypical antipsychotic at number six, the top ten drugs were made up of HIV medications in "All Population" category.</p> <p>Dr. Marcus raised a concern about the difficulty to find coverage for HIV pre and post-exposure prophylaxis. This also involved finding a prescriber for post exposure treatment for a patient not seen by them. Post exposure prophylaxis is covered by the plans. However, pre-exposure coverage is still up in the air.</p>
6. PACT Information	Page 51; Tab 8		Phone number and other information for the Division of Mental Health Services under the Program of Assertive Community Treatment (PACT) was presented.
7. Medication Information	Pages 53-57; Tab 9		<p>The following information were included in the Board's meeting package:</p> <ul style="list-style-type: none"> • FDA approves labels with lower doses for zolpidem sleep drugs • FDA approves Glaxo/Theravance drug for COPD (Breo®) • Researchers debate Risks of GLP-1-Based Therapies • FDA approves Nymalize®, nimodipine oral solution for subarachnoid hemorrhage (SAH)

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<p>Follow up items:</p> <p>(a) Change wording of Lovaza® protocol</p> <p>(b) Separate COX-2 inhibitors and NSAID protocols</p> <p>(c) Prepare an educational newsletter for acute pain management</p> <p>(d) Complaint from provider about Molina call center</p> <p>(e) Present HMO PA reports in comparative format</p> <p>(f) PrEP report from HMO plans</p>			<ul style="list-style-type: none"> - Remove "patient is taking statin" as part of criteria for approval - Create separate protocols for these two product categories to minimize confusion in the protocols review session. - An educational newsletter to help providers choose the best product for management of acute pain. - Dr. Swee will wait to receive email from provider. - Dr. Marcus requested a side-by-side format for the HMO quarterly prior authorization reports. - Work with the HMOs to obtain report (if available) for PrEP drug requests.

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Contact Numbers

Medicaid Hotline	800-356-1561
Medical Assistance Customer Centers (MACCs)	
ATLANTIC CAPE MAY CUMBERLAND	609-561-7569
CAMDEN BURLINGTON GLOUCESTER MERCER SALEM	856-614-2870
ESSEX HUDSON	732-863-4400
MONMOUTH MIDDLESEX OCEAN HUNTERDON SOMERSET UNION	732-863-4400
PASSAIC BERGEN MORRIS SUSSEX WARREN	973-977-4077

Helpline – Mental Health Association of NJ (DMAHS funded)

Website: www.njmentalhealthcares.org

Phone: 866-202-HELP