

January 13, 2010 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p>Present: Dr. Swee, Dr. Marcus, Mr. Schafer, Ms. Olson, Ms. Martinez-Rodriguez, Dr. Barberio, Dr. Gooen, Dr. Gochfeld, Dr. Zanna, Dr. Moore, Ms. Springer, Dr. Moynihan; Dr. Lichtbroun</p> <p>Absent: Dr. Condoluci</p>
Review of Minutes	Pages 3-8; Tab 1	Approved	<p>Minutes from October 21, 2009 meeting were approved and are posted to the DURB website: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html</p>
Secretary's Report	Page 9-10; Tab 2		<p>The Prograf® programming was completed & the product has been removed from posting the mandatory generic edit. Upon final approval from the Dept. of Human Services (DHS) and the Dept. of Health and Senior Services (DHSS) the Mental Health Protocol will be implemented. The NJDURB SFY 2009 Annual Report will be published in the NJ Register upon final approval from DHS and DOH.</p> <p>Effective immediately Dr. Donald Woodward has resigned from the Board.</p> <p>Upcoming DURB meeting dates are as follows: Wednesday April 21, 2010 Wednesday June 23, 2010 Wednesday October 20, 2010</p> <p>The meetings will be held from 11 am to 12 pm in Building 7, Conference Rooms 200 A, B, and C at Quakerbridge Plaza Mercerville, NJ 08625.</p>
Business			
A. NSAID Protocol	Pages 11-12; Tab 3	Approved	<p>The Board was provided with an opportunity to review and provide their recommendations regarding the proposed NSAID protocol. The</p>

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			<p>protocol was presented by the State to ensure appropriate utilization and reduce potential adverse events associated with NSAIDs. The following is a summary of the protocol: (1) selective cyclooxygenase-2 enzyme inhibitor (Cox-2) will be approved after documented failure with at least one non-selective NSAID unless the patient is 65 years of age or older; on concurrent oral corticosteroid therapy, warfarin therapy, or has a history of ulcers; (2) Cox-2 inhibitor will be approved only with documentation of clinically significant adverse event or inadequate response to at least two nonselective NSAIDs; and (3) approval of diclofenac topical formulations will be granted upon documentation of failure with acetaminophen and at least two non-selective NSAIDs.</p>
B. Revised Insomnia Newsletter	Pages 13-18; Tab 4	Approved	<p>The Insomnia Newsletter was approved by the Board. Prior to posting the revised version on the DURB website the Secretary will compile & insert comments into the newsletter from Board members.</p>
C. Rebateable Nicotine Replacement Products	Pages 19-20; Tab 5	Approved	<p>Information was provided to the Board pertaining to rebate status of over-the-counter (OTC) smoking cessation products. The issue Work First NJ/General Assistance (WFNJ/GA) clients encounter in obtaining these products is the lack of rebate from the manufacturers. The Division of Medical Assistance & Health Services (DMAHS) encourages all manufacturers to sign the WFNJ/GA rebate agreement with the State of New Jersey for their prescription and OTC products.</p>
Informational Highlights			
1. Unisys Prior Authorization Report	Pages 21-22; Tab 6		<p>Unisys is continuously improving the report presented to the Board. "Directed Intervention" has been combined with other appropriate clinical denial categories in an effort to clarify the report. Unisys provided the Board with additional information pertaining to each step of the pharmacy claim MEP/DUR process. The percentage denial</p>

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			increased in October 2009 to 16.8% primarily due to the implementation of the sedative-hypnotic protocol and implementation of the First Data Bank maximum daily dose standards.
2. NJ HMO Prior Authorization Reporting 3 rd Quarter 2009	Pages 23-28; Tab 7		The Board requested that the HMOs provide the total number of claims per quarter in order to put their denials into perspective. This information will be provided to the Board during future meetings as soon as it becomes available. The State will request that the HMOs provide clarification regarding their denial categories. All of the requested information may not be available to the Board until contractual changes occur between the State and HMOs.
3. Top Drug Reports October 2009	Pages 29-34; Tab 8		The State provided these reports carving out institutional patients in order to identify top drugs utilized in the community setting.
Follow-up Items from January 2010 Meeting			
NSAID Cost			DMAHS will provide the Board with a summary of costs associated with prescription and OTC versions of NSAIDs. This information may be used to determine if an OTC initiative for NSAIDs would be cost effective for the State to implement.
HMO Denial Reporting			DMAHS will request that the HMOs provide clarification regarding their denial categories. The HMOs will also be asked to list all categories separately such as clinical criteria not met and unacceptable diagnosis.
Suboxone®/Subutex®			The Board requested two distinct reports identifying utilization of Suboxone® and Subutex®.
Top Drugs Report			DMAHS will provide the Board with a utilization report for atypical antipsychotics based on eligibility status of its fee for service members with and without enrollment into Medicaid Managed Care.

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Follow-up Items from previous NJDURB meetings			
Mandatory Generic Policy			DMAHS will present the exempted list of drugs to the Board for their review & clinical input. DMAHS will request that the Board provide a recommendation as to whether or not the drugs on the current list should be exempted or included from the policy.
Reports on Protocols			<p>DMAHS will provide the Board with reports pertaining to approved protocols.</p> <p>A) Summary of First Data Bank (FDB) Recommendations: DMAHS will provide the Board with a report of the top drugs posting the new edit (edit 2100-Maximum Daily Dose) during future meetings. The report will consist of drugs that are constantly posting the edit & where the edit is overridden by the MEP Unit.</p>
Notification to Providers Regarding DURB Approved Protocols			DMAHS will notify providers of new DUR edits & protocols that affect pharmacy claims.
DURB SFY 2009 annual report			The annual report was provided to the Board for their review and approval. No other changes were suggested. At this time the annual report is awaiting signature from both DHS and DHSS Commissioners.
HMO Denial Reporting			DMAHS will request that the HMOs provide the total number of claims processed for each quarter in addition to the report they submit. All of the requested information may not be available to the Board until contractual changes occur between the State and HMOs.

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Retro-DUR Compliance Notification			The State will be working with Unisys to set up a process by which compliance letters can be sent to patients' prescribers concerning specific disease states. The disease states of interest include Asthma, Diabetes, Hypertension, Warfarin, and HIV-AIDS. DMAHS has also requested a Retro-DUR project related to atypical antipsychotics. The Board has requested this be presented as a formal agenda item to prioritize the projects.
Medical Diagnosis Data			The Division will provide a report consisting of top diagnosis for the FFS Medicaid population based on medical claims data. This information may be useful in comparing to the top drugs utilized within this population.

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