January 13, 2016 DURB Meeting Summary

Issue		Action	Notes
Roll Call			Present: Dr. Swee, Dr. Zanna, Dr. Gochfeld, Mr. Schafer, Dr. Barberio, Dr. Moore, Dr. Gooen, Dr. Marcus, Ms. Olson Dr. Lind (ex officio). Unable to attend: Dr. Moynihan
Review of Minutes		Approved	Minutes from October 14, 2015 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			• DURB Annual Summary for State's Fiscal Year 2014 is awaiting the Governor's counsel approval. • DURB Annual Summary for State's Fiscal Year 2015 was submitted to the Commissioners for approval. • Protocols for Daklinza® and Technivie® were approved by the Commissioners. • We anticipate that reappointment for DURB members and replacement of vacant positions will be taken up in the next senate session. Also Board members will be contacted by the state in reference to the reappointment process.
Old Business			
(a) UHC Response to DURB Follow-up Questions regarding "Other" category (b) Proposed protocol: Proprotein Convertase Subtilisin/Kexin type 9 (PCSK9)		Review utilization in 9 months	The Board reviewed response from United Healthcare, which explained that the denials in the "other" category were grossly inflated due to an issue with their PA system that erroneously generated duplicate cases/denials. The Board reviewed and approved an updated version of the PCSK9 protocol. Restriction to specialty prescribers provided in the previous version was removed. The Board requested a six months utilization report for review at the October 2016 meeting.

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New Business			
Protocol Review (a) Protein Pump Inhibitors (PPIs) (b) Controlled Release Oxycodone			The Board reviewed MCO and FFS protocols for proton pump inhibitors (PPIs). Dr. Swee expressed concern about step therapy procedures that required patients to wait thirty days prior to changing to another product if initial product was ineffective. He requested that UHC provide an explanation for this policy. Dr. Barberio voiced her concern about Horizon's policy requiring prescribers to switch patients to a starting low dose of long-acting oxycodone when they were already on higher doses of the short-acting product. She questioned the protocol's recommendations of starting opioid-naïve patients on long-acting oxycodone. Mr. Currie, Horizon's pharmacy director referred her to the product's package insert which advocates that practice. The Board discussed possible ways to standardize the prior authorization (PA) process among the different plans. The goal is to decrease the variability among the plans/providers, which makes the process time-consuming and sometimes frustrating. Mr. Vaccaro suggested introducing a standard form that could be used to communicate PA needs by all entities. This would remove the delays which occur sometimes due to the patient, pharmacy or drug plan. The Board voted unanimously to call for the plans to develop and implement this form to be used by all plans.
Informational Highlights/Reports			
1. Fee-for-Service/MCO Prior Authorization Report		Continue to monitor.	The Board reviewed prior authorization denial report comparing all MCO plans including FFS for the 3rd quarter of 2015. No comments or recommendations were made on the report.

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<td>Percentage of prior authorization requests relative to total claims and denials associated with the PAs are listed below:
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<tr><th>Plan</th><th>(%) PA Requests of claims</th><th>Denial (%)</th></tr>
<tr><td>FFS</td><td>0.9</td><td>19</td></tr>
<tr><td>Aetna</td><td>1</td><td>40</td></tr>
<tr><td>Amerigroup</td><td>0.84</td><td>5.6</td></tr>
<tr><td>Horizon</td><td>0.9</td><td>39</td></tr>
<tr><td>UHC</td><td>0.7</td><td>48</td></tr>
<tr><td>WellCare</td><td>1.8</td><td>55</td></tr>
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<td>2. Summary of DURB Actions</td>
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<td>The Board reviewed a summary of actions from previous meetings.</td>
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3. DHS and DHSS Programs Top Drugs Report			The Board reviewed October 2015 report for the top drugs, by dollar amount, claims count, and service units. An extra document: "Top Drugs Report by Category" was added as part of this report. - Dr. Marcus made a brief reference to information that was provided to the Board on the meeting day: "Review of Significant Changes in Ranking for Some Top Drugs". This information was requested at the October 2015 meeting. As most members did not have the opportunity to review it prior to the meeting, Dr. Swee requested that this data be provided again as part of the package for the next meeting. - There was a suggestion that it could be beneficial to post the prices of the top 20 or 25 drugs on the DURB website as a way of educating prescribers on drug prices. Dr. Lind suggested sharing this information with professional organizations. No decision was made on this subject. Board members were concerned with the utilization of paliperidone than other more reasonably priced psychotropics. When Dr. Gooen questioned the validity of these numbers in the Long Term Care community, Mr. Lachaga with Johnson & Johnson explained that injectable medications are being given at "injection clinics" inside (or outside) hospitals that are affiliated with long-term care facilities. Dr. Marcus informed the Board that the NJ Poison Control Center gets "tons of calls and deaths" from bupropion. The Board requested a separate report on antidepressant utilization to be presented at the next meeting. Some members of the Board expressed concern about the recent FDA-approval of long-acting oxycodone for children 11 to 16 years old. This information was presented as part of the October 2015 meeting package. A report on utilization of this product in this age group will be presented to the Board at the next meeting.

4. Medication Information			The following medical information were also included and discussed: (a) New FDA Drug Safety Communication on Viekira Pak® and Technivie® (b) FDA approves rare bleeding disorder therapy (c) CDC finds Nursing Home Residents Wrongly Prescribed Antibiotics Up to 75 Percent Of The Time (d) FDS Approves Drug to Reverse Effect of Anticoagulant

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Follow up items: (a) Oxycodone for pediatric patients (b) SFY 2014 report (c) Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors report (d) Standardized PA process (e) Antidepressants report (f) Significant changes Top drugs ranking/pricing (g) United Healthcare's PPI policy			(a) The Board requested that information about this topic be included in the next meeting package. (b) Dr. Swee wanted to know if there was a timeline for the approval and publication of the DURB SFY 2014 annual report. (c) The Board requested a report for six months utilization of PCSK9 inhibitors to be presented for review at the October 2016 meeting. (d) The Board would like to explore ideas, including introduction of a standardized PA form in order to streamline the PA process (e) The Board requested a separate top drugs report for antidepressants (f) The Board requested a report on top drugs pricing (as it affected rankings) to be brought back for review at the April 2016 meeting. (g) Dr. Swee requested that United Healthcare provide an explanation for their policy requiring a 30-day wait prior to switching a patient to another PPI if current one is ineffective.