April 19, 2017 DURB Meeting Summary

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Zanna (ex officio), Dr. Gooen, Dr. Marcus, Dr. Gochfeld, Dr. Barberio, Mr. Schafer, Dr. Moynihan, Dr. Moore, Ms. Olson, Dr. Lind (ex officio)
Public Notice		Dr. Swee read a public notice required at each meeting: In compliance with Chapter 231 of public laws of 1975, notice of this meeting was given by way of filings in the Trenton Times, Star Ledger and Atlantic City Press.
Review of Minutes	Approved	Minutes from January 11, 2017 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 SFY 2015 was signed by the Commissioners and sent to the Governor's office on March 20, 2017. • DURB annual summary for SFY 2016 will be sent to the Commissioners after receipt of a signed 2015 summary. • Dr. Lind reported that smoking cessation (SC) subcommittee meeting held on April 18 was productive. It was attended by Drs. Williams, Steinberg and three MCO representatives. Smoking cessation protocols for Horizon, UHC and WellCare were reviewed. The ones for Amerigroup and Aetna will be reviewed at the next meeting. Denial concerns raised by Dr. Williams will also be discussed. Dr. Swee requested a SC denials rate report for the next DURB meeting. • There is no update from the State regarding the reappointment or replacement of board members. • The FDA approved direct acting antiretrovirals (DAAs), sofosbuvir (Sovaldi®), and ledipasvir/sofosbuvir (Harvoni®) for the treatment of hepatitis C in pediatric patients (12 – 17 years of age). The present protocols will be updated to reflect these changes. Dr. Swee inquired about the prevalence of hepatitis C in this age group in the State of New Jersey.
Old Business		
(a) Amerigroup/WellCare response to Miralax® in step therapy for OIC		The Board reviewed Amerigroup's response to DURB's concern over their requirement for use of Miralax® prior to other products for opioid induced constipation (OIC). They found no information to indicate that PEG use in the elderly is problematic or has safety issues. WellCare presented similar

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		information. Dr. Swee informed the Board that Dr. Marcus had also responded by email that he could not find his original source that raised the concern.
(b) Protocols review and streamlining		The Board reviewed a report with proposed streamlining of protocols provided by the MCOs and fee-for-service (FFS). Dr. Swee expressed his appreciation to the Plans for the effort towards this process including the progress made towards the smoking cessation initiative. He suggested a future newsletter to inform the providers about the efforts that the MCOs and FFS are making on their behalf.
(c)Smoking cessation therapy processes report		[See the secretary's report]. The report included in the package was part of the documents reviewed at the smoking cessation subcommittee meeting.
(d) Proposed educational newsletter (naloxone)		The Board reviewed an updated educational newsletter on the use of naloxone to prevent drug overdose deaths. Dr. Gooen informed the Board of a pending legislative bill allowing pharmacists to fill naloxone without a prescription. Since this bill was not approved yet, the Board decided to move forward with publishing the newsletter as is.
New Business		
(A) Proposed protocol for safe and efficient use of eteplirsen		The Board reviewed a proposed protocol for eteplirsen (Exondys 51®), a recently FDA approved medication for the treatment of Duchene muscular dystrophy (DMD). The Board tabled the protocol with request for specific prescribers to be provided. DMAHS will seek guidance from the manufacturer and specialists in this area for this information.
(B) Clarification of drug policy for behavior health patients		A letter to Drs. Swee, Lind, and Gochfeld from Barbara Johnston, Director, Policy and Advocacy, Mental Health Association in New Jersey was discussed. She was concerned that some of the MCOs were not complying with the contractual agreement regarding brand name prescriptions written by a behavioral health provider. Mr. Azoia, Chief, Pharmaceutical Services for DMAHS, informed the Board that he's been in touch with Ms. Johnston and is currently gathering information that would help him to resolve the issues she presented.

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<table>
<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td>Informational Highlights/Reports</td><td></td><td></td></tr>
<tr><td>1. Fee-for-Service/MCO Prior Authorization Report</td><td>Continue to monitor.</td><td>The Board reviewed prior authorization denial report comparing all MCO plans including FFS for the 4th quarter of 2016.

Percentage of prior authorization requests relative to total claims and denials associated with the PAs are listed below:
<table>
<tr><td>Plan</td><td>(%) PA Requests of claims</td><td>Denial (%)</td></tr>
<tr><td>FFS</td><td>0.6</td><td>19</td></tr>
<tr><td>Aetna</td><td>0.5</td><td>40</td></tr>
<tr><td>Amerigroup</td><td>1</td><td>23</td></tr>
<tr><td>Horizon</td><td>1</td><td>43</td></tr>
<tr><td>UHC</td><td>0.8</td><td>49</td></tr>
<tr><td>WellCare</td><td>0.9</td><td>47</td></tr>
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Sam Emenike, PharmD, Molina Medicaid Solutions (MMS), informed the Board that the number under Amerigroup's "Clinical Criteria Not Met" denial category should be 1270, not 12,710. Dr. Swee, while acknowledging the differences in approach by individual Plans, expressed concern about the high denial rates across the board for all the Plans, especially with the Directed Intervention category. Ed Vaccaro, R.Ph., MMS, explained that most of the denials may involve non-formulary requests which were ultimately changed to formulary products. Dr. Swee requested a report that would distinguish these soft denials from hard (real) denials where the patient did not get the medication for clinical reasons. Later in the discussion, Sam Currie, R.Ph., director of pharmacy at Horizon explained that their study revealed that 95% of non-formulary requests are ultimately changed to formulary drugs.</td></tr>
<tr><td>2. Summary of DURB Actions/Recommendations</td><td></td><td>The Board reviewed a summary of actions from previous meetings (April 2016 thru January 2017).</td></tr>
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3(a) DHS/DHSS/MCO Programs Top Drugs Report (b) Physician-administered drugs		The Board reviewed February 2017 report for the top drugs, by dollar amount, claims count, and service units for all Plans – MCO top drugs is now part of the report. Dr. Marcus inquired what other DURBs were doing about the cost of Daraprim. Dr. Lind promised to present the question to other Medicaid medical directors at a meeting in May. Physician-administered drugs by amount paid and category is now part of the regular report.
4. Medication Information		The following medical information were also included and discussed: (a) New Jersey Enacts Opioid Prescribing Law (b) FDA approves first treatment for frequent urination at night due to overproduction of urine (c) Georgia bill would hold providers criminally liable for not tracking opioid prescriptions (d) Drug Overdose Death in the United States, 1999-2015 (e) Gouging the elderly: Number of US seniors on multiple psychotropic drugs doubles over decade

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Follow up items: (a) Smoking cessation products report		(a) The smoking cessation subcommittee will present a report on the denial rate of these products from all the Plans.
(b) Update Sovaldi and Harvoni protocols with recent FDA actions.		(b) Due to FDA's recent approval of sofosbuvir (Sovaldi®) and ledipasvir/sofosbuvir (Harvoni®) for children 12 to 17 years old, DMAHS will update the current protocols for these products to reflect these changes.
(c) Hepatitis incidence in pediatric in New Jersey		(c) Dr. Swee inquired if information on the prevalence of hepatitis C in children 12 to 17 years old could be obtained from NJ public health department.
(d) Denied claims report		(d) The Board requested that the Plans present a report reflecting ultimate denials – one that shows patients who did not have their prescribed medications filled versus soft denials for non-formulary, missing diagnosis, etc., which were eventually filled.
(e) Daraprim® cost concern		(e) Dr. Marcus inquired what the DUR boards or similar entities are doing about the escalating cost of pyrimethamine (Daraprim®), a product whose price has gone up significantly in the last few years. Dr. Lind promised to pose this question in an upcoming meeting of national Medicaid medical directors.
(f) Polypharmacy in the elderly		(f) Dr. Swee suggested that the Board should evaluate polypharmay behavior among NJ patients.