

## April 20, 2016 DURB Meeting Summary

Issue	Action	Notes
Roll Call		<p><u>Present:</u> Dr. Swee, Dr. Zanna (ex officio), Dr. Gochfeld, Dr. Barberio, Dr. Moynihan, Dr. Moore, Dr. Goen, Dr. Marcus, Ms. Olson, Dr. Lind (ex officio).</p> <p><u>Unable to attend:</u> Mr. Schafer</p>
Review of Minutes	Approved	<p>Minutes from January 13, 2016 meeting was reviewed and approved. The approved meeting summary will also be posted on the DURB website at: <a href="http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html">http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html</a></p>
Secretary's Report		<ul style="list-style-type: none"> <li>• DURB Annual Summary for State's Fiscal Year 2014 was published in the New Jersey Register on March 7, 2016.</li> <li>• Still awaiting the Commissioners' approval for DURB Annual Summary for State's Fiscal Year 2015.</li> <li>• We are awaiting the Commissioners' approval of the PCSK-9 protocol.</li> <li>• The State will be reviewing and initiating the process for reappointing and replacement of Board members.</li> </ul>
<b>Old Business</b>		
<p>(a) UHC Response to DURB Follow-up Questions regarding "30 days requirement for PPI"</p> <p>(b) Long-acting oxycodone for children</p> <p>(c) Antidepressant utilization report (2014 thru February 2016)</p>	Continue to monitor	<p>The Board reviewed response from United Healthcare, which explained that although the prescription is for 30 days, UHC will honor another medication request after a few days if member is having adverse reactions. Rajeev Verma, PharmD from UHC confirmed that the plan will include wordings to the effect that exceptions will be made when clinically appropriate. Dr. Marcus and Dr. Moore both raised concern about waste when initial prescription is for 30 days.</p> <p>The Board reviewed a utilization report for the utilization of long-acting oxycodone for children 11 to 16 year-olds. Since there were no patterns of inappropriate use, they recommended a watchful approach.</p> <p>The Board reviewed an antidepressants utilization report which showed a downward trend in the units dispensed of top drugs in this category, including bupropion. The Board requested this report because Dr. Marcus made an observation in the January meeting that the Poison Control Center was receiving "calls and deaths" from bupropion.</p>

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(d) Review of significant changes in top drugs ranking		The Board reviewed a chart that demonstrated significant changes for the pricing of chlorpromazine and brand name pyrimethamine (Daraprim®). Between 2013 and 2015, the price of chlorpromazine, a first generation antipsychotic had increased 250%. In January 2014, the price of Daraprim®, a drug used for the treatment of toxoplasmosis, an opportunistic infection in HIV patients increased by over 5,000% from \$13.50 to \$750.

New Business	Action	Notes
Proposed protocol for elbasvir/grazoprevir (Zepatier®)	Approved	The Board reviewed and approved a protocol for elbasvir/grazoprevir (Zepatier®), a drug used for the treatment of chronic hepatitis C virus, genotypes 1 or 4 infection in adults. Dr. Moynihan raised concern that the limited specialties mentioned in the protocol could draw pushback from some prescribers. Dr. Marcus also wanted clarification on how the prescribing physician's specialty was determined. Mr. Azola, pharmaceutical chief for the State explained that this would be through the PA process.
Protocol Review (a) Methadone		The Board reviewed MCO and FFS protocols for methadone for pain management. Dr. Swee asked for rationale for having a protocol for this product from the MCO plans that did and also from those that did not. Ms. Yuen with Amerigroup explained that they removed products from the prior authorization process if they showed high approval rates in the past. Mr. Currie, pharmacy director, Horizon, explained that contraindication to therapy, duplication, and potential diversions for a product like methadone were the reasons they have PA in place.
(b) Sedative Hypnotics		Dr. Gochfeld expressed concern about the six weeks limit on benzodiazepines on the fee for service protocol. Sam Emenike, PharmD, with Molina Medicaid Solutions explained that clinical exceptions were frequently made when warranted. However, the goal for the limit was to encourage prescribers to address the underlying cause of insomnia rather than treating patients with potentially addictive medications indefinitely, sometimes for years. Dr. Swee also explained that this was a comparison of

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		existing protocols but would entertain revisiting the fee for service protocol at a future meeting.																					
<b>Informational Highlights/Reports</b>																							
1. Fee-for-Service/MCO Prior Authorization Report	Continue to monitor.	<p>The Board reviewed prior authorization denial report comparing all MCO plans including FFS for the 4th quarter of 2015. No comments or recommendations were made at this time.</p> <p>Percentage of prior authorization requests relative to total claims and denials associated with the PAs are listed below:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Plan</th> <th>(%) PA Requests of claims</th> <th>Denial (%)</th> </tr> </thead> <tbody> <tr> <td>FFS</td> <td>0.6</td> <td>20</td> </tr> <tr> <td>Aetna</td> <td>0.8</td> <td>46</td> </tr> <tr> <td>Amerigroup</td> <td>0.9</td> <td>17</td> </tr> <tr> <td>Horizon</td> <td>0.9</td> <td>40</td> </tr> <tr> <td>UHC</td> <td>0.8</td> <td>50</td> </tr> <tr> <td>WellCare</td> <td>1.6</td> <td>54</td> </tr> </tbody> </table>	Plan	(%) PA Requests of claims	Denial (%)	FFS	0.6	20	Aetna	0.8	46	Amerigroup	0.9	17	Horizon	0.9	40	UHC	0.8	50	WellCare	1.6	54
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2. Summary of DURB Actions		The Board reviewed a summary of actions from previous meetings (April 2015 thru January 2016).																					
3. DHS and DHSS Programs Top Drugs Report		<p>The Board reviewed February 2016 report for the top drugs, by dollar amount, claims count, and service units.</p> <p>- Dr. Swee made reference to emtricitabine/tenofovir (Truvada®), number three on the top drugs list, a drug used for the treatment of HIV infection and recently for pre-exposure prophylaxis (PrEP). He wondered if there was need for an educational newsletter or something similar to enlighten providers about the later indication.</p>																					

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<p>4. Medication Information</p>		<p>The following medical information were also included and discussed:</p> <ul style="list-style-type: none"> <li>(a) CDC Guideline for Prescribing Opioids for Chronic Pain             <ul style="list-style-type: none"> <li>- The Board discussed the use of opioids after dental procedures. They requested a report on dentists prescribing opioids and quantity prescribed for all plans.</li> </ul> </li>   <li>(b) Many Patients Who Report A Penicillin Allergy May Not Actually Have One, Expert Says.</li>   <li>(c) HIV Can Persist in Body Despite Drug Therapy.</li>   <li>(d) Proton Pump Inhibitor Use and the Risk of Chronic Kidney Disease.             <ul style="list-style-type: none"> <li>- Dr. Swee commented that this alert has been very useful in getting patients attention and intent to get off PPIs.</li> </ul> </li>   <li>(e) Acetaminophen Use During Pregnancy And Also During Infancy May Increase Risk For Developing Asthma in Pediatric Patients.</li> </ul>
<p><b>Follow up items:</b></p> <ul style="list-style-type: none"> <li>(a) Hepatitis C drugs chart</li>   <li>(b) Dentists and opioids</li> </ul>		<ul style="list-style-type: none"> <li>(a) The Board requested that elbasvir/grazoprevir (Zepatier®) be added to the direct-acting antiviral hepatitis C drugs chart.</li>   <li>(b) The Board requested a report the use of opioids for dental procedures.</li> </ul>