June 22, 2016 DURB Meeting Summary

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Zanna (ex officio), Mr. Schafer Dr. Moore, Dr. Gooen, Dr. Marcus, Ms. Olson Dr. Lind (ex officio). Unable to attend: Dr. Gochfeld, Dr. Barberio, Dr. Moynihan.
Review of Minutes	Approved	Minutes from April 20, 2016 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		• Protocol for Protein Convertase Subtilisin/Kexin Type 9 (PCSK9) inhibitors was approved by the Commissioners. • Still awaiting the Commissioners' approval of the DURB Annual Summary for State's Fiscal Year 2015. • The State has contacted some Board members in reference to the reappointment process. • Protocol for elbasvir/grazoprevir (Zepatier®) was approved by the Commissioners.
Old Business		
(a) Dentists with opioid claims quantity of 30 days		The Board reviewed a report of dentists with ≥ 30 days of opioid prescriptions in 2015. One hundred and two dentists were identified in fee-for-service and MCO claims history records that prescribed such opioids for about 176 patients during this period. One of the dentists had about 17 patients with such scripts. Search for medical claims to determine the reason for these prescriptions was not possible because most of these prescribers were non-Medicaid providers although the medications were processed through Medicaid. The Board recommended that these occurrences should be referred to Medicaid fraud department for investigation. Follow up information will be provided to the Board at a future meeting.
(b) Updated hepatitis C drugs table		The Board reviewed an updated version of the American Association of Liver Disease (AASLD) recommendations for the treatment of chronic hepatitis C. The table compared the six drugs currently available for this disease relative to genotype, duration of treatment and combinations necessary to achieve sustained viral reduction.

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New Business		
(A) Updated protocol for hepatitis C drugs	Approved	The Board reviewed and approved a protocol for direct acting antiviral (DAA) hepatitis C drugs. This protocol encompasses all the previously approved DAAs with changes recommended by DMHAS which are listed below. 1. Expansion of coverage for patients with stage 2 fibrosis or Metavir F2. Previous protocol required stage 3 or 4 fibrosis or Metavir F3 or F4. 2. Removal of requirement that patient is not actively abusing intravenous/intranasal illicit substances and/or alcohol; OR that patient is receiving concurrent treatment to facilitate cessation of drug and/or alcohol abuse. 3. Removal of requirement that frequency of new HCV treatment (i.e., Harvoni®, Sovaldi®, Olysio®, Viekira®, Technivie®, Daklinza®, Zepatier®, etc.) shall be limited to once-in-a-lifetime Mr. Spielberg with Legal Services of New Jersey (LSNJ), informed the Board that his organization sent a letter to the Deputy Commissioner, the Director of Medicaid, Dr. Lind and Dr. Swee regarding treatment of hepatitis C patients in the State. Dr. Swee informed him that the content of the letter was being reviewed by the State's legal team and will be distributed to Board members when its validity has been verified. He also informed Mr. Spielberg that the State just expanded coverage for hepatitis C patients and would go further when more information is received from national experts on the subject. Another attendee, Mr. Benoit, with Disability Rights of New Jersey also addressed the Board with the same concern raised by LSNJ. Dr. Swee acknowledged receiving a letter from his organization but reiterated his response to Mr. Spielberg. Dr. Gooen inquired if the Board would revisit the protocol when more information became available. Dr. Swee responded in the affirmative.
(B) Protocol Review 1. Quantity limits for opioid prescriptions		The Board had no comments or recommendations for this protocol.

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<tr><td>2. Rifaximin (Xifaxan®)</td><td></td><td>Dr. Swee challenged some of the MCOs to provide rationale for having multiple criteria for approval. He also questioned Aetna that had no prior authorization requirement. Ms. Cortina promised to review their policy on the product.</td></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 1st quarter of 2016. Dr. Swee expressed concern about the high number of denials and asked the MCOs to try as much as possible to keep this down as this creates more work for the providers and patients. Dr. Verma with UHC informed the Board that the reason for their high denial was in large part due to non-formulary rejections. Mr. Schafer suggested that they should consider breaking out their non-formulary denials from the other denials for clarity.

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>0.7</td><td>18</td></tr>
<tr><td>Aetna</td><td>0.9</td><td>42</td></tr>
<tr><td>Amerigroup</td><td>1</td><td>16</td></tr>
<tr><td>Horizon</td><td>0.9</td><td>42</td></tr>
<tr><td>UHC</td><td>0.8</td><td>48</td></tr>
<tr><td>WellCare</td><td>1</td><td>44</td></tr>
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2. Summary of DURB Actions		The Board reviewed a summary of actions from previous meetings (June 2015 thru April 2016).
3. DHS and DHSS Programs Top Drugs Report		The Board reviewed April 2016 report for the top drugs, by dollar amount, claims count, and service units. They requested follow-up reports on use of long-acting oxycodone in children, antidepressants and in the future for any items that were flagged for continuous monitoring. Dr. Swee suggested a revisit of a previous program where prescribers whose asthma patients were not being treated appropriately where encouraged to add additional medications where necessary to their patients' regimen to avoid emergency room visits. The Board was also curious about the low cost of antineoplastics in the drug report. Mr. Azoia, Chief, Pharmaceutical Services for the State explained that these products were billed directly as physician-administered drugs and therefore not reflected in the pharmacy claims report. He however promised to present a report of these charges at the next meeting.
4. Medication Information		The following medical information were also included and discussed: (a) Rhode Island Senate votes to limit opioid prescriptions (b) Opioid Prescribing Gets Another Look as FDA Revisits Mandatory Doctor Training. (c) FDA Requires Boxed Warning For Fluoroquinolones Due To Serious Side Effects. (d) From Brintellix to Trintellix : Drug's Name Changes for Safety (e) Study: Medical errors now third leading cause of death in United States

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Follow up items: (a) United Healthcare denials report (b) Report for oxycodone in children (c) Antidepressants report (d) Antiasthmatics review (e) Antineoplastics cost review		(a) The Board requested that UHC break out non-formulary denials from other denials in the quarterly denials report (b) The Board requested a follow up report for the use of oxycodone in children (c) The Board requested a follow up report for antidepressant utilization (d) The Board requested a review of asthma drugs utilization to determine if it would be necessary to send letters to prescribers whose patients are being clinically "undertreated". (e) The Board requested that antineoplastic drugs cost be included in the top drugs report.