June 24, 2009 DURB Meeting Summary

Issue	Attachment*	Action	Notes
Roll Call			Present: Dr. Swee, Dr. Marcus, Mr. Schafer, Ms. Olson, Ms. Martinez- Rodriguez, Dr. Barberio, Dr. Gooen, Dr. Gochfeld, Dr. Condoluci, Dr. Lichtbroun, Dr. Moynihan, Dr. Moore, Dr. Zanna, Dr Simone Absent: Dr. Woodward
Review of Minutes	Pages 5-8; Tab 1	Approved	Minutes from April 15, 2009 meeting were approved and are posted to the DURB website: http://www.nj.gov/humanservices/dmahs/durb_meetings.html
Secretary's Report	Page 9-10; Tab 2		The SFY 2008 DURB Annual Report was presented to the Board for their comments and approval. The FDB maximum daily dosage programming has been completed by Unisys. DMAHS will monitor the claim activity to identify those drugs constantly posting the excessive daily dose edit. The low molecular weight heparin (LMWH) protocol, insulin duplication clinical update, and Lidoderm® quantity limit (3 patches/day) restriction have all been implemented.
Business			
A. First Data Bank (FDB) Maximum Daily Dose Standards	Pages 11-14; Tab 3	Approved	DMAHS is pursuing an initiative to incorporate FDB standards into the Medical Exceptions Program (MEP)-Drug Utilization Review (DUR) process. The purpose of this initiative is to enhance the current DUR process to ensure appropriate utilization of drugs and ensure patient safety. Utilizing these standards will assist DMAHS in identifying and ultimately decreasing fraud, waste, and abuse. DMAHS presented the FDB standards to the Board for their review and recommendations/comments/suggestions where necessary. The Board reviewed medications in the following therapeutic classes: HIV, mental health, rheumatology, and oncology. There were no dosing recommendations made for HIV or rheumatology drugs. The

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			committee working on drugs associated with mental health illnesses recommended the maximum daily doses of perphenazine, chlorpromazine, thiothixene, olanzapine, and quetiapine be increased to 64 mg/day, 1,000 mg/day, 50 mg/day, 40 mg/day, and 1,000 mg/day, respectively. These specific maximum daily doses will be utilized in processing pharmacy claims instead of the FDB doses. The oncology committee recommended that the maximum daily doses for lapatinib and temsirolimus be increased to 4500 mg/day and 50mg/week, respectively. The Board recommended to the State that only adult maximum daily doses be utilized for both adults (18 to 64 years of age) and geriatrics (65 years of age and older). The State will apply the FDB maximum daily dose edit to claims in September 2009. DMAHS will compile and present a final report of the recommendations made by the Board during the October 2009 meeting. DMAHS will provide the Board with a report of the top drugs posting the new edit.
B. Proposed Protocol for Sedative-Hypnotic Drugs	Pages 15-16; Tab 4	Approved	The Board approved the sedative-hypnotics protocol which allows for use of non-benzodiazepines for a maximum of 24 weeks and allows benzodiazepines for a maximum of 6 weeks. Continuation of therapy for an additional 24 or 6 weeks will be considered for approval only after re-evaluation is performed by the prescriber to identify the underlying cause of insomnia.
C. Nicotine Replacement Therapy Newsletter	Pages 17-20; Tab 5	Approved	The newsletter was approved and is available on the DURB website. DMAHS will provide the Board with the number of manufacturers who have rebate agreements in effect with CMS on quarterly basis to track the extent of changes/fluctuations.
Informational Highlights			
1. Unisys Prior Authorization Reporting	Pages 21-24; Tab 6		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 will provide the Board with additional information regarding the

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			pharmacy claim DUR process.
2. NJ HMO Prior Authorization Reporting 1st Quarter 2009	Pages 25-30; Tab 5		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.
3. Top Drug Reports	Pages 31-36; 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			
DURB SFY 2009 annual report			The annual report will be presented to the Board in October 2009 for their approval.
HMO Denial Reporting			The State requested that the Managed Care Organizations provide a format for quarterly denials that is similar to the Unisys report. DMAHS will request that the HMOs provide the total number of claims process for each quarter in addition to the report they submit.
FDB Maximum Doses			DMAHS will present a summary of the suggestions made by the Board members during the October 2009 meeting. The DMAHS will provide a detailed report to the Board of the top drugs posting the new edit for their input and DMAHS will attempt to identify the top diagnoses in an effort to evaluate this data against pharmacy claims data.
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.
Nicotine Replacement Therapy & Rebate Issue			DMAHS will provide the Board with the number of manufacturers who have rebate agreements in effect with CMS on a quarterly basis to track the extent of rebate status changes/fluctuations.

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Unisys Prior Authorization Reporting			Unisys will provide the Board with additional information pertaining to each step of the pharmacy claim MEP/DUR process.
Rebate Data			The Division will provide the Board in upcoming meetings with the number of manufacturers who have signed the rebate agreements with Centers for Medicare & Medicaid Services (CMS) and Medicaid.
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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