June 25, 2014 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Dr. Zanna, Dr. Gochfeld, Ms. Olson, Dr. Moore, Mr. Schafer, Dr. Gooen, Dr. Marcus, Dr. Lind (ex officio). Unable to attend: Dr. Moynihan, Dr. Barberio.
Review of Minutes	Pages 3-6; Tab 1	Approved	Minutes from April 23, 2014 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	Page 7; Tab 2		• Educational newsletter on Acute Pain Treatment Options has been signed by both Commissioners. It is now ready for distribution and will also be available on the DURB website. • The State's Fiscal Year 2013 DURB Annual Summary was resubmitted after minor changes from the Governor's office. The Board will be informed when it is ready to be sent to the State Register. • Awaiting programming changes to be made to the Asthma RetroDUR report to include Managed Care beneficiaries. • The transition of HealthFirst to WellCare is anticipated during the third quarter of 2014. • As requested in the last meeting, "Summary of Actions of DURB" is now posted on the DURB website. • To address Dr. Swee's concern about utilization of atrial fibrillation (afib) drugs, a report using the Beers 2012 criteria was reviewed. Although indications for use were not available, there were 596 patients over 65 years old on these products with 2,881 claims. The Board requested further detailed report on utilization of these products. • Proposed DURB meeting dates for 2015 (included in the package) are: - Wednesday, January 28th - Wednesday, April 22nd - Wednesday, June 24th - Wednesday, October 21st

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Old Business			
HMO Response to DURB follow-up questions on protocols	Pages 9-10; Tab 3	Include response in next meeting package	Dr. Swee expressed his appreciation for the responses from the HMOs to the Board's previous questions. However, in reference to the ICS/LABA protocol, he requested further clarification from Plan D on what "an intolerance issue" is that would prompt an override.
New Business			
A. Protocols Review	Atovaquone (Mepron®): Page 11; Tab 4		The Board had no comments on this protocol.
	Drugs for Attention Deficit/Hyperactive Disorder (ADHD): Pages 12-13; Tab 4		The Board expressed concern about the "complicated" protocols for Plans A and D. They also requested: - Denial rates from those plans - Drug-drug interaction data from Plan A. - Clarification on why it is necessary to review or prior authorize "all" the drug claims including those drugs that have been in use for a while, and therefore have good medical profile.
B. Proposed protocol for the efficient use of sofosbuvir (Sovaldi®)	Pages 19-25; Tab 5	Approved with minor update	The Board reviewed a protocol for sofosbuvir, a new drug for the treatment of Chronic Hepatitis C virus. They requested that the section of the protocol that discussed alcohol/drug abuse be changed to reflect "former" users. This change will be made prior to sign off by the Medicaid director and the Commissioners. The protocol was a collaborative effort between DMHAS and the HMO pharmacy directors.
Informational Highlights/Reports			
1. Fee-for-Service/HMO Prior Authorization Report	Pages 27-28; Tab 6		The Board reviewed prior authorization report comparing all HMO plans including FFS for the 1st quarter of 2014. They were concerned about the high "no diagnosis" denials for Horizon in the report. Dr. Gauweiler, clinical pharmacy manager with Horizon explained their process which allowed initiation of the PA process by the patient or pharmacy resulting sometimes in "no diagnosis" data. This is usually resolved by a phone call to the prescriber.

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<table>
<tr><th>Issue</th><th>Page; Tab</th><th>Action</th><th>Notes</th></tr>
<tr><td>1. Fee-for-Service/HMO Prior Authorization Report contd.</td><td></td><td></td><td>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>1.1</td><td>17.5</td></tr>
<tr><td>Amerigroup</td><td>0.9</td><td>28</td></tr>
<tr><td>HealthFirst</td><td>28.7</td><td>0.5</td></tr>
<tr><td>Horizon</td><td>0.9</td><td>35.6</td></tr>
<tr><td>UHC</td><td>0.8</td><td>34.8</td></tr>
<tr><td>WellCare</td><td>1.7</td><td>48.5</td></tr>
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<tr><td>2. Summary of DURB Recommendations

April 2014:
a)Educational Newsletter

b) Protocols Review and Comparison

c) October 2012
Protocol for low dose quetiapine (Seroquel®)</td><td>Page 29-30; Tab 7</td><td></td><td>The Board reviewed and approved a revised educational newsletter for Acute Pain Treatment Options.

The Board reviewed HMO and FFS protocols for:
1. Ranolazine (Ranexa®)
2. Inhaled corticosteroid/LABA combination (ICS/LABA)
3. Low molecular weight heparin

For the ICS/LABA protocol, they expressed concern about the 60-day period to demonstrate failure and recommended that the HMO plan should be responsive to requests made prior to the 30 day trial period.

The Board requested a more recent data on low-dose quetiapine utilization for further evaluation.
Dr. Marcus informed the Board that trazodone, an antidepressant is being used routinely for sleep in some hospitals. He also mentioned that the Poison Control Center is getting calls reflective of increasing prescribing of quetiapine for the similar indication.</td></tr>
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3. DHS and DHSS Programs' Top Drugs Report	Pages 31-42; Tab 8		The Board reviewed April 2014 report of the top drugs, by dollar amount, claims count, and service units. They also looked at the same report sorted by unit count by Dr. Marcus. This report indicated high utilization of oxycodone, ranking it at number one in this category as well as claim count. (A similar report will be available in the next meeting package). Dr. Marcus suggested that the State should work with the NJ Prescription Monitoring Program (PMP) to see why utilization of this product is so high. The Board also requested a report that examines the indications for these prescriptions in order to rule out diversion and/or abuse.
5. Medication Information	Pages 43-48; Tab 9		The following medical information were also included and discussed: (a) FDA Advisors Reject Combination Pain Pill Moxduo (b) Lawyers for Zohydro® maker urge judge to strike down Mass. restrictions Dr. Swee had requested follow-up information on the activities (e.g. restrictions) around this product. (c) Certain Sedatives Tied to Breathing Problems in Older COPD Patients (d) WHO Guidelines May Help With Price Reductions For Hepatitis C Drugs

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Follow up items: (a) 2013 DURB annual report to the NJ Register			(a) Report will be sent to the NJ Register after review by the Governor's office
(b) Confirm the definition of "intolerance" with Plan D.			(b) ICS-LABA (inhaled corticosteroid/long-acting beta agonist) combo inhaler will be provided if the patient did not exhibit an adequate response to treatment with an ICS; experienced intolerance/adverse reaction to previous therapy with an ICS or, has a documented contraindication to treatment with an ICS.
(c) ADHD protocol- Plans A and D to report on denial rates and DDIs			(c) HMO responses included in meeting package
(d)Update for HCV protocol – "former" drug/ETOH abuser vs. six months			(d) Done
(e) Oxycodone utilization report			(e) Included in meeting package
(f) Updated low dose quetiapine (Seroquel®) report			(f) Included in meeting package