# January 16, 2019 DURB Meeting Summary

| Issue | Action | Notes |
|---|---|---|
| Roll Call | | Present: Dr. Swee, Dr. Zanna (ex officio), Dr. Gochfeld, Dr. Marcus, Dr. Gooen, Mr. Schafer, Dr. Lind (ex-officio)<br>Unable to attend: Dr. Moynihan, Ms. Olson, Dr. Barberio, Dr. Moore |
| Public Notice | | Dr. Swee read a public notice (method for which meeting was announced) required at the first meeting of the year. He also read the public notice required for subsequent meetings: 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 October 17, 2018 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 | | • Awaiting commissioners' signatures for the following DURB recommended protocols below. The ones marked "updated" were revised and sent back to the DMHAS Commissioner as requested.<br>- Opioid-induced constipation products<br>- Ranolazine (Ranexa®)<br>- Dextromethorphan/quinidine Nuedexta®<br>- Injectable naltrexone (Vivitrol®) – updated<br>- Opioid prescriptions - updated<br>- Pancreatic enzymes - updated<br>• Mr. Azoia, state's pharmacy director updated the Board on the status of the protocols as related to his communication with the Commissioner. The updates were the reason for the delay.<br>• Proposed 2019 DURB meeting dates were approved by the Commissioner and published in the local newspapers the week of December 10, 2018. It was also published in New Jersey Register on January 7, 2019.<br>• The appointment, re-appointment coordinator needs Board members updated resumes for the process. The Secretary has received four resumes (CVs) so far. |

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| Changes for MAT products claims. | | At Dr. Swee's prompt, Mr. Azoia updated the Board on discussions about the MAT (medication assisted treatment) products.<br>- Dr. Berman's suggestion for gold carding at one of the DURB meetings is being considered by the State<br>- These physicians will be paid per diem rates to coordinate care<br>- As part of this process, the Department has considered the removal of prior authorization (PA) for MAT products.<br>- This decision is not yet in place but will more than likely be implemented.<br><br>• Dr. Gooen wanted to know how many physicians were already gold carded. Mr. Azoia responded that although there was a substantial number in the fee-for-service program, it was never implemented in the MCO programs.<br>• There will be no further need to do this since every physician with appropriate license/certification will be gold carded by default as part of the Office Based Addiction Treatment (OBAT) initiative.<br>• The tentative timeline for removing PA from MAT products – March 1, 2019.<br>• Dr. Swee requested input from the MCO directors. They all responded that they (Dr. Samuel [United Healthcare]; Ms. Yuen [Amerigroup], and Ms. Cortina [Aetna]) will be ready in 60 days or, will manually process the claims if automatic processing is not in place.<br>• Mr. Sunesara commented that WellCare will comply with the State's wishes but would like specific implementation guidance that would be consistent across the board for all the Plans. |

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| **New Business** | | |
| (A) Prescription Opioid Utilization Review (October 2015 – September 2018) | | The Board reviewed opioid utilization from October 2015 thru September 2018. The report showed a 17 percent decrease of prescribing rate per 100 persons (nationwide) and 21 percent decrease for New Jersey during the same period. There was a dramatic decrease in patients on fentanyl (32 percent between October 2016 thru September 2017 and 51 percent between October 2017 and September 2018). Dr. Emenike informed the Board that the fentanyl data was included to emphasize the fact that the opioid-related deaths in New Jersey was not due to prescription fentanyl but is caused by synthetic ones coming in from outside the country.<br>Dr. Marcus hoped that prescribers were not losing sight of pain management as there are still people that do validly need pain medications.<br>Dr. Gooen wondered what the process was that made it necessary for patients discharged with opioids from nursing homes to be required to go through prior authorization as opioid naïve when they had been on opioids for a while. Dr. Hanna suggested that there may be a delay in billing of the claim from the institution hence it's not reflected on the patient's profile. Mr. Vaccaro also explained that the pharmacy has to design their programing to recognize this data. |
| (B) Proposed protocol for dupilumab (Dupixent®) | Tabled for next meeting | The Board reviewed a proposed protocol for dupilumab, an interleukin-4 receptor alpha antagonist indicated for the treatment of moderate-to-severe atopic dermatitis. They expressed concern over some of the criteria (trial and failure of prescription corticosteroid, DMARDs, etc.). They decided to table the protocol and seek review and input from a dermatologist. |
| (C) Proposed protocol for cannabidiol (Epidiolex®) | Approved with recommended changes | The Board reviewed and recommended the approval of a proposed protocol for cannabidiol (Epidiolex®), an oral cannabinoid indicated for the treatment of seizures associated with Lennox-Gastaut syndrome and Dravet syndrome. They approved the protocol with recommendations to combine the baseline and continuous monitoring tests for serum transaminases (ALT and AST) into one criterion. |

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<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td>(D) Proposed protocol for pregabalin (Lyrica®)</td><td>Approved</td><td>The Board reviewed and recommended the approval of a proposed protocol for pregabalin, an oral compound that is chemically and structurally similar to gabapentin. Pregabalin is similarly indicated for the treatment of diabetic peripheral neuropathic pain, post herpetic neuralgia, fibromyalgia, partial seizures, and neuropathic pain with spinal cord injury.</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>Prior authorization denial report comparing all MCO plans including FFS for the 3rd quarter of 2018 was included in the meeting packet.<br>Percentage of prior authorization requests relative to total claims and denials associated with the PAs are listed below:<br><br>
<table>
<tr><td>Plan</td><td>(%) PA Requests of claims</td><td>Denial (%)</td></tr>
<tr><td>FFS</td><td>0.4</td><td>15</td></tr>
<tr><td>Aetna</td><td>0.5</td><td>31</td></tr>
<tr><td>Amerigroup</td><td>1</td><td>29</td></tr>
<tr><td>Horizon</td><td>1</td><td>33</td></tr>
<tr><td>UHC</td><td>0.9</td><td>50</td></tr>
<tr><td>WellCare</td><td>0.6</td><td>47</td></tr>
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<tr><td>2. Summary of DURB Actions/Recommendations</td><td></td><td>The Board reviewed a summary of actions from previous meetings (January 2018 thru October 2018).</td></tr>
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| 3. DHS/DHSS/MCO Programs Top Drugs Report | | Top drugs report for October 2018 was reviewed.<br>Dr. Marcus expressed concern about some unusual changes in drug rankings from one reporting period to another. He used paliperidone, an antipsychotic, which went from number 92 in August to number 16 in October as an example. Dr. Gochfeld commented that some of the older drugs, haloperidol, and chlorpromazine have had escalation in prices which may be causing the observed changes. The Board requested a report at the next meeting on lists of drugs that have the largest increases or changes to determine if further actions would be necessary. |
| 4. Medication Information | | Some medical information was presented. |
| **Follow up items:** | | - Contact the Dermatology Society of New Jersey for input/recommendations for the Dupixent protocol<br>- Update Epidiolex protocol with board-recommended changes<br>- Present all medications with unusual changes in pricing/ranking for review at the next meeting<br>- Update the Board on the angiotensin receptor blockers recall by the FDA |