October 19, 2011 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Ms. Olson, Dr. Marcus, Dr. Moynihan, Dr. Moore, Dr. Zanna, Dr. Gooen, Dr. Gochfeld, Ms. Martinez-Rodriguez, Dr. Lichtbroun Absent: Mr. Schafer, Dr. Barberio
Review of Minutes	Pages 3-6; Tab 1	Postponed	Minutes from June 29, 2011 meeting were not received timely by the members and will be reviewed at a later meeting after which it will be posted on the DURB website: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
DURB Functions and Structure			Dr. Swee requested that the Board members review a document from Ed Vaccaro (a late addition to the meeting agenda) discussing the current structure and functions of the DURB in lieu of the transition of majority of the FFS patients to HMO.
Secretary's Report	Pages 7-8; Tab 2		• Proposed dates for the 2012 DURB meetings are: Wednesday, January 25th Wednesday, April 18th Wednesday, June 27th Wednesday, October 24th • The last groups of beneficiaries were carved into managed care on 10/1/11 or thereabouts. • The MEP call center has experienced approximately 40 percent decrease in call and PA volume • Approved NSAID protocol was implemented on June 15, 2011 • The Board's recommendations from June's meeting are awaiting signatures from both DHS/DHSS Commissioners
Medical Director for Medicaid			Thomas Lind, MD, the new Medicaid Medical Director was introduced to the Board members. Dr. Lind has been working on policy-related

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			issues to ensure that quality care is being delivered to all recipients during and after the HMO transition period.
New Business			
A. Proposed Protocol for the for the efficient use of telaprevir (Incivek®)	Pages 13-14; Tab 4	Approved	The Board reviewed and approved a protocol for telaprevir (Incivek®), a new oral dosage form drug for the treatment of genotype 1 (one) hepatitis C infected patients to be used in conjunction with peginterferon and ribavirin.
B. Proposed protocol for the efficient use of fluticasone/salmeterol (Advair®)	Pages 11-14; Tab 4	Approved	The Board reviewed and approved a protocol for the efficient use of fluticasone/salmeterol (Advair®) a medication for the treatment of asthma and chronic obstructive pulmonary disease (COPD). The purpose of the protocol is to ensure that there is documented trial and insufficient response to inhaled corticosteroid prior to the use of fluticasone/salmeterol. Fluticasone/salmeterol will not be encouraged for acute symptoms. Short-acting bronchodilators will be needed for this purpose.
C. Mandatory Generic Substitution Drug Program	Pages 15-18; Tab 5	Approved	The Board reviewed and approved an updated State's Mandatory Generic Substitution Exempt List from 2003. Changes were as follows: • The Atypical Antipsychotics would now be referred to as "Behavioral Health Drugs" • Hormone Replacement Therapy drugs will no longer be exempt • Transplant or anti-rejection drugs will be exempt The Board also discussed the current national drug shortage and the impact of this on the ever present debate about generic versus brand name drugs.
D. DURB Statutes and MCOs			The Board discussed the current NJ Statue in reference to its activities and how it relates to the MCOs. Since this was not specifically mentioned in the Statue, members requested that Karen Brodsky, the DMAHS' representative to the MCOs attend the next meeting to help the Board understand how to channel their requests appropriately. Bill

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			Brannick, a DMAHS employee, who works at the office of Managed Health Care was in attendance and stated that the Board's recommendations will be taken to the quarterly meetings of the HMOs' Pharmacy Review Boards. These recommendations could eventually be incorporated into the HMO contracts. The members however wanted to know what the recourse would be for the HMOs non-adherence to the contract or implementing the Board's recommendations. Board members will review the Statue and discuss further in the January 2012 meeting.
Informational Highlights			
1. Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 19-20; Tab 6		A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for August 2011 was reviewed. There were 24,927 prior authorization requests and 2,950 (12%) denials. The top six categories of denials were: (1) Therapeutic Duplication; (2) Incorrect Day Supply; (3) Clinical Criteria Not Met; (4) MNF Not Returned by Prescriber; (5) Duration Exceeded and (6) Prescriber changed to OTC product.
2. NJ HMO 2nd Quarter 2011 Reports	Pages 21-24; Tab 7		Second quarter HMO denial reports from Healthfirst NJ Family Care, Amerigroup, United HealthCare, and Horizon NJ Health were reviewed.
3. DHS and DHSS Programs' Top Drugs Report	Pages 25-38; Tab 8		A report of the top drugs, by dollar amount, for August 2011 was reviewed. Atypical antipsychotics and HIV drugs were again the top products used during this period. $17,962,769 was the total spent on the top (100) drugs used for all FFS patient population.

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4. FDA Alert	Page 39-41; Tab 9		The Board was informed of three FDA alerts: - High dose simvastatin – recommendation that simvastatin 80mg be used only in patients who have been taking this dose for 12 months or more and have not experienced any muscle toxicity. - New maximum dosing for acetaminophen – recommendation that drug manufacturers limit the strength of acetaminophen in prescription drug products, predominantly combinations of acetaminophen and opioids, to 325mg per tablet (from 650mg). - Varenicline (Chantix®) label change – prescription information of this product will be strengthened to inform the public that the use of varenicline may be associated with a small, increased risk of certain cardiovascular adverse events in patients who have cardiovascular disease.