

## October 20, 2010 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
<b>Roll Call</b>			<p>Present: Dr. Swee, Ms. Olson, Dr. Barberio, Dr. Gooen, Dr. Gochfeld, Dr. Lichtbroun, Dr. Marcus, Dr. Moynihan, Mr. Schafer, Dr. Moore</p> <p>Absent: Ms. Martinez- Rodriguez</p>
<b>Review of Minutes</b>	Pages 3-6; Tab 1	Approved	<p>Minutes from June 23, 2010 meeting were approved and are posted to the DURB website:  <a href="http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html">http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html</a></p>
<b>Secretary's Report</b>	Page 7-8; Tab 2		<ul style="list-style-type: none"> <li>• Programming changes and updates to the drug utilization review (DUR) tables are currently being worked on for the atypical anti-psychotic, non-steroidal anti-inflammatory drugs (NSAIDs), and tramadol protocols.</li> <li>• Division is awaiting approval of Lovaza® and Mepron® protocols from both DHS and DHSS Commissioners.</li> <li>• Retro-DUR implemented by Molina Medicaid Solutions' Medical Exception Processing (MEP) Unit to date: HIV-AIDS</li> <li>• Two additional corrections to the June 23, 2010 transcript:               <ol style="list-style-type: none"> <li>1. Page 13, Line 25 should be Sindy Paul</li> <li>2. All occurrences of norepinephrine should be replaced with serotonin under the tramadol discussion</li> </ol> </li> <li>• Upcoming DURB meetings: scheduled for April 20, 2011, June 22, 2011, and October 19, 2011. The meetings will be held from 11 am to 12 pm in Building 7, Conference Rooms 200 A, B, and C at Quakerbridge Plaza Mercerville, NJ 08625.</li> </ul>
<b>Business</b>			
A. Proposed Protocol for Oxycodone CR	Pages 9-12; Tab 3	Approved	DMAHS is cognizant of the importance of uninterrupted access to pain medications for the patients that need them however through the medical exceptions process we've

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			<p>identified abuse patterns. The DURB approved the protocol allowing for uninhibited access for the most vulnerable patients i.e. cancer patients while making effort to eliminate abuse and exposure of this product that sometimes could be life threatening.</p> <p>The Division will present a draft educational piece to Board for approval.</p>
<p>B. Proposed Protocol (updated) Proton Pump Inhibitors (PPI)</p>	<p>Pages 13-14; Tab 4</p>	<p>Approved</p>	<p>Due to recent published studies the PPI Protocol was updated and approved by the DURB to address these findings. The protocol will allow the MEP to intervene when patients are receiving high dose PPI therapy for 60 days instead of 90 days. A letter is generated to remind physicians when their patients have been on a PPI for longer than 12 months encouraging evaluation of the risks versus benefits.</p>
<p><b>Informational Highlights</b></p>			
<p>1. Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report</p>	<p>Pages 15-20; Tab 5</p>		<p>A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for August 2010 was reviewed. There were 40,657 prior authorization requests and 5,309 (13.1%) denials. The top five categories of denials were: (1) MNF Not Returned by Prescriber; (2) Therapeutic Duplication; (3) Duration Exceeded; (4) Incorrect Days Supply; and (5) Prescriber Changed to Over-the-Counter (OTC) Product.</p>
<p>2. Approved NJDURB Initiatives' Reports</p>	<p>Pages 21-22; Tab 6</p>		<p>Proton Pump Inhibitor (PPI) Initiative: The NJDURB approved the PPI over-the-counter initiative in 2006. The initiative provided the Division with an opportunity to provide cost-effective alternatives to prescription PPIs. Due to direct intervention by the MEP Unit a positive change in prescribing behavior has been observed.</p>

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3. NJ HMO 2 <sup>nd</sup> Quarter 2010 Reports	Pages 23-26; Tab 7		Second quarter HMO denial reports from AmeriChoice, AmeriGroup, Health Net of NJ, and Horizon NJ Health were reviewed. DMAHS had previously requested that the HMOs provide clarification regarding their denial categories. The additional requested information will be included in the reports upon contract approval.
4. DHS and DHSS Programs' Top Drugs Report	Pages 27-35; Tab 8		A report of the top drugs, by dollar amount, for August 2010 was reviewed. Atypical antipsychotics and HIV drugs are among the most frequently prescribed in the FFS Medicaid population.
<b>Follow-up Items</b>			
Previously approved Protocols		Implementation status	<p>Approved and Implemented Protocols SFY 2010</p> <ul style="list-style-type: none"> <li>• Prograf<sup>®</sup> exemption from the State's mandatory generic policy</li> </ul> <p>Approved Protocols but not implemented SFY 2010</p> <ul style="list-style-type: none"> <li>• Adult Protocol for Antipsychotic Drugs</li> <li>• NSAIDS Protocol</li> </ul> <p>Approved Protocols SFY 2010 awaiting Commissioners' signatures</p> <ul style="list-style-type: none"> <li>• Tramadol<sup>®</sup> Protocol</li> <li>• Lovaza<sup>®</sup> Protocol</li> <li>• Mepron<sup>®</sup> Protocol</li> <li>• Oxycodone CR Protocol</li> <li>• PPI Protocol (Updated)</li> </ul>
Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report			The Board requests the top 10 drugs for each of the MEP edits to post be included in upcoming reports.

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Mandatory Generic Policy			DMAHS will present the exempted list of drugs to the Board for their review & clinical input. DMAHS will request that the Board provide a recommendation as to whether or not some of the drugs on the current list should continue to be excluded from the policy.
Reports on Protocols			DMAHS will provide the Board with reports pertaining to approved protocols.
HMO Denial Reporting			DMAHS will request that the HMOs provide the total number of claims processed for each quarter in addition to the report they submit. In addition, the HMOs will be requested to provide additional detail on their denial categories. All of the requested information may not be available to the Board until contractual changes occur between the State and HMOs.
Retro-DUR Compliance Notification			The State will be working with Molina Medicaid Solutions 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, and Warfarin. The MEP has implemented HIV-AIDS and Diabetes. The Board has requested this be presented as a formal agenda item to prioritize the projects.
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 the top drugs utilized within this population.

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