

October 22, 2014 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p><u>Present:</u> Dr. Swee, Dr. Zanna, Dr. Gochfeld, Ms. Olson, Mr. Schafer, Dr. Gooen, Dr. Marcus, Dr. Lind (ex officio).</p> <p><u>Unable to attend:</u> Dr. Moynihan, Dr. Barberio, Dr. Moore</p>
Review of Minutes	Pages 3-8; Tab 1	Approved	<p>Minutes from June 25, 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</p>
Secretary's Report	Page 9; Tab 2		<ul style="list-style-type: none"> • Educational newsletter on Acute Pain Treatment Options is now available on the DURB website. • The DURB Annual Summary for State's Fiscal Year 2013 was published in the New Jersey Register on October 20, 2014. • A draft of DURB's Annual Summary for State's Fiscal Year 2014 is included in the meeting package for the Board's review. The State would like to receive comments by November 28, 2014 if possible. • The transition from HealthFirst to WellCare is now scheduled for the 4th quarter of 2014. New Medicaid patients no longer have an option to enroll in HealthFirst. • The DURB-approved protocol for Sovaldi is currently under the State's review. <p>Dr. Swee noted that the HealthFirst to WellCare transition has been postponed quite often and needs to be finalized.</p>
Old Business			
<p>a) HMO Response to DURB follow-up questions on protocols</p> <p>b) Oxycodone utilization review</p>	<p>Pages 11-13; Tab 3</p> <p>Page 15; Tab 4</p>		<p>The HMOs responded to all questions from the DURB and their responses were included in the meeting package.</p> <p>As a follow-up to the Board's request to review oxycodone utilization, a report was presented during the meeting. In summary, in April 2014, 78,738 units of oxycodone was dispensed to 648 patients. Diagnosis for 100 of the highest utilizers (>180 tablets) was obtained through medical claims and outreach to the prescribers.</p> <p>Average quantity per month = 233 tabs Average daily dose = 165 mg Dose range = 140 - 190 mg</p>

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c) Low dose quetiapine (Seroquel®) utilization review	Page 17; tab 5		<p>Board members discussed the appropriateness of use of this product relative to diagnosis. Dr. Marcus wanted more review in this area. They concluded that the average dose and range was not necessarily high. They however requested a report to review duration of therapy for these diagnosis.</p> <p>The Board reviewed a follow-up report on the use of low-dose (<150 mg/day) quetiapine (Seroquel). The report indicated 26% of low-dose among quetiapine users in 2012 and 2013 respectively. This compared very closely to 24% and 26% in 2010 and 2011 respectively. The Board concluded no further action was necessary.</p>
New Business			
A. Protocols Review	Topical lidocaine (Lidoderm®): Pages 19-21; Tab 6	Continue to monitor	Dr. Swee expressed concern about the wide variation in the Plans' protocols. Sam Currie, R.Ph., Director of Pharmacy at Horizon, explained the rationale behind their protocol - even though Horizon was "generous", topical lidocaine was not a cost-effective drug for other indications.
	Linezolid (Zyvox®): Pages 22-24; Tab 6	Continue to monitor	Dr. Swee again expressed concern that the patients may not be well served and the practitioners are caught in the middle because of the wide variation in the protocols from the Plans.
B. DURB Annual Report for SFY 2014	Included in package for Board members		Mr. Ed Vaccaro informed the Board that the State is currently evaluating the needs of the DURB in a managed care environment and is moving forward in the process of filling the vacant positions. As part of the Board's changing responsibilities and to address Board questions/concerns, Dr. Swee requested the presence of the HMO representatives at future meetings.
Informational Highlights/Reports			
1. Fee-for-Service/HMO Prior Authorization Report	Pages 25-26; Tab 7		The Board reviewed prior authorization report comparing all HMO plans including FFS for the 2 nd quarter of 2014. There was discussion about the high numbers in the "other" and "incomplete" categories for some of the Plans. Jane Leung, R.Ph, WellCare's pharmacy director explained that her Plan, used "other" as a "bucket" code for denials that did not fit into established clinical or administrative categories. There were divergent

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<p>1. Fee-for-Service/HMO Prior Authorization Report contd.</p>			<p>views and protracted discussion on the advantages or disadvantages of including diagnosis on patients' prescriptions. Percentage of prior authorization requests relative to total claims and denials associated with the PAs are listed below:</p> <table border="1" data-bbox="982 386 1705 695"> <thead> <tr> <th>Plan</th> <th>(%) PA Requests of claims</th> <th>Denial (%)</th> </tr> </thead> <tbody> <tr> <td>FFS</td> <td>1.1</td> <td>16</td> </tr> <tr> <td>Amerigroup</td> <td>0.9</td> <td>29</td> </tr> <tr> <td>HealthFirst</td> <td>28</td> <td>0.8</td> </tr> <tr> <td>Horizon</td> <td>0.9</td> <td>36</td> </tr> <tr> <td>UHC</td> <td>0.8</td> <td>34.1</td> </tr> <tr> <td>WellCare</td> <td>1.8</td> <td>53</td> </tr> </tbody> </table>	Plan	(%) PA Requests of claims	Denial (%)	FFS	1.1	16	Amerigroup	0.9	29	HealthFirst	28	0.8	Horizon	0.9	36	UHC	0.8	34.1	WellCare	1.8	53
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<p>2. Summary of DURB Recommendations</p> <p>June 2014:</p> <p>a) Protocols Review and Comparison</p> <p>b) Protocol for the efficient use of sofosbuvir (Sovaldi®)</p>	<p>Page 27-28; Tab 8</p>		<p>The Board reviewed HMO and FFS protocols for:</p> <ol style="list-style-type: none"> 1. Atovaquone (Mepron®) 2. Drugs for Attention Deficit/Hyperactive Disorder (ADHD) <p>Atovaquone - No specific issues or concern was raised. ADHD - The Board requested additional clarification and data from Plans A and D.</p> <p>The Board approved the proposed protocol, a joint venture between the State and the HMOs. It was signed by both commissioners and now in State's review.</p>																					
<p>3. DHS and DHSS Programs' Top Drugs Report</p>	<p>Pages 29-40; Tab 9</p>		<p>The Board reviewed August 2014 report of the top drugs, by dollar amount, claims count, and service units. The report was also sorted by unit count as previously requested by the Board. Dr. Marcus inquired about naloxone distribution, in reference to a recent guidance released by NJ Attorney General's office to make this product, an opioid antidote, more accessible. He requested a report on the utilization of this product under this program.</p>																					

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5. Medication Information	Pages 41-51; Tab 10		<p>The following medical information were also included and discussed:</p> <ul style="list-style-type: none"> (a) Study: Emergency Hospitalization for Unsupervised Prescription Medication Ingestions by Young Children (b) Guidance for Pharmacists Dispensing Naloxone - New Jersey office of the Attorney General (c) Analysis of "Real World" Sovaldi® (sofosbuvir) Use and Discontinuation Rates (d) DEA Classifies Tramadol a Controlled Substance (e) Study: Psych drug ER trips approach 90,000 a year
<p>Follow up items:</p> <ul style="list-style-type: none"> (a) Oxycodone utilization (duration) report (b) Topical lidocaine (Lidoderm®) utilization review (c) Naloxone utilization review (d) HMO representatives 			<ul style="list-style-type: none"> (a) After reviewing the dose range and average dose of oxycodone, the Board requested a review of duration of use in the FFS population. (b) The Board requested a report to help review utilization of topical lidocaine (Lidoderm®) in the FFS and MCO population. (c) In an effort to make naloxone, an opioid antagonist more accessible, NJ Attorney General's office issued a pharmacy dispensing guidance for this product. The Board requested a review of naloxone utilization relative to this program. (d) To address the Board's questions/concerns, Dr. Swee requested the presence of representatives from each HMO Plan at DURB meetings.