

January 23, 2013 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p><u>Present:</u> Dr. Swee, Dr. Zanna, Dr. Gochfeld, Ms. Rodriguez, Ms. Olson, Dr. Barberio, Dr. Moore, Dr. Marcus, Dr. Gooen Dr. Lind (ex officio), <u>Absent:</u> Dr. Moynihan, Mr. Schafer</p>
Review of Minutes	Pages 3-6; Tab 1	Approved	<p>Minutes from October 24, 2012 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	Pages 7-8; Tab 2		<ul style="list-style-type: none"> • SFY 2012 DURB Annual Report was returned from the Commissioners' office for minor corrections. Awaiting final approval, after which it will be added to the State Register. Dr. Swee requested that the Board members be informed when this is done. • The Board's recommendations from April (addendum to salmeterol/fluticasone protocol; retrospective DUR for asthma) and June (tedalafil; testosterone protocols) 2012 meetings were signed by the Commissioners. • Dr. Swee requested that the Board's actions at all meetings should be tracked with a rolling report to help evaluate the impact of those actions. • DMAHS is working on backfilling open positions on the DURB. Dr. Swee commented that he talked to Dr. Larry Downs who assured him that their appointments committee was working on at least one position. • As of January 1st, Medicare Part D will now cover barbiturates and benzodiazepines with exceptions. These exceptions are listed in a newsletter that was sent out to providers. Another change required by the Affordable Care Act (ACA) also effective on January 1, 2013, involves provider enrollment, and

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			<p>were also published in two newsletters included in the meeting packet. The newsletters can also be found on the website www.njmms.com.</p> <ul style="list-style-type: none"> • The DURB meeting in October 23, 2013 will also be held in the same location as today's meeting - the library. • Mr. Vaccaro elaborated on the newsletters sent out to the providers: <ul style="list-style-type: none"> - ACA requires that non-billing providers register with the State by completing a brief application form that was sent out to all providers licensed to practice in New Jersey. - A non-billing provider directory on the secure website under www.njmms.com helps providers to determine if they are recognized as such. - Dr. Swee, Dr. Barberio, and Ms. Olson indicated that they did not receive the newsletters and forms. - Dr. Marcus inquired about access to the website. Mr. Vaccaro explained that only enrolled Medicaid providers have access to the secured website. Access code information is usually provided during initial Medicaid enrollment. - Dr. Swee requested a follow-up report on the status of the non-billing enrollment program at the next meeting. - Three specialties of physicians (family practitioners, internal medicine, and pediatricians) are eligible to receive enhanced payment rates under the ACA. For now, this is only applicable to physicians. Eligible (individual) practitioners are required to complete a self-attestation form to qualify. This also applies to HMO physicians. The application forms need the original signature of the provider/prescriber but could be completed by their employers in larger practice

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			<p style="text-align: center;">groups/institutions.</p> <ul style="list-style-type: none"> • The newsletter about the enhanced payment will be provided in the April 2013 meeting package.
New Business			
1. Report of oral diabetic medications	Pages 9-10; Tab 3	Revisit after survey and newsletter	<p>The Board reviewed utilization data which showed that about 22% (564 out of 2,589 patients) were prescribed dipeptidyl-peptidase -4 (DPP-4) inhibitors and/or glucagon-like peptide-1 (GLP-1) agonists before trial/failure of recommended first-line agent like metformin during the period of July 2011 thru June 2012. The Board recommended that:</p> <ul style="list-style-type: none"> - A questionnaire should be sent to the prescribers involved to determine their rationale for using these agents. - An educational newsletter was needed to remind practitioners about recommended therapies for diabetes.
2. HMO/FFS Prior Authorization Guidelines	Insert		<p>The Board reviewed a comparative analysis of prior authorization guidelines (DUR) from the four HMOs and the State's FFS program. The Board indicated that they would like to focus on those standards that are across all the four HMOs. The second phase would be to evaluate those standards that cover drugs for serious disease states like asthma, e.t.c., to ensure a uniform approach for all patients.</p>
Informational Highlights/Reports			
1 (a) Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 11-14; Tab 4		<p>A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP), for November 2012 was presented to the Board. There were 899,077 total pharmacy claims processed; 5,978 (0.67%) prior authorization requests and 1,070 (18%) denials. The top three categories of denials were: (1) MNF Not Returned by Prescriber (2) Clinical Criteria Not Met, and (3) Therapeutic Duplication. The total</p>

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			<p>numbers for the month reviewed (November) was a little different from previous ones because the DUR edits were turned off to accommodate patients' needs after hurricane Sandy.</p>
<p>1 (b) Molina Medicaid Solutions Clinical Interventions Review (Prescriber Discontinued Med)</p>			<p>The Board reviewed outcomes report for "Prescriber discontinued Med" for the month of November 2012. Resolutions from review of 54 prior authorization denials in this category were as follows:</p> <ul style="list-style-type: none"> - MEP intervention prompted medication denial (33) or 61% - Duplicate therapy from a different prescriber (6) or 11% - Short-acting opioid letter prompted d/c (4) or 7% - Drug-drug interaction (5) or 9% - Pharmacy refilling discontinued medication (2) or 4% - Change in therapy (2) or 4% - Pharmacy auto-refilling wrong prescription/strength (1) or 2% - Prescriber discontinued due to NJ PMP alert (1) or 2% <p>Top drugs denied under this category were tramadol, omeprazole, Prilosec OTC®, carisoprodol and pantoprazole. Dr. Marcus requested further breakdown of this category to explain reasons for denial.</p>
<p>2. NJ HMO 3rd Quarter 2012 Reports</p>	<p>Pages 15-18 Tab 5</p>		<p>Third quarter 2012 HMO denial reports were reviewed. Denial percentages ranged from 6% - 41%. In response to an email to Dr. Swee from Dr. Moynihan, where she was asking for a definition of "prior authorization" (in reference to Horizon's denial report), Ed Vaccaro explained that prior authorization is a multi-faceted process and varies among the HMOs. He went on to note that the HMO pharmacy directors are doing their best and are working with the State's pharmacy department to produce a more uniform model that will best satisfy the Board.</p>

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3. DHS and DHSS Programs' Top Drugs Report	Pages 19-32; Tab 6		November 2012 report of the top drugs, by dollar amount, claims count and service units were presented. HIV medications made up eight of the top ten drugs in amount paid ranking for "All Population" section of the report.
4. Medication Information	Pages 33-44; Tab 7		<p>The following information were included in the Board's meeting package:</p> <ul style="list-style-type: none"> - Why Pharmacists Unknowingly Fill Discontinued Medications - an article from November's edition of Annals of Internal Medicine and US Pharmacists Weekly News Update from the same period. - NJ Prescription Painkiller Abuse Rate - A national debate. - Beers Criteria Update 2012. - Drug Interaction with grapefruit juice on the rise <p>Dr. Marcus informed the Board of New York's initiative to limit emergency room narcotic dispensing to 3 days - an effort geared curbing prescription drug abuse - and wondered if similar action was being considered in NJ. Mr. Watkins, Endo Health Solutions representative explained pending legislation that would require the Division of Consumer Affairs to develop a list of tamper-resistant products. This will eventually guide prescribers in their decision making process, as part of the fight against drug abuse.</p>
5. State Newsletters	Pages 45-56; Tab 8		<p>Copies of these State newsletters were included in the meeting package:</p> <ul style="list-style-type: none"> (a) Affordable Care Act Requirements (b) Changes in Medicare Part D Prescription Coverage <p>These newsletters are also available at www.njmmis.com</p>

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<p>7. Follow up items:</p> <p>(a) DURB Fiscal Year 2012 report</p> <p>(b). Impact of DURB actions</p> <p>(c). Enrollment Status</p> <p>(d). Enhanced payment information</p> <p>(e). Breakdown of Top 5 denials</p> <p>(f). HMO/FFS Prior Authorization Guidelines</p> <p>(g). Open DURB positions</p>			<ul style="list-style-type: none"> - The Secretary will send email to the Board members when the report is available in NJ State Register. - A rolling report on the impact of DURB's actions will be provided at each meeting. - A report on the progress of the non-billing providers' registration initiative. - Newsletter and registration form for the enhanced payment initiative will be provided at the next meeting. - Further breakdown of the top five drugs denied on FFS section (explanation) - Report progress in future meetings. - Fulfilling positions on hold until DURB statutes are updated.