

January 29, 2014 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p><u>Present:</u> Dr. Swee, Dr. Zanna, Dr. Gochfeld, Ms. Olson, Dr. Marcus, Dr. Moore, Mr. Schafer, Dr. Lind (ex officio).</p> <p><u>Unable to attend:</u> Dr. Moynihan, Dr. Barberio, Dr. Goen,</p>
Review of Minutes	Pages 3-9; Tab 1	Approved	<p>Minutes from October 23, 2013 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 11; Tab 2		<ul style="list-style-type: none"> • Educational newsletter on Type 2 diabetes treatment options is now available for viewing on the DURB website. • The Long-acting beta-agonist newsletter has been signed by both Commissioners and will be posted on the website shortly. • The State Fiscal Year 2013 DURB Annual Summary has been sent to the Commissioners for their approval and signatures. • The transition from HealthFirst to WellCare is in progress and will be finalized in the 2nd quarter of 2014. • Some responses to DURB questions/concerns have been received and will be shared with the Board at the next meeting. • Dr. Lind informed members that the Division lacked the fund and staff to maintain a Board-requested literature library. • The Board opted to provide a reference to support any decision involving use of a medication outside the FDA-approved guideline.
New Business			
A. Newsletter for Acute Pain Treatment Options	Page 13-14; Tab 3	Pending revision	<p>The Board reviewed an educational newsletter for the Treatment Options for Acute Pain. Dr. Marcus raised concern about a stepwise illustration in the newsletter which was in conflict with a recent unsuccessful legislature which if had passed would outlaw use of step therapy for pain management medications in the State. The Board suggested a revision/rewording of some areas in the newsletter to avoid sending mixed messages at this time. The revised version will be reviewed at the next meeting.</p>
B. Protocols Review	Buprenorphine/naloxone/buprenorphine: Pages 15-17; Tab 4		<p>The Board reviewed FFS/HMO protocols for buprenorphine/naloxone and buprenorphine. Dr. Swee inquired about receiving protocols/information from HealthFirst until the final transition to WellCare. Mr. Vaccaro responded that:</p>

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			<ul style="list-style-type: none"> - Molina Medicaid Solutions, the State's fiscal agent is already processing claims for participants in WellCare. - In the next six months, WellCare will reach out to the Medicaid community to finalize the transition from HealthFirst. - Participants can still make a choice to sign with WellCare or not. <p>Dr. Swee again re-emphasized the need to obtain data from HealthFirst until such a time as they are WellCare. Ms. Jane Leung, the Pharmacy Director for WellCare introduced herself and reassured the Board that the transition is scheduled for the second quarter.</p> <p>No specific issues or concern was raised about the protocol.</p>
	Tadalafil for BPH: Pages 18-19; Tab 4		<p>Dr. Swee expressed concern that some of the plans require trial and failure of two products prior to use of tadalafil. He indicated that alpha reductase inhibitors, one of the classes of products encouraged prior to tadalafil, although could reduce BPH, and risk of cancer, could also increase the risk of high-complex cancer.</p> <p>Mr. Vaccaro pointed out that one of the Plans, D, "recommended" the use of tadalafil for erectile dysfunction, contrary to state policies. This will be discussed further with the Plan.</p>
Informational Highlights/Reports			
1. Fee-for-Service/HMO Prior Authorization Report	Pages 21-27; Tab 5		<p>The Board reviewed prior authorization report comparing all HMO plans including FFS for the 3rd quarter of 2013. Members concluded that HealthFirst low denial percentage (0.5) was because they had very few pharmacy requests (34,928). In comparison, FFS had 66,175 requests with 14% denial; United Healthcare, 6,902 requests with 35.5% denial; Amerigroup, 2,365 requests with 23% denial; and Horizon, 13,140 requests with 35% denial. The Board expressed concern about the current trend requiring prior authorization for most medications. Dr. Marcus inferred that this was the reason for the Medical Society's support of the "no step therapy" Bill for pain medications discussed earlier.</p>

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<p>2. Summary of DURB Action Items</p> <p>October 2013: a) Educational Newsletter</p> <p>b) Protocols Review and Comparison</p>	<p>Page 29; Tab 6</p>	<p>Approved</p>	<p>In this meeting, The Board reviewed and approved an educational newsletter for Long-acting beta agonists in the treatment of Asthma and COPD.</p> <p>The Board reviewed HMO and FFS protocols for:</p> <ol style="list-style-type: none"> 1. Biologic Response Modifiers 2. Dronedarone (Multaq[®]) 3. Human Growth Hormones (HGH) 4. Palivizumab (Synagis[®]) 5. Protease Inhibitors for Hepatitis C treatment. <p>The Board suggested monitoring of HMOs step therapy with a report that would display frequency of requests, approvals, denials, etc., for first-line therapy. They also suggested that Plan A should review and update Synagis[®] protocol.</p>
<p>3 (a).DHS and DHSS Programs' Top Drugs Report</p>	<p>Pages 31-44; Tab 7</p>		<p>The Board reviewed November 2013 report of the top drugs, by dollar amount, claims count and service units. At the Board's request, a new column was added to compare ranking of the top 25 drugs in the current meeting with the top 25 drugs in the previous meeting. Dr. Marcus presented a report of exposure to psychoactive drugs that prompted calls to the Poison Control Center. He pointed out the similarities of the drug calls to the top drugs being reviewed and promised to do a better comparison when he receives an Excel version of the report from Molina. In his report for 2013, there were 921 exposures to atypical antipsychotics, with quetiapine being number one with 375 (41%); benzodiazepines had 2558 exposures with alprazolam as number one with 1042 (41%); and sedative/hypnotics with 558 exposures with zolpidem responsible for 459 calls or 82%.</p>

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(b). Mention on Charts at NJPIES in 2013			<p>Dr. Marcus distributed and discussed a list of drugs involved in possible exposures called into the NJ Poison Information and Education System (NJPIES). Listed in categories, and number of "hits" or calls, atypical antipsychotics had 921 hits; benzodiazepines, 2,558; sedative/hypnotics, 558; and others, 77. He explained that one call could involve multiple drugs. He requested an electronic version of MEP's top drugs report so he could compare it with NJPIES' list and ranking.</p>
4. Medication Information	Pages 45-76; Tab 8		<p>The following medical information were also included and discussed:</p> <ul style="list-style-type: none"> (a) <i>A Pragmatic View of the New Cholesterol Treatment Guidelines</i> Dr. Swee expressed concern about the possible broadening of the use of statins due to the new guidelines. (b) <i>2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults (JNC-8)</i> (c) <i>FDA to Recommend Reclassification of Hydrocodone Combination Products as Schedule II Controlled Substances</i> The Board discussed the impact of acetaminophen content in some of these products and the overall morbidity associated with acetaminophen overdose. (d) <i>Prescription Monitoring Program (PMP) Bill (Assembly, No. 4220)</i> Dr. Zanna informed the Board that two Bills (one in the Assembly and one in the Senate) will increase access to the PMP and will also make it mandatory for prescribers and pharmacists to participate in the program. Some members of the Board had expressed frustration at not being able to access the program in some circumstances.

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<p>Follow up items:</p> <p>(a) Acute Pain newsletter</p> <p>(b) HealthFirst Data</p> <p>(c) Population data</p> <p>(d) Asthma/COPD report Encounter claims asthma report</p> <p>(e) Top Drugs report to Dr. Marcus</p> <p>(f) Plan "A" update of Synagis® protocol</p>			<ul style="list-style-type: none"> - Revise the Acute Pain Treatment Options newsletter to remove all references to step therapy. - Continue to obtain information from HealthFirst until transition to WellCare is finalized. - Dr. Swee requested that population data should be added to the FFS/HMO preauthorization/denial reports - Dr. Swee requested updates on the Asthma/COPD retrospective-Drug Utilization Review (Retro-DUR) program, initiated a few years ago. - Dr. Marcus requested a copy of the Top Drugs report to enable him to make comparisons with exposure drug calls to NJPIES - Follow up with HMO plan "A" to ensure that the Synagis® protocol is updated with 2012 information.

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HANDOUT FROM DR. MARCUS (1/29/2014)

Mentions on Charts at NJPIES in 2013

<u>Atypical Antipsychotics</u>		<u>Benzos</u>				<u>sed/hypnotics</u>	
Quetiapine(Seroquel)	375	Alprazolam (Xanax)	1042	buspirone	74	zolpidem(Ambien)	459
Risperidone(Risperdal)	164	Clonazepam (Klonopin)	692	chloral hydrate	1	eszopiclone(Lunesta)	44
Aripiprazole(Abilify)	118	gen benzos	301	glutethimide	1	other sed hyp	37
Olanzapine(Zyprexa)	65	Lorazepam (Ativan)	274	meprobamate	1	zaleplon (Sonata)	14
Clozapine(Clazaryl)	10	Diazepam(Valium)	156			acamprosac (Campral)	4
unspec	91	Temazepam	55				558
Ziprasidone(Geodon)	44	Chlordiazepoxide (Librium)	15				
Iloperidone(Fanapt)	5	Clorazepate	6				
Paliperidone (Invega)	19	Bromazepam	4				
Lurasidone(Latuda)	21	triazolam	3				
Asenapine (Saphris)	7	flurazepam	3				
combo (Symnax)	1	midazolam	2				
Pimizide (Orap)	1	flunitrazepam	1				
	921	orazepam	1				
		clobazam	1				
		rhohypnol	1				
		nitrazepam	1				
			2558				