April 18, 2012 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Ms. Dr. Marcus, Dr. Zanna, Dr. Gooen, Dr. Gochfeld, Ms. Martinez-Rodriguez, Dr. Lind (ex officio), Dr. Moore, Dr. Moynihan Absent: Dr. Barberio, Mr. Schafer, Ms. Olson
Review of Minutes	Pages 3-8; Tab 1	Approved	Minutes from January 25, 2011 meeting was reviewed and approved. The approved meeting summary will be posted on the DURB website at: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
Secretary's Report	Pages 9-10; Tab 2		- Recommendations made by the Board during the January meeting have been approved by the Commissioners (DHS/DHSS). These include: • Carisoprodol (Soma®) protocol • Montelukast (Singulair®) protocol - Rheumatoid Arthritis protocol was approved by the Commissioners and implemented at the Molina Medicaid Solutions call center. Other updates from the Secretary: - Dr. Alan Lichtbroun's letter of resignation from the DURB was forwarded to the Medicaid Director's office. - The DURB Annual Report for Fiscal Year 2011 has been approved by the Medicaid Director and now awaiting approval by the Commissioners. - Medicaid Pharmacy Department staff met with the HMO pharmacy directors and has scheduled another meeting following the current DURB meeting.

April 18, 2012 DURB Meeting Summary

Old Business			
Review of Managed Care Contract and NJDURB Roles/Responsibilities			Dr. Swee welcomed the HMO pharmacy directors (Ms. Denise Cubbin, Amerigroup; Mr. Sam Currie, Horizon; Ms. Marion Pardes, United Healthcare; and Mr. Maurice Elbeck, Healthfirst) to the meeting. Ed Vaccaro informed the Board that at a pharmacy department partnership meeting with the HMO pharmacy directors on March 23, 2012, both sides discussed: - The Medical Exception Process (MEP) standards currently in place for Fee-for-Service (FFS) patients - DURB bylaws including federal and state statutes - Contract language concerning the MEP and DUR criteria - Scheduling future meetings to develop a collaborative process to ensure similar standards are applied to the FFS and HMO patients.
New Business			
A. Proposed Addendum to the fluticasone/salmeterol (Advair®) Protocol	Pages 11-12; Tab 3	Approved	The Board reviewed and approved an addendum to the fluticasone/salmeterol (Advair®) protocol approved in October 2011. The purpose of the addendum was to add two other products (mometasone/formoterol [Dulera®] and budesonide/formoterol [Symbicort®]) to this class during review. The Board suggested minor changes to streamline the protocol.
B. Asthma Medication Management Proposal	Pages 13-14; Tab 4	Approved	The Board reviewed and approved a protocol for asthma medication management (RetroDur). The purpose of the protocol is to alert prescribers to add necessary controller medications when needed and to be aware of gaps in refill of these medications by their patients. Ultimate endpoint is to reduce disease exacerbations, ER visits, and possible hospital admissions. Dr. Swee expressed concern about possible

			short-term increase in costs while indicating there could be long-term reduction in overall expenditure. The Board requested follow-up reports comparing hospital admissions and ER visits for asthma before and after implementation of this initiative.
Informational Highlights			
1. Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 15-16; Tab 5		- A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for January 2012 was presented to the Board. There were 1,306,580 total pharmacy claims processed; 29,347 prior authorization requests and 3,171 (11%) denials. The top five categories of denials were: (1) Clinical Criteria Not Met; (2) Therapeutic Duplication; (3) Incorrect Day Supply; (4) MNF Not Returned by Prescriber and (5) Duration Exceeded.
2. Molina Medicaid Solutions Clinical Interventions (Excessive Dose)	Pages 17-18 Tab 5		The Board reviewed outcomes report on excessive dose for the month of January 2012. Most of the interventions in the 117 claims reviewed in this category resulted in or were as a result of: - Dose/strength decrease by prescriber (42%) - Medication not filled by pharmacy (23%) - Prescription error (16%) - Medication changed (12%) - Cash paid by patient (4%) - Fraudulent prescription (1%) - Other (2%) Top drugs denied under this category were narcotics – short-acting oxycodone, alprazolam, long-acting oxycodone, hydrocodone-acetaminophen (Vicodin®), and tramadol. Simvastatin 80mg, a statin, was also identified which may be as a result of the FDA's restriction on the use of this dose for initial therapy.

3. Outcomes Review of DURB-Approved Protocols	Pages 19-24 Tab 6		The Board reviewed the outcomes of previously approved protocols in the GA population. Focus was on the antipsychotic initiative which showed increase in utilization when compared to the other initiatives. Dr. Gochfeld, a psychiatrist and member of the Board explained that concomitant use of the atypicals (one of the reasons for the increased use/cost) is sometimes necessary because prescribers use lower doses of two products to minimize side effects observed when maximum dose of one product is used. Members also expressed concern about the use of atypicals outside FDA indications. The State will continue to monitor this trend and work with prescribers to streamline use when possible. Results of the outcomes review were as follows: a. Antipsychotics (atypicals) – implemented 4/1/11: increased by 8% during the remainder of the year compared to the same period in 2010. b. Sedative hypnotics – implemented 7/1/09: decreased by 66% and 44% in amount paid and utilization respectively in 2011 compared to 2009. c. Omega-3 fatty acids (Lovaza®) – implemented 5/4/11: decreased by 55% and 57% in amount paid and utilization respectively in the remainder of 2011 compared to the same period in 2010. It is worthy of note here that use of fibric acid derivatives, encouraged by the protocol increased by 34%. d. Selective NSAIDs – implemented 7/1/10: decreased by 66% and 67% in amount paid and utilization respectively in 2011 compared to 2010. Although the use of non-selective NSAIDs increased by 8%, overall cost decreased by 18%.

4. Diabetes RetroDur Report	Pages 25-26 Tab 6		The Board reviewed a retrospective DUR report for diabetes during the period of January thru September 2011. Of 1082 letters sent to prescribers, 345 (32%) were returned. Follow up was done on 242 of these responses to obtain current A1C levels. Although there was a decrease of 8% in average A1C from baseline (41 patients), there was also an increase of 17% in average A1C from baseline (36 patients). Members were concerned about compliance and discussed other methods that could help the end result, like life-style modification. Dr. Swee inquired about practices/ideas from the HMO directors who responded by describing the various programs they had in place for their patient populations.
5. NJ HMO 4th Quarter 2011 Reports	Pages 27-30 Tab 7		Fourth quarter HMO denial reports from Healthfirst NJ Family Care, Amerigroup, United HealthCare, and Horizon NJ Health were reviewed. Denial percentages relative to prior authorizations were 0.7%, 45%, 31% and 40% respectively. Dr. Swee again emphasized the need to collaborate with the HMOs to apply DURB standards on their patient populations.
6. DHS and DHSS Programs' Top Drugs Report	Pages 31-44; Tab 8		A report of the top drugs, by dollar amount, for February 2012 was reviewed. Atypical antipsychotics and HIV drugs were the top products used during this period. Dr. Marcus requested that the rebate amount to the State from drug manufacturers be included in the report in order to show net expenditure. He also inquired about utilization of short-acting oxycodone relative to the long-acting formulation as there has been an increase in calls to the Poison Control Center regarding the former in the State and nationwide. This report will be presented to the Board at the next meeting.

7. FDA Alerts	Page 45-46; Tab 9		The Board was informed of two FDA alerts: - The FDA issued a "safety communication" on fenofibrate, informing prescribers that a result of its ongoing investigation of the safety and efficacy of fenofibric found that there was no significant difference in the risk of experiencing a major adverse cardiac event between the fenofibrate/simvastatin group and the simvastatin–alone group in a recent trial. - Federal Register/Vol. 76, No. 238/Monday, December 12, 2011/Rules and Regulations announced the DEA's placement of the drug carisoprodol, including isomers and salts into Schedule IV of the Controlled Substances Act (CSA).