April 22, 2015 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Dr. Zanna, Dr. Gochfeld, Mr. Schafer, Dr. Gooen, Dr. Marcus, Dr. Barberio, Dr. Moore, Ms. Olson Dr. Lind (ex officio). Unable to attend: Dr. Moynihan
Review of Minutes	Pages 3-8; Tab 1	Approved	Minutes from February 4, 2015 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
Secretary's Report	Page 9; Tab 2		• Awaiting Commissioner's signature for the DURB Annual Summary for State's Fiscal Year 2014. • We are sending follow-up letters to prescribers identified as using the a-fib agents for rhythm control. • Theresa Cortina, R.Ph., was introduced as the new pharmacy director for Aetna. • Marion, Pardes, R.Ph., MBA, pharmacy director for United Healthcare resigned, effective April 10, 2015. Mona Kripalani, R.Ph., will be representing United Healthcare at the DURB meetings until a replacement is assigned. Dr. Swee welcomed the two new members to the meeting.
Old Business			
(a) Proposed protocol for the safe and efficient use of opioids in acute pain	Page 11; Tab 3		The Board reviewed a proposed protocol for chronic pain medications used for acute diagnosis. The purpose of this protocol was to ensure that patients with acute injury who are started on opioid therapy do not have protracted use of these agents. The Board decided that further reports were needed to determine how many patients met this criterion at three, four, five and six months. Dr. Swee was concerned about creating extra burden on physicians who would have to respond to the inquiries from the State regarding diagnosis associated with this long-term use.
(b) United Healthcare response to DURB follow-up questions	Page 12; Tab 3		Ms. Kripalani from United Healthcare addressed the Board's concern on how often the plan required prescribers to provide medical justification for step therapy. She explained that over ninety-eight percent (4900) of the patients on anti-migraine medications met the plan's formulary requirements and did not need step therapy. Of the remaining eighty PA requests, only 42 (53%) were required to go through the step therapy process.

April 22, 2015 DURB Meeting Summary

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New Business			
(a) Sofosbuvir/ledipasvir (Harvoni®) proposed protocol	Pages 13-16; Tab 4	Approved	The Board reviewed and approved a protocol for sofosbuvir/ledipasvir (Harvoni®) a drug used for the treatment of chronic hepatitis C (CHC) infection in adults.
(b) Ombitasvir, paritaprevir, ritonavir and dasabuvir (Viekira®) proposed protocol	Pages 17-28; Tab 5	Approved	The Board reviewed and approved a protocol for ombitasvir, paritaprevir, ritonavir and dasabuvir (Viekira®), another drug for the treatment of adult patients with CHC virus infection, including those with compensated cirrhosis. Board-approved protocol for sofosbuvir (Sovaldi®) was also included in the meeting package for reference. Dr. Marcus requested a protocol that accommodated all the drugs. DMAHS will be providing a Hepatitis C protocol in the coming months. These protocols were a collaborative effort between DMAHS and the MCOs.
Protocols Review	Erythropoietin Stimulating Agents (ESA) Pages 29-39; Tab 6	Continue to monitor	Although the protocols from the plans varied, they were all within the recommendations of three top organizations (National Kidney Foundation – Dialysis Outcomes Quality Initiative [DOQI]; FDA; Kidney Disease Improving Global Outcomes [KDIGO]), a summary which was distributed to the Board members. Dr. Gooen suggested and the Board recommended that monitoring of supplemental iron therapy should be a part of the ESA protocols.
	Repository corticotropin (HP Acthar Gel®): Pages 40-44; Tab 6	Continue to monitor	The Board had no comments or recommendations for this protocol.
Informational Highlights/Reports			
1. Fee-for-Service/HMO Prior Authorization Report contd.	Pages 45-46; Tab 7		The Board reviewed a prior authorization report comparing all HMO plans including FFS for the 4th quarter of 2014. The Board requested clarification on the "directed intervention" category. This was provided by

April 22, 2015 DURB Meeting Summary

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<tr><th>Issue</th><th>Page; Tab</th><th>Action</th><th>Notes</th></tr>
<tr><td>1. Fee-for-Service/HMO Prior Authorization Report contd.</td><td></td><td></td><td>Mr. Currie (Horizon). Ms. Kripalani promised to provide UHC's interpretation of this category at the next meeting.

Percentage of prior authorization requests relative to total claims and denials associated with the PAs are listed below:
<table>
<tr><td>Plan</td><td>(%) PA Requests of claims</td><td>Denial (%)</td></tr>
<tr><td>FFS</td><td>1.6</td><td>12</td></tr>
<tr><td>Amerigroup</td><td>0.9</td><td>22</td></tr>
<tr><td>Horizon</td><td>1</td><td>36</td></tr>
<tr><td>UHC</td><td>0.8</td><td>42</td></tr>
<tr><td>WellCare</td><td>1.2</td><td>51</td></tr>
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<tr><td>2. Summary of DURB Recommendations

February 2015:
a) Oxycodone Utilization Review

b) Atrial fibrillation drugs review

c) Protocol Review and Comparison</td><td>Page 47-48; Tab 8</td><td></td><td>The Board requested a protocol to identify and address high utilization of this product or other opioids for patients with "acute diagnosis" as opposed to "chronic" for which long-term use of these products are designed.

After reviewing the study which indicated that 39% of prescribers used rhythm control approach versus rate control (1.5%) for the treatment of atrial fibrillation for patients over 65 years old, the Board recommended that a letter should be sent to the rhythm control prescribers to remind them that rate control is preferred in this age group.

The Board reviewed HMO and FFS protocols for:
1. Colony-Stimulating Factors
2. Anti-migraine agents

They requested data from UHC on how often prescribers are required to provide medical justification for step therapy for anti-migraine agents.</td></tr>
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April 22, 2015 DURB Meeting Summary

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3. DHS and DHSS Programs' Top Drugs Report	Pages 49-60; Tab 9		The Board reviewed January 2015 report of the top drugs, by dollar amount, claims count, and service units. HIV drugs made up 78% or $14,274,046 of the top 20 drugs on the list followed by anti-hemophilia drugs at 19% or $3,496,194. Dr. Marcus expressed concern that the spike in anti-hemophilia drugs may be due to prescribers using them for the treatment of bleeding associated with the new oral anticoagulants. An earlier utilization report prior to the meeting however did not support this premise.
5. Medication Information	Pages 43-48; Tab 8		The following medical information were also included and discussed: (a) FDA approves Evotaz® for HIV treatment (b) FDA approves Prezcobix® for HIV treatment (c) Antipsychotic overuse not just a problem in nursing homes (d) FDA: Testosterone labels must now note CV, stroke risks
Follow up items: (a) Hepatitis C protocol (b) Clarification from United Healthcare (c) A-fib letters to prescribers			(a) During review of sofosbuvir/ledipasvir (Harvoni®) and ombitasvir/paritaprevir/ritonavir/dasabuvir (Viekira®) protocol, Dr. Marcus inquired if it would be possible to create one single protocol that represented all the new drugs for hepatitis C therapy. DMAHS will introduce a comprehensive hepatitis C protocol that represents all the drugs after a "solid" guideline is established for these relatively new products. (b) United Healthcare plan representative will provide the Board with an explanation of the plan's procedure for classifying denials under "Direct Intervention". (c) Response to a-fib letters sent to prescribers will be presented to the Board at a future meeting

April 22, 2015 DURB Meeting Summary