# January 10, 2018 DURB Meeting Summary

| Issue | Action | Notes |
|---|---|---|
| Roll Call | | Present: Dr. Swee, Dr. Zanna (ex officio), Dr. Gooen, Dr. Marcus, Dr. Barberio, Dr. Gochfeld, Dr. Lind (ex officio)<br>Unable to attend: Mr. Schafer, Dr. Moynihan, Dr. Moore, Ms. Olson |
| Public Notice | | Dr. Swee read a public notice required at each meeting: In compliance with Chapter 231 of public laws of 1975, notice of this meeting was given by way of filings in the Trenton Times, Star Ledger and Atlantic City Press. |
| Review of Minutes | Approved | Minutes from October 18, 2017 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 | | • The DURB Annual Summary for SFY 2016 has been signed by both commissioners<br>• Awaiting commissioners' signatures for Sovaldi® and Harvoni® for pediatric patients.<br>• Also awaiting signatures for updated protocol for direct acting antivirals (DAAs) for hepatitis C treatment.<br>• Dr. Swee inquired about the status of the Board appointments/reappointments. Mr. Vaccaro responded that the process will start over with installation of new legislature. |
| **Old Business** | | |
| (a) United Healthcare's response "directed intervention" denials separation | | The Board reviewed a revised "directed intervention" denials report from United Healthcare. Dr. Swee requested clarity, which was provided by Matthew Samuel, PharmD, regional pharmacy account manager for United Healthcare. He explained that the report only describes non-formulary medications prescribed by physicians but does not indicate which of those were then re-prescribed into a formulary medication. |
| (b) Proposed protocol for opioid induced, chronic idiopathic, IBS-related constipation products | Updated version sent to Board members for review | After discussion, the Board requested that the protocol be updated with the Board's suggestions and brought back to the next meeting. |

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| **New Business** | | |
| (A) Proposed survey for morphine milligram equivalent (MME) opioid dosing | | The Board reviewed a survey intended to be sent to prescribers whose patients had opioid dose claims that exceeded 120mg of morphine milligram equivalent or MME. Dr. Marcus expressed concern about the use of MME dosing in relation to medications like methadone and fentanyl. He was also concerned that the reference table accompanying the survey could be misinterpreted by prescribers. The Board:<br>- Recommended modifying the document to be more of an informational letter than a survey.<br>- Recommended including a space for the prescriber to provide medical justification for using opioid dose above the CMS-recommended 120mg of MME.<br>- Recommended that the conversion table should not be sent with the letter |
| (B) Proposed protocol for naltrexone (Vivitrol®) | | The Board reviewed a proposed protocol for long acting naltrexone injection. Dr. Swee was concerned about the requirement for "active participation" in a comprehensive treatment program for both alcohol and opioid dependent patients. Dr. Lind suggested changing the language to "intent/plan to participate" in a program. After further discussion, the Board decided to change the language to "documentation of plan for patient to participate in a program in 90 days after initiation of naltrexone therapy". The protocol also has requirement for urine test and naloxone challenge test. |
| (C) Proposed survey for monitoring gabapentin/opioid utilization | | The Board reviewed a proposed prescriber survey intended for monitoring gabapentin/opioid combination therapy. The intent of the letter is to alert prescribers of the potential problem with this combination. DMAHS also intends to monitor utilization of this combination to determine if a prior authorization is required in the future. The Board recommended sending out the letter to the prescribers and presenting a report of the findings (prescribers' responses) at the next meeting for review. They also recommended providing a space that allows the prescriber to indicate rationale for the combination. |

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<table>
<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td>Informational Highlights/Reports</td><td></td><td></td></tr>
<tr><td>1. Fee-for-Service/MCO Prior Authorization Report</td><td>Continue to monitor.</td><td>The Board reviewed prior authorization denial report comparing all MCO plans including FFS for the 3rd quarter of 2017. Dr. Swee again addressed the need for United Healthcare to further revise their "directed intervention" category for clarity.<br>Percentage of prior authorization requests relative to total claims and denials associated with the PAs are listed below:<br><br>
<table>
<tr><td>Plan</td><td>(%) PA Requests of claims</td><td>Denial (%)</td></tr>
<tr><td>FFS</td><td>0.6</td><td>15</td></tr>
<tr><td>Aetna</td><td>0.5</td><td>36</td></tr>
<tr><td>Amerigroup</td><td>1</td><td>25</td></tr>
<tr><td>Horizon</td><td>0.9</td><td>35</td></tr>
<tr><td>UHC</td><td>0.8</td><td>51</td></tr>
<tr><td>WellCare</td><td>0.9</td><td>54</td></tr>
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</td></tr>
<tr><td>2. Summary of DURB Actions/Recommendations</td><td></td><td>The Board reviewed a summary of actions from previous meetings (January 2017 thru October 2017).</td></tr>
<tr><td>3. DHS/DHSS/MCO Programs Top Drugs Report</td><td></td><td>The Board reviewed October 2017 report for the top drugs, by dollar amount, claims count, service units and category for fee-for-service plan. This was compared to the report for August 2017. They also reviewed August 2017 report for MCO top drugs. Dr. Marcus requested a further breakdown of the drug categories section to applicable disease states. Dr. Swee was pleased to see the increased use of Truvada®, and inquired if it was for PrEP. The data doesn't show that to be so.</td></tr>
<tr><td>4. Medication Information</td><td></td><td>Some medical information were discussed</td></tr>
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| **Follow up items:**<br>(a) Protocol for opioid induced constipation drugs | | (a) The Board requested further review and update of the protocol. |
| (b) Morphine milligram equivalent (MME) opioid dosing | | (b) The Board recommended that the letter should go out as informational with a space provided for prescriber to indicate justification for using dose above the recommended 120mg MME. |
| (C ) Proposed protocol for naltrexone (Vivitrol®) | | (c) The Board recommended that a 90-day plan to be enrolled in a treatment program should be required rather than the requirement for participation in order to initiate treatment with naltrexone injection. |
| (D) Gabapentin/opioid utilization | | (d) The Board recommended adding a space for prescriber to provide justification for using the combination. |
| (E ) United Healthcare directed intervention denials report | | (e) Dr. Swee requested further clarification from United Healthcare regarding their "directed intervention" denials. |