

January 26, 2011 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			<p><u>Present:</u> Dr. Swee, Ms. Olson, Dr. Marcus, Dr. Moynihan, Dr. Moore, and Dr. Zanna</p> <p><u>Via Conference Call:</u> Dr. Gooen, Dr. Gochfeld, Dr. Lichtbroun</p> <p><u>Absent:</u> Ms. Martinez-Rodriguez, Dr. Barberio, Mr. Shafer</p>
Review of Minutes	Pages 3-6; Tab 1	Approved	<p>Minutes from October 20, 2010 meeting were approved and are posted to the DURB website:</p> <p>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"> • Programming changes and updates to the drug utilization review (DUR) tables are currently being worked on for the atypical anti-psychotic, non-steroidal anti-inflammatory drugs (NSAIDs), and tramadol protocols. • Division is awaiting approval of tramadol, Oxycodone Cr, Lovaza®, Proton Pump Inhibitor, and Mepron® protocols from both DHS and DHSS Commissioners. • The annual report has been compiled and signed off on and waits publication in the State Register.
Business			
A. Proposed Protocol for the Treatment of Pulmonary Hypertension (PAH)	Pages 9-12; Tab 3	Approved	<p>DMAHS is cognizant of the importance of the treatment of pulmonary hypertension and the need for prior authorization requiring the confirmation of a diagnosis of PAH. The Board recommended including scleroderma and Raynaud's disease in the protocol as acceptable diagnoses for approval. The revised rationale/protocol will be sent to Dr. Moynihan for her approval.</p>
B. Proposed Megace® (megestrol) Protocol Revision	Pages 13-14; Tab 4	Approved	<p>Revisions to the current protocol were discussed and approved.</p>
C. Manufacturer Presentation regarding			<p>Dr. Dean Gianarkis, PharmD from Pfizer made a 5 minute presentation regarding his professional concerns about the NSAID protocol and</p>

*refers to Pages and Tabs in October 2010 DURB Agenda

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NSAID Protocol			patient access to medication, including Celebrex. Dr. Lichbroun will share with the Board a letter he received from the Arthritis Association of New Jersey for future discussion. The availability of New Jersey hospital admission data for patients with a GI bleed associated with NSAID use was discussed.
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 December 2010 was reviewed. There were 38,142 prior authorization requests and 5,021 (13.2%) denials. The top five categories of denials were: (1) MNF Not Returned by Prescriber; (2) Therapeutic Duplication; (3) Duration Exceeded; (4) Incorrect Days Supply; and (5) Prescriber Changed to Over-the-Counter (OTC) Product.
2. NJ HMO 3rd Quarter Reports	Pages 17-20; Tab 6		Quarter HMO denial reports from AmeriChoice, AmeriGroup, Health Net of NJ, and Horizon NJ Health were reviewed. Health First did not submit a report. DMAHS had previously requested that the HMOs provide their data in a standardized format, with more denial category clarification. The additional requested information will be included in the reports upon contract approval.
3. DHS and DHSS Programs' Top Drugs Report	Pages 21-30; Tab 7		A report of the top drugs, by dollar amount, for December 2010 was reviewed. Atypical antipsychotics and HIV drugs are among the most frequently prescribed in the FFS Medicaid population and represent very significant expenditures. A single report compiling utilization data for all programs will be provided to the Board in the April 2011 meeting.
Follow-up Items			

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<p>Protocols approved by DHS and DHSS Commissioners</p>		<p>Implementation status</p>	<ul style="list-style-type: none"> ➤ January 13, 2010 <ul style="list-style-type: none"> ○ NSAID Protocol <ul style="list-style-type: none"> • System changes currently in place for General Assistance Population • Additional system change request submitted 2/19/2011 to apply to remainder of population ➤ June 23, 2010 <ul style="list-style-type: none"> ○ Lovaza[®] Protocol <ul style="list-style-type: none"> • System changes currently in place for General Assistance Population • Additional system change request submitted 2/11/2011 to apply to remainder of population ○ Mepron[®] Protocol <ul style="list-style-type: none"> • Requires prior authorization as of 3/1/2011 ○ Tramadol Protocol <ul style="list-style-type: none"> • System change project request submitted 2/11/2011 ➤ October 20, 2010 <ul style="list-style-type: none"> ○ Oxycodone CR Protocol <ul style="list-style-type: none"> • Implementation awaiting newsletter draft and approval ○ Proton Pump Inhibitor Protocol <ul style="list-style-type: none"> • Awaiting submission of request to update system ➤ January 26, 2011 <ul style="list-style-type: none"> ○ Pulmonary Arterial Hypertension Protocol <ul style="list-style-type: none"> • Awaiting submission of request to update system ○ Megestrol acetate Protocol <ul style="list-style-type: none"> • Awaiting submission of request to update system

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Mandatory Generic Policy			DMAHS will present the exempted list of drugs to the Board for their review & clinical input. DMAHS will request that the Board provide a recommendation as to whether or not some of the drugs on the current list should continue to be excluded from the policy.
Reports on Protocols			DMAHS will provide the Board with reports pertaining to approved protocols.
HMO Denial Reporting			DMAHS will request that the HMOs provide the total number of claims processed for each quarter in addition to the report they submit. In addition, the HMOs will be requested to provide additional detail on their denial categories. All of the requested information may not be available to the Board until contractual changes occur between the State and HMOs.
Retro-DUR Compliance Notification			The State will be working with Molina Medicaid Solutions to set up a process by which compliance letters can be sent to patients' prescribers concerning specific disease states. The disease states of interest include Asthma, Diabetes, Hypertension, and Warfarin. The MEP has implemented HIV-AIDS and Diabetes. The Board has requested this be presented as a formal agenda item to prioritize the projects.
Medical Diagnosis Data			The Division will provide a report consisting of top diagnosis for the FFS Medicaid population based on medical claims data. This information may be useful in comparing the top drugs utilized within this population.

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