June 24, 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 3-6; Tab 1	Approved	Minutes from June 24, 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 7-8; Tab 2		• Still awaiting Commissioner's signature for the DURB Annual Summary for State's Fiscal Year 2014. • In reference to the a-fib survey, 36 letters were sent to prescribers who previously indicated that they were using medications for rhythm control in patients 65 years or older. Nineteen (53%) were returned. Fifteen (79%) gave instruction to continue same treatment, and 4 (22%) said they did not prescribe the drug or the patient was no longer under their care. The Board surmised that the treatment may have been initiated by a cardiologist and continued by a primary care physician. Dr. Swee requested that the Board should continue to monitor this by sending another letter in about a year. • The October 2015 DURB meeting date has been changed to Wednesday, the 14th, a week earlier due to conflict with Dr. Swee's schedule. • Dr. Lind informed the Board that the Acting Commissioner of DHS, Elizabeth Connolly has been formally named the commissioner. Ms. Cathleen Bennett is now the Acting Commissioner for the Department of Health after the resignation of the former commissioner. • Dr. Swee wondered about the possibility of inviting the Commissioners to the DURB meeting. Dr. Zanna promised to extend an invite to Ms. Bennett.
Old Business			
(a) UHC Response to DURB Follow-up Questions regarding "Directed Interventions"	Page 9; Tab 3	Review at next meeting	Dr. Swee indicated that the explanation provided did not quite address the question of true definition of "directed intervention" for this plan. The Board wanted further clarification since this category was also counted as "denials".

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(b) Summary of Patients on Chronic Opioids Dose with Acute Diagnosis	Page 10; Tab 3	Continue to monitor	The Board reviewed a breakdown of these category of patients in >3, 4, 5 and 6 months. They concluded that it was more of a communication problem - failure of the prescriber to report and updated diagnosis on record after the initial acute episode.
(c) Current Direct-Acting Antiviral Hepatitis C Drugs by Genotype	Pages 11-14; Tab 3		During the review of two protocols (Harvoni® and Viekira®) at the last meeting, Board members requested a comprehensive "Hepatitis C Protocol", one that presented a comparative illustration of the available drugs for this disease. DMAHS prepared and presented a chart with the three currently available direct-acting antivirals (Harvoni®, Viekira® and Sovaldi®) and their uses based on genotypes. A formal, comprehensive protocol on drugs used for the treatment of hepatitis C will follow in the near future. The HMO directors concurred that the chart was representative of the current clinical American Association of the Study of Liver Disease (AASLD) guidelines, and the practice in their plans. The Board requested a copy of the chart to be emailed to individual members.
New Business			
(a) Paliperidone palmitate (Invega Trinza®) proposed protocol	Pages 15-16; Tab 4	Approved	The Board reviewed and approved a protocol for paliperidone palmitate (Invega Trinza®), a long-acting injectable atypical antipsychotic for the treatment of schizophrenia. Dr. Marcus expressed concern about possible mix-up of the one-month injectable with the new 3-month injectable. The medical representative for Janssen, Dr. Khan informed the Board that the prefilled syringes are clearly marked for the different doses and will provide detailed information at a later date.
(b) Protocols Review	Novel oral anticoagulants Pages 17-20; Tab 5	Approved	Dr. Gooen inquired about including age, weight and renal function status in the protocols. She was informed that those kinds of information are available to the prescribers but not necessarily included in protocols.
	Testosterone products Pages 21-26; Tab 5	Approved	Dr. Swee raised concern that the FFS protocol did not make allowance for use in breast cancer treatment as did other plans. He was informed that exceptions were made for most oncology patients.

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<table>
<tr><th>Issue</th><th>Page; Tab</th><th>Action</th><th>Notes</th></tr>
<tr><td>Informational Highlights/Reports</td><td></td><td></td><td></td></tr>
<tr><td>1. Fee-for-Service/HMO Prior Authorization Report</td><td>Pages 27-28; Tab 6</td><td>Continue to monitor.</td><td>The Board reviewed a prior authorization report comparing all HMO plans including FFS for the 1st quarter of 2015:
- The Board expressed concern about the high prior authorization (PA) numbers for WellCare. Ms. Leung, the Pharmacy Director for WellCare promised that her plan will evaluate their denials and provide a better explanation to the Board at the next meeting.
- The Board also requested an explanation for the "incomplete information" category in the denial report. Dr. Swee wanted WellCare to provide information explaining causes for the high numbers in this category.
- "Other" category was another area of concern. Ms. Leung explained that WellCare included denials that did not fit into any category into this section.

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</td><td>16</td></tr>
<tr><td>Aetna</td><td>0.5</td><td>43</td></tr>
<tr><td>Amerigroup</td><td>0.9</td><td>20</td></tr>
<tr><td>Horizon</td><td>0.9</td><td>38</td></tr>
<tr><td>UHC</td><td>0.6</td><td>41</td></tr>
<tr><td>WellCare</td><td>3.5</td><td>48</td></tr>
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<tr><td>2. Summary of DURB Actions</td><td>Page 29-30; Tab 7</td><td></td><td>The Board reviewed a summary of actions from previous meetings.</td></tr>
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3. DHS and DHSS Programs Top Drugs Report	Pages 31-50; Tab 8		The Board reviewed April 2015 report for the top drugs, by dollar amount, claims count, and service units. HIV drugs made up 70% or $11,498,661 of the top 25 drugs on the list followed by anti-hemophilia drugs at 17% or $2,723,310. Dr. Marcus again expressed concern about the recent but persistent rise in the use of anti-hemophilia drugs. Mr. Schafer explained that one of the reasons could be due to hemophilia patients newly enrolled into the Medicaid program because they have run out of their lifetime annual caps with their commercial insurance.
4. Medication Information	Pages 51-55; Tab 9		The following medical information were also included and discussed: (a) Heroin use surges among whites who abuse prescription painkillers (b) Injectable testosterone tied to higher MI, stroke risk than gels (c) FDA approves first 3-month schizophrenia treatment (d) The FDA warns on newer class of type 2 diabetes drugs (SGLT2 inhibitors)

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Follow up items: (a) A-Fib letters to prescribers		Continue to monitor	(a) Dr. Swee recommended that in about one year, it would be necessary to send follow up letters to prescribers (cardiologists) whose a-fib patients (65 and older) were still receiving medications by the rhythm method.
(b) Clarification from United Healthcare on directed intervention denial category			(b) In the January 2015 meeting, UHC representative, Ms. Kripalani promised to provide explanation on the plan's procedure for classifying denials under "directed intervention". The Board was not satisfied with the explanation provided and requested further clarification on what is "included" in the category. This information will be provided at the next meeting since the UHC representative was not present at this meeting.
(c) PA requests and incomplete information data from WellCare			(c) The Pharmacy Director from WellCare will provide an explanation of why the plan's PA requests are so high in comparison. She will also provide a breakdown of the causes for "incomplete information".
(d) Distinguishing markers for long-acting injectables from Janssen Pharmaceutical			(d) Dr. Khan with Janssen Pharmaceuticals will provide information on how one-month long-acting injectable antipsychotic, Invega Sustenna®, is distinguished from the new 3-month long-acting injectable, Invega Trinza®.
e) Commissioners invite to next DURB meeting			(e) Board requested to extend an invite to the next DURB meeting. Dr. Zanna will extend an invite to Ms. Bennett.