October 17, 2018 DURB Meeting Summary

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Zanna (ex officio), Dr. Barberio, Dr. Gochfeld, Dr. Marcus, Dr. Moore, Dr. Gooen, Mr. Schafer, Dr. Lind (ex-officio) Unable to attend: Dr. Moynihan, 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 July 18, 2018 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		• Awaiting commissioners' signatures for the following DURB recommended protocols: - Opioid-induced constipation products - Ranolazine (Ranexa®) - Dextromethorphan/quinidine Nuedexta® - Injectable naltrexone (Vivitrol®) - Opioid prescriptions • Awaiting commissioners' signatures for DURB annual report for SFY 2017 • The Medication Assisted Treatment (MAT) subcommittee has not met due to forthcoming changes in the program. Mr. Gene Azoia, R.Ph., state's Pharmaceutical chief elaborated on these changes. • Board members should review the DURB annual report for SFY 2018; send their comments/suggestions to the Secretary on or before November 30, 2018 to facilitate publication in the New Jersey Register. • To help with appointment and reappointments, board members were encouraged to update and forward their resumes to the Secretary in case they requested them again. • Proposed dates for the 2019 DURB meetings were shared with the Board members. The dates the dates and notices (listed below) will later be published in local newspapers:

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Issue	Action	Notes
		Wednesday, January 16 Wednesday, April 17 Wednesday, July 17 Wednesday, October 16
Old Business		
(a) Protocol for opioids (with the State's recommendations)		The Board reviewed recommendations requested by the State to be applied to the opioids protocol which it (the Board) had recommended at the July's meeting. The recommendations from the State were as follows: (a) Change the daily dose for opioid naïve patients from 90 to 50 morphine milligrams equivalents (MME) for both short and long acting opioids. The Board discussed Dr. Marcus' request to define "opioid naïve" patient. The protocol defined this as "no opioid therapy in the previous 90 days". There was consideration for use of seven (7) days without opioid but agreed to use the currently stated (90 days). (b) Require prior authorization for concomitant use of opioids and benzodiazepines. The Board accepted the States recommendation to require prior authorization for this combination.
b) Protocol for naltrexone injection (Vivitrol®) [with the State's recommendation]		The Board reviewed a recommendation by the State in reference to the injectable naltrexone protocol: change timeframe to enroll in a psychological system from within "90 days" to within "30 days". The Board accepted this recommendation.

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New Business		
(A) Proposed protocol for safe and efficient use of pancreatic enzymes	Approved with suggested changes	The Board reviewed a proposed protocol for pancreatic enzymes. Mr. Schafer, R.Ph., suggested a review of Medicare coverage since these are linked to indications supported by literature. The Board recommended removal of criteria #3 (PA for unlabeled diagnosis), in other words, to require prior authorization for any indication outside criteria #1 which includes: cystic fibrosis, pancreatic cancer, chronic pancreatitis, and pancreatectomy. This change will be reflected in the final version of the protocol.
(B) Medical Society of New Jersey Opioid Prescription Letter		The Board acknowledged a letter from the Medical Society of New Jersey, to Dr. Swee challenging the Board's recommendation to limit daily opioid to 120 MME.
(C) Protocol Review of pregabalin (Lyrica®)		In answer to Dr. Marcus' question about not having a formulary for Lyrica®, Sam Currie, R.Ph., director of pharmacy for Horizon explained the non-formulary process – the product will ultimately be made available for the patient if there is a history of trial and failure of formulary products. Fee-for-service plan did not have a protocol at this time, and approved this product for all FDA-approved indications. At Dr. Swee's request, representatives for Amerigroup, United Healthcare, and Aetna, Connie Yuen, R.Ph., MBA, Matthew Samuel, PharmD, Terri Cortina, R.Ph., respectively, took turns to explain to the Board the protocols and processes they have in place for Lyrica® claims. Dr. Swee further enquired why Horizon did not have Lyrica® for an often used indication, fibromyalgia. Mr. Currie again explained that other products were more cost-effective and that Horizon definitely had utilization history for Lyrica® when necessary.

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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>Prior authorization denial report comparing all MCO plans including FFS for the 2nd quarter of 2018 was in the meeting packet.
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>0.5</td><td>16</td></tr>
<tr><td>Aetna</td><td>0.9</td><td>31</td></tr>
<tr><td>Amerigroup</td><td>1</td><td>28</td></tr>
<tr><td>Horizon</td><td>1</td><td>36</td></tr>
<tr><td>UHC</td><td>0.9</td><td>53</td></tr>
<tr><td>WellCare</td><td>0.6</td><td>48</td></tr>
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<tr><td>2. Summary of DURB Actions/Recommendations</td><td></td><td>The Board reviewed a summary of actions from previous meetings (October 2017 thru July 2018).</td></tr>
<tr><td>3. DHS/DHSS/MCO Programs Top Drugs Report</td><td></td><td>Top drugs report for August 2018 was a part of the meeting packet.</td></tr>
<tr><td>4. Medication Information</td><td></td><td>Some medical information was presented.</td></tr>
<tr><td>Follow up items:</td><td></td><td>- Update the opioids and injectable naltrexone protocols with the new recommendations from the State and discussed by the Board.
- Update the pancreatic enzymes protocol with the Board’s recommendation.</td></tr>
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