October 24, 2012 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Dr. Zanna, Dr. Gochfeld, Ms. Rodriguez, Ms. Olson, Mr. Schafer, Dr. Barberio, Dr. Lind (ex officio), Absent: Dr. Moore, Dr. Moynihan, Dr. Marcus, Dr. Gooen
Review of Minutes	Pages 3-6; Tab 1	Approved	Minutes from June 27, 2012 meeting was reviewed and approved. The approved meeting summary will be posted on the DURB website at: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
Secretary's Report	Pages 7-8; Tab 2		• SFY 2012 DURB Annual Report was distributed to Board members with request for their input/comments to be submitted to the Secretary by November 30, 2012. • The Board's recommendations from April and June 2012 meetings were signed by the Director of Medicaid and now awaiting signatures from the Commissioners. • As a part of NJ budget initiative, DUR edits now apply to long-term care pharmacy claims. • Four proposed dates for 2013 DURB meetings were listed in the meeting package. Those dates are: - Wednesday, January 23rd - Wednesday, April 17th - Wednesday, June 26th - Wednesday, October 23rd A public notice will be sent out with these dates. Ed Vaccaro informed the Board that the Pharmacy department's staff meetings with the HMO directors have been very positive. Discussions have been focused around standardizing their DUR edits to conform with the State's standards. Dr. Swee requested that pertinent issues in these meeting should be part of the DURB meeting agendas.

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Old Business			
Short-acting opioids utilization	Pages 9-10; Tab 3		The Board reviewed utilization data for short-acting (SA) compared to long-acting (LA) opioids for January thru June, 2012. There was a sharp decrease in utilization of SA during this period compared to 2011 due to the implementation of the SA opioid protocol. There was also a decrease in use of LA during the same period to coincide with the change in the formulations of these products by the manufacturers.
New Business			
A. Proposed Protocol for low dose quetiapine (Seroquel®)	Pages 11-14; Tab 4	Monitor utilization	The Board reviewed a protocol for the efficient and safe use (for sleep) of low dose quetiapine (Seroquel®), a second generation (atypical) antipsychotic. Although there was a 25 percent increase in utilization between 2009 and 2011 for this indication, the Board deferred action on the protocol until more data (2012) is collected.
B. Proposed Protocol for HIV pre-exposure prophylaxis	Pages 15-16; Tab 5	Monitor utilization	The Board reviewed a protocol for the efficient and safe use of medications in HIV pre-exposure prophylaxis (PrEP). Truvada® (tenofovir/emtricitabine), a currently available product for the treatment of HIV is the first drug approved by the FDA for this indication. The Board opted to monitor utilization for about 6 months, then discuss the need for a protocol.
Informational Highlights			
1 (a) Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 17-18; Tab 6		- A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP), for August 2012 was presented to the Board. There were 1,022,856 total pharmacy claims processed; 25,265 (2.5%) prior authorization requests

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			and 3,458 (13.7%) denials. The top five categories of denials were: (1) Clinical Criteria Not Met (2) MNF Not Returned by Prescriber (3) Therapeutic Duplication, (4) Incorrect Day Supply, and (5) Med Discontinued by Prescriber.
1 (b) Molina Medicaid Solutions Clinical Interventions Review (Duration Exceeded Denials)	Pages 19-20 Tab 6		The Board reviewed outcomes report for duration exceeded (DE) for the month of October 2012. Outcomes from review of 216 DE prior authorization denials were as follows: - Drug discontinued by prescriber (63) - Drug discontinued as a result of MEP intervention (117) - Drug changed to alternate medication (32) - Drug dose decreased to maintenance dose (3) - Drug denial reversed with further justification from prescriber (1) Top drugs denied under this category were tramadol, zolpidem, temazepam, terbinafine, tramadol/Acetaminophen, ketorolac, omeprazole, triazolam, eszopiclone, and lansoprazole.
2. NJ HMO 2nd Quarter 2012 Reports	Pages 21-24 Tab 7		Second quarter 2012 HMO denial reports from Amerigroup, Healthfirst NJ Family Care, Horizon NJ Health, and United HealthCare Community Plan were reviewed. Denial percentages relative to prior authorizations were 34%, 4%, 40% and 36% respectively. The Board expressed their concern about the disparity in the percentage of denials relative to prior authorizations among the HMOs. Ed Vaccaro explained that the State's pharmacy department is continuing to work with the HMO pharmacy directors and will present a standardized report to the Board in the near future.

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5a. DHS and DHSS Programs' Top Drugs Report 5b. Quarterly Top Drugs-Net Cost Report	Pages 25-37; Tab 8		August 2012 report of the top drugs, by dollar amount, claims count and service units were presented. HIV medications made up eight of the first ten drugs in amount paid ranking for "All Population" section of the report. The Board also reviewed one quarter report of top drugs after rebates, in other words, the actual cost paid by the State for these products. Dr. Swee requested that total net cost should also be included in future DURB annual reports.
6. FDA Alerts	Page 51-55; Tab 9		The Board was informed of three FDA alerts: - Approval of Belviq® (lorcaserin), for the treatment of obesity. - Approval of Qysymia® (phentermine/topiramate ER), for weight management. - Approval of Stribild®, a four-drug combination for HIV therapy.
7. Follow up items: (a) Protocol for Low Dose quetiapine (Seroquel®) (b). HIV pre-exposure prophylaxis (c). Top Drug Reports (Net Cost)			- MEP to monitor utilization and the Board will review report and discuss protocol again in about six months. Projected review time: June 2013. - MEP will monitor utilization and the Board will review report and discuss protocol again in about six months. Projected review time: June 2013. - The Board asked the total amount for the Top 100 Drugs with Net cost be included in future reports.