February 4, 2015 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Dr. Zanna, Dr. Gochfeld, Dr. Moynihan, Mr. Schafer, Dr. Gooen, Dr. Marcus, Dr. Lind (ex officio). Unable to attend: Dr. Barberio, Dr. Moore, Ms. Olson
Review of Minutes	Pages 3-6; Tab 1	Approved	Minutes from October, 2014 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		• The DURB Annual Summary for State's Fiscal Year 2014 was resubmitted to the Commissioners after some minor corrections were made by Dr. Lind. • The transition of HealthFirst to WellCare was finalized on December 31, 2014. • The Sovaldi protocol approved by the DURB is currently in state review.
Old Business			
a) HMO Response to DURB follow-up questions on protocols	Pages 9; Tab 3		Dr. Swee inquired about and acknowledged the presence of the HMO representatives at the meeting. There were no follow-up questions at this time.
b) Oxycodone utilization review	Page 10; Tab 3		The Board expressed concern that some patients with acute diagnosis/diseases were high utilizers of oxycodone (a product intended for chronic diseases) for protracted periods. Board members requested a protocol to address this issue to be presented at the next meeting for review. The purpose of the protocol is to identify high utilizing patients with diagnosis that fall into the acute category. Create a process to verify with the prescriber if the patient's status has changed. The prescriber should provide justification for continued use if diagnosis is still acute in nature.
c) Atrial fibrillation drugs utilization survey	Page 11; tab 3		The Board reviewed a survey summary on atrial fibrillation (a-fib) drugs utilized for patients 65 years or older. The purpose of the survey was to determine the method in which these drugs were used to treat atrial fibrillation – rate versus rhythm control. The survey concluded that of the

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d) Topical lidocaine (Lidoderm®) utilization report	Page 12: tab 3		134 responders (39%), twenty-eight percent used rhythm control, 1.5% used rate control, and 31% used both methods. Dr. Swee suggested that in line with best practice recommendations (rate control is more appropriate for this population), a letter should be sent to the prescriber to remind him/her of this criteria whenever one of these products is used in this age group. Due to the wide variations in topical lidocaine protocols and the limited FFS protocol, the Board had requested a report on utilization among the HMOs and FFS plans. The HMO pharmacy directors in attendance, Sam Currie, Horizon; Elaine Daphnis, Amerigroup; Marion Padres, UHC, and Jane Leung, WellCare, gave detailed explanations to the Board about their policies and the reasons for the variations.
New Business			
Protocols Review	Colony-Stimulating Factors Pages 13-24; Tab 4	Continue to monitor	The Board had no comments for these protocols.
	Anti-migraine agents: Pages 25-28; Tab 4	Continue to monitor	Marion Padres, director of pharmacy with United Healthcare, addressed Dr. Swee's concern about the use of step therapy for this class of product. He, however, requested data from UHC on how often prescribers are required to provide medical justification to use the first product of their choice. Ms. Pardes agreed to provide a report at the next meeting.
Informational Highlights/Reports			
1. Fee-for-Service/HMO Prior Authorization Report contd.	Pages 29-30; Tab 5		The Board reviewed prior authorization report comparing all HMO plans including FFS for the 3rd quarter of 2014. Ms. Padres (UHC) and Ms. Leung (WellCare), addressed Dr. Marcus' concern about the information on excessive dose, which they indicated, varied between plans, depending on how the data was collected. Ms. Padres also responded to Dr. Swee's question about the high denial rate for UHC. Concern was raised again about the inconsistency of the data from each of plans. The Board concluded that due to the way each plan obtained and processed information, it would be impossible to eliminate variations in the

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<tr><td></td><td></td><td></td><td>report.

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>1.5</td><td>14</td></tr>
<tr><td>Amerigroup</td><td>0.9</td><td>30</td></tr>
<tr><td>Horizon</td><td>1</td><td>32</td></tr>
<tr><td>UHC</td><td>0.8</td><td>44.5</td></tr>
<tr><td>WellCare</td><td>0.9</td><td>43.7</td></tr>
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<tr><td>2. Summary of DURB Recommendations

October 2014:
Protocols Review and Comparison</td><td>Page 31-32; Tab 6</td><td></td><td>The Board reviewed HMO and FFS protocols for:
1. Topical lidocaine (Lidoderm®)
2. Linezolid (Zyvox®)

Topical lidocaine – The Board requested a report on the utilization of topical lidocaine in the Managed Care and Fee-for Service populations.

Linezolid - No specific issues or concern was raised.</td></tr>
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3. DHS and DHSS Programs' Top Drugs Report	Pages 33-42; Tab 7		The Board reviewed October 2014 report of the top drugs, by dollar amount, claims count, and service units. Typical in this review, HIV drugs were the top nine products for a total of $9,060,800, followed by Abilify®, an antipsychotic as the tenth product in the "ALL population" category. The Board requested the total value for ALL products used. This information will be provided at the next meeting. Dr. Gochfeld had a question about the tremendous increase in price of some generic psychotropic drugs. Mr. Azoia, the State's chief of pharmaceutical services, responded that, a congressional committee was reviewing generic drug pricing.
5. Medication Information	Pages 43-48; Tab 8		The following medical information were also included and discussed: (a) FDA approves Harvoni® for the treatment of Hepatitis C (b) FDA approves Viekira® for the treatment of Hepatitis C (c) Study: Seniors still given potentially dangerous sedatives (d) FDA approves Saxenda® for weight loss

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Follow up items: (a) Sovaldi® protocol			(a) Although still in state review, Dr. Swee inquired if the MCOs are using the same DURB-approved Sovaldi® protocol. Mr. Currie responded that each MCO is following their individual protocol but the variability is minimal since all were developed in line with the recommendations from the American Association for the Study of Liver Diseases (AASLD) and Infection Diseases Society of America (IDSA).
(b) Oxycodone utilization (duration) report			(b) After reviewing a follow-up report on oxycodone utilization, the Board requested a protocol that would make it necessary for prescribers to re-evaluate and/or update patients' diagnosis after a reasonable duration on this product for an acute disease state.
(c) Atrial fibrillation drugs review			(c) Dr. Swee suggested that a letter should be sent to a prescriber to remind him/her of best practice recommendations when any of these products is used in the elderly.
(d) United Healthcare migraine protocol			(d) The Board requested a report from UHC on how often step therapy is used for migraine products.
(e) Top Drugs "total amount" utilization figure			(e) The Board requested that the total amount spent on ALL drugs category should be included in the reports.