April 23, 2014 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Dr. Zanna, Dr. Gochfeld, Ms. Olson, Dr. Moore, Mr. Schafer, Dr. Barberio, Dr. Gooen, Dr. Lind (ex officio). Unable to attend: Dr. Moynihan, Dr. Marcus.
Review of Minutes	Pages 3-8; Tab 1	Approved	Minutes from January 29, 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 9; Tab 2		• Educational newsletter on Long-acting beta-agonists which was approved by the Board in October is now available on the DURB website. • The State's Fiscal Year 2013 Annual Summary was approved by both Commissioners and will be published in the New Jersey State Register. • Asthma RetroDUR report requested by Dr. Swee in the January meeting is being updated to include managed care beneficiaries and will be presented at a future meeting. • Responses from the HMO's to follow-up questions from the Board are included in the meeting package. • Transition from HealthFirst to WellCare is now projected to be completed in the 3rd quarter of 2014, not 2nd quarter as previously announced.
Old Business			
A. Newsletter for Acute Pain Treatment Options	Pages 11-12; Tab 3	Publish after minor update	The Board reviewed the revised version of an educational newsletter on the Treatment Options for Acute Pain. Dr. Gochfeld suggested re-insertion of tricyclic antidepressants as adjuvant therapies which was dropped due to space. The Board voted to publish the newsletter after this adjustment.
B. HMO Response to DURB follow-up questions on protocols	Pages 13-15; Tab 3		Dr. Swee expressed concern about some of the Plans' "artificial barriers" to treatment. Specifically, one of the Plans required the prescriber to provide supporting clinical literature to justify use of a product when other Plans do not have this requirement.

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<tr><td>New Business</td><td></td><td></td><td></td></tr>
<tr><td>Protocols Review</td><td>Ranolazine (Ranexa®): Pages 17-18; Tab 5</td><td></td><td>The Board reviewed FFS/HMO protocols for Ranolazine (Ranexa®). Due to low utilization, there is no protocol for this product on the fee-for-service population. This was also applicable to some of the plans.</td></tr>
<tr><td></td><td>Inhalation corticosteroid/long-acting beta agonists combination: Pages 19-21; Tab 5</td><td></td><td>The Board expressed concern about the requirement for a patient to demonstrate failure for a prescribed product for a period of 60 days prior to switching to another product. They felt that 30 days was long enough for that change to be made especially for asthma/COPD. Dr. Swee requested that the State should confer with the HMO (Plan D), to arrange possible adjustments to this requirement.</td></tr>
<tr><td></td><td>Low Molecular Weight Heparin – enoxaparin [LMWH] (Lovenox®): Pages 23-27; Tab 5</td><td></td><td>The Board indicated that the approval durations provided by the plans were reasonable. Ms. Olson indicated that some cancer patients meeting certain criteria (e.g. failure with warfarin) require anticoagulation with LMWH for about one year, and sometimes a lifetime.
Again, Dr. Swee requested that the State follow up with the HMOs to ensure there are pathways for exceptions when patients reach the listed duration limits.</td></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 29-30; Tab 6</td><td></td><td>The Board reviewed prior authorization report comparing all HMO plans including FFS for the 4th quarter of 2013. 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 (%)</td><td>Denial (%)</td></tr>
<tr><td>FFS</td><td>2.8</td><td>13</td></tr>
<tr><td>Amerigroup</td><td>0.7</td><td>24</td></tr>
<tr><td>HealthFirst</td><td>28.7</td><td>0.5</td></tr>
<tr><td>Horizon</td><td>1.1</td><td>36.7</td></tr>
<tr><td>UHC</td><td>0.6</td><td>39.2</td></tr>
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2. Summary of DURB Recommendations January 2014: a)Educational Newsletter b) Protocols Review and Comparison	Page 31-32; Tab 7	Pending revision	In this meeting, The Board reviewed and recommended revisions to an educational newsletter for Acute Pain Treatment Options. The Board reviewed HMO and FFS protocols for: 1. Buprenorphine/naloxone; buprenorphine 2. Tadalafil (Cialis®) for BPH Dr. Swee expressed concern about the step therapy required by some of the Plans for tadalafil. He pointed out that although alpha reductase inhibitors (encouraged by the plans) could reduce BPH and risk of cancer, this class of products could also increase the risk of high-complex cancers. The Board requested that the summary of recommendations/actions from previous meetings should be posted on the Board's website.

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3. DHS and DHSS Programs' Top Drugs Report	Pages 33-40; Tab 8		The Board reviewed February 2014 report of the top drugs, by dollar amount, claims count, and service units. The Board had questions about the recipient count and distribution of the remaining FFS patients. Dr. Swee was curious about the use of Abilify® in the Long-Term Care (LTC) patient population where it was ranked number one in the top drugs used (by amount paid) for the reporting month. Dr. Gooen remarked that utilization is not that high in private LTC facilities with which she is affiliated.
5. Medication Information	Pages 41-44; Tab 9		The following medical information were also included and discussed: (a) FDA: Testosterone Drugs May Increase CV, Death Risk (b) FDA approval of Zohydro® The Board wondered what the FDA's rationale was for approving this product (c) Senate Finance Committee Urges CMS to Preserve Mental Health Drugs Access CMS had proposed to rescind the protected status of six classes of drugs including immunosuppressants and mental health drugs. In March 2014, CMS decided not to go forward with the proposed changes.
Follow up items: (a)Acute Pain newsletter (b) ICS/LABA protocol review (d) Review A-Fib drug utilization			- Update with tricyclics as adjuvant medications then publish. - State to review 60 days drug trial requirement prior to switching to another product with Plan "D". - Review utilization of atrial fibrillation drugs among HMO plans