June 23, 2010 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Ms. Olson, Ms. Martinez- Rodriguez, Dr. Barberio, Dr. Gooen, Dr. Gochfeld, Dr. Lichtbroun, Dr. Marcus Absent: Dr. Moore, Mr. Schafer, Dr. Moynihan,
Review of Minutes	Pages 3-8; Tab 1	Approved	Minutes from April 21, 2010 meeting were approved and are posted to the DURB website: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
Secretary's Report	Page 9-10; Tab 2		• The NJ Drug Utilization Review Board (NJDURB) State Fiscal Year (SFY) 2009 annual report was published in the NJ Register on May 17, 2010. • The non-steroidal anti-inflammatory drugs (NSAIDs) protocol recommended by the DURB was approved by both Commissioners of both the NJ Department of Human Services and NJ Department of Health and Senior Services. • Selzentry® was approved by the Food and Drug Administration (FDA) as first line treatment for adults with CCR5-tropic patients. Medicaid will continue to prior authorize Selzentry® to verify HIV positive status and tropism test completion. • Upcoming DURB meeting is scheduled for Wednesday October 20, 2010. The meetings will be held from 11 am to 12 pm in Building 7, Conference Rooms 200 A, B, and C at Quakerbridge Plaza Mercerville, NJ 08625.
Business			
A. Lovaza® Protocol	Pages 15-16; Tab 3	Approved	In an effort to ensure appropriate utilization of omega-3 ethyl esters (Lovaza®), the NJDURB approved the proposed protocol. The protocol will monitor triglyceride levels; ensure patients have tried and failed fibric acid derivatives; monitor the prescribed dose of Lovaza®; and will monitor for potential drug interactions.

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B. Mepron® Protocol	Pages 17-18; Tab 4	Approved	The NJDURB approved the proposed atovaquone (Mepron®) protocol to ensure appropriate utilization. Atovaquone will be approved for patients utilizing it for prevention or acute treatment of Pneumocystis carini Pneumonia (PCP) who have failed or are intolerant to trimethoprim-sulfamethoxazole. In addition, the duration of use and dosing of atovaquone will be monitored.
Old Business			
A. Tramadol Protocol	Pages 19-24; Tab 5	Approved	The Board reviewed and approved the Tramadol Protocol with the following amendment: duration of use without the need for prior authorization is limited to 60 days or less. The prior authorization unit will monitor for duration of use, drug interactions leading to reduction in seizure thresholds, daily doses, and a history of substance abuse.
B. Green Tea Capsule Protocol	Pages 25-26; Tab 6	Tabled	DMAHS is requesting the Board review and provide a recommendation regarding coverage of over-the-counter nutritional supplement green tea capsules for patients with Familial Dysautonomia (FD). Epigallocatechin gallate (EGCG) has not been studied in humans to date. The use of this supplement for FD is considered experimental and the indication for its use in FD is not FDA approved. The Board requested more information such as: other States' experiences with coverage of this product, studies through NIH involving green tea capsules/EGCG, and cost per patient to the State of NJ in order to reach a recommendation. The following information was provided to the Board: • NJ contacted Texas, Florida, New York, and Georgia to determine whether they provide coverage of green tea capsules for their Medicaid clients. These states do not offer coverage of green tea capsules for any indications. • There are no current studies investigating the use of green

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			tea capsules for FD in humans. • Green Tea 70 Capsules are over the counter with no rebate. The cost for a quantity of 60 capsules: $21.36.
Informational Highlights			
1. Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report	Pages 27-28; Tab 7		A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for April 2010 was reviewed. There were 37,464 prior authorization requests and 5,552 (14.8%) denials. The top five categories of denials were: (1) therapeutic duplication; (2) Incorrect days supply; (3) MNF not returned by prescriber; (4) excessive dose; and (5) prescriber changed to over-the-counter (OTC) product.
4.Tops Drugs Report	Pages 29-36; Tab 8		A report of the top drugs, by dollar amount, for April 2010 was reviewed. Atypical antipsychotics and HIV drugs are among the most frequently prescribed in the FFS Medicaid population.
5. HMO Denial Reports	Pages 37-40; Tab 9		First quarter HMO denial reports from AmeriChoice, AmeriGroup, Health Net of N.J., Horizon NJ Health were reviewed (DMAHS had previously requested that the HMOs provide clarification regarding their denial categories. The additional requested information will be included in the reports upon contract approval.
Follow-up Items from previous NJDURB meetings			

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Previously approved Protocols		Implementation status	Approved and Implemented Protocols SFY 2010 • Prograf® exemption from the State's mandatory generic policy Approved Protocols but not implemented SFY 2010 • Adult Protocol for Antipsychotic Drugs • NSAIDS Protocol • Tramadol® Protocol • Lovaza® Protocol • Mepron® Protocol
Molina Medicaid Solutions (Fee-for-Service) Prior Authorization Report			The Board requests the top 10 drugs for each of the MEP edits to post be included in upcoming reports.
Top 10 Providers			The Board has requested a list of the top 10 providers not returning MEP MNFs.
Mandatory Generic Policy			DMAHS will present the exempted list of drugs to the Board for their review & clinical input. DMAHS will request that the Board provide a recommendation as to whether or not the drugs on the current list should be exempted or included from the policy.
Reports on Protocols			DMAHS will provide the Board with reports pertaining to approved protocols.
HMO Denial Reporting			DMAHS will request that the HMOs provide the total number of claims processed for each quarter in addition to the report they submit. All of the requested information may not be available to the Board until contractual changes occur between the State and HMOs.

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Retro-DUR Compliance Notification			The State will be working with Molina Medicaid Solutions to set up a process by which compliance letters can be sent to patients' prescribers concerning specific disease states. The disease states of interest include Asthma, Diabetes, Hypertension, and Warfarin. DMAHS has also requested a Retro-DUR project related to atypical antipsychotics. The Board has requested this be presented as a formal agenda item to prioritize the projects.
Medical Diagnosis Data			The Division will provide a report consisting of top diagnosis for the FFS Medicaid population based on medical claims data. This information may be useful in comparing to the top drugs utilized within this population.

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