January 25, 2012 DURB Meeting Summary

Issue	Page; Tab	Action	Notes
Roll Call			Present: Dr. Swee, Ms. Olson, Dr. Marcus, Dr. Zanna, Dr. Gooen, Dr. Gochfeld, Ms. Martinez-Rodriguez, Dr. Barberio, Dr. Lind (ex officio) Absent: Mr. Schafer, Dr. Moore, Dr. Lichtbroun, Dr. Moynihan
Review of Minutes	Pages 3-10; Tab 1	Approved	Minutes from June 29, 2011 and October 19, 2011 meetings were reviewed. Dr. Marcus called attention to changes that he had suggested in the June meeting in reference to the tramadol protocol - that tramadol, although not an opiate, acts on opioid receptors. This correction will be noted in the transcript. The approved meeting summaries are posted on the DURB website at: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
Secretary's Report	Pages 11-12; Tab 2		- Recommendations made by the Board during the June and October 2011 meetings have been approved by the Commissioners (DHS/DHSS). These include: • Boceprevir (Victrelis®) protocol • Short-acting opioids (SAOs) protocol • Telaprevir (Incivek®) protocol • Salmeterol/fluticasone (Advair®) protocol • Mandatory Generic exception protocol - The following recommendations, were approved by the Commissioners and implemented at the Molina Medicaid Solutions call center: • Pulmonary Arterial Hypertension protocol • Updated duration protocol for proton pump inhibitors • Tramadol protocol • Advair® protocol (currently applies to GA beneficiaries only) Dr. Swee requested that the Board be provided with follow up reports

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			on the implementation of Board-approved protocols. These reports with implementation dates and outcomes will be presented at least once a year. - The DURB Annual Report for State Fiscal Year (SFY) 2011 has been completed and emailed (earlier) to Board members for their review and input, to be received by the Secretary on or before January 31, 2012.
Old Business			
Review of Managed Care Contract and NJDURB Roles/Responsibilities	Pages 13-18; Tab 3		- Karen Brodsky, the Chief of Managed Care Contracting for the Division of Medical Assistance and Health Services (DMAHS) discussed her role and the relationship between the Office of Managed Healthcare and Medicaid-participating HMOs. Ms. Brodsky was invited to discuss ways to better improve communication between the MCOs and the Board. She informed the Board that her Office is currently reviewing the different reports described in the MHC contract to determine their usefulness. Some inconsistencies and variations were found among the reports currently received from the health plans. She recommended that the Board conduct a review of existing MCO reports for further discussion with the quarterly HMO pharmacy workgroup. She also provided the Board members a copy of each health plan's drug utilization review policies and procedures for the Board to better understand how the plans are structured. - The Board discussed its role and responsibilities to review HMO-sponsored DUR programs as outlined in State and federal regulations (excerpts of these regulations were shared with the Board prior to the meeting). Members insisted that their role of

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			overseeing DUR programs sponsored by managed care or administered by the State's FFS program should continue. Dr. Swee requested assistance from DMAHS to establish DUR monitoring criteria and reports for the Board to review. . The Board indicated that it is not its intent to intervene and stem variability among plans in regards to their approach to DUR. However, the Board has a responsibility to ensure that medications are being properly utilized.. The Board requested that a copy of State legislation establishing the DURB be distributed again to members for the next meeting.
New Business			
A. Proposed Protocol for the efficient use of carisoprodol (Soma®)	Pages 19-20; Tab 4	Approved	The Board reviewed and approved a protocol for the use of carisoprodol (Soma®), a central-acting oral muscle relaxant. Due to reports of abuse, this product was recently (December 12, 2011) placed under the federal controlled substances Act of 1970 by the DEA. However, the Board recommended that prior authorization for higher than recommended doses and duration of greater than 90 days was appropriate for monitoring utilization.
B. Proposed protocol for the efficient use of montelukast (Singulair®)	Pages 21-22; Tab 5	Approved	The Board reviewed and approved a protocol for the efficient use of montelukast (Singulair®), a medication used for the treatment of asthma, exercise-induced bronchospasm and chronic idiopathic urticaria. The Board recommended that this product also be approved for patients with seasonal/perennial allergic rhinitis who could not tolerate or have failed at least one trial of non-sedating antihistamine or intranasal corticosteroid where applicable.
Informational Highlights			
1. Molina Medicaid Solutions (Fee-for-Service) Prior	Pages 23-24; Tab 6		- A summary report of Clinical Interventions by the Molina Medical Exceptions Program (MEP) for November 2011 was reviewed. There were 21,599 prior authorization requests and

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Authorization Report			2,828 (13%) denials. The top five categories of denials were: (1) Clinical Criteria Not Met; (2) Therapeutic Duplication; (3) Incorrect Day Supply; (4) MNF Not Returned by Prescriber and (5) Duration Exceeded. - The Board requested a breakdown of some of the denial categories and that some form of resolution of outcomes be presented in future meetings. - The Board compared this report to the ones received from the HMOs and again requested consistency with their reports and more detailed explanations of the denials or lack of denials when deemed appropriate in each category. They requested that the HMOs suggest additional definitions or categories to the Molina template and submit these as requests to the Board for consideration. - The Board requested that the percentage of denials relative to claims processed also be indicated in the Molina denials report. Currently, only the percentage denied relative to prior authorized claims is reported.
2. NJ HMO 2nd Quarter 2011 Reports	Pages 25-28; Tab 7		Third quarter HMO denial reports from Healthfirst NJ Family Care, Amerigroup, United HealthCare, and Horizon NJ Health were reviewed. Denial percentages relative to prior authorizations were 2%, 42%, 35.7% and 40% respectively.
3. DHS and DHSS Programs' Top Drugs Report	Pages 29-38; Tab 8		A report of the top drugs, by dollar amount, for November 2011 was reviewed. Atypical antipsychotics and HIV drugs were the top products used during this period. $16,524,706 was the total spent on the top (100) drugs used for all FFS patient population. The Board requested that patient population in each of the programs be included in future reports to help in evaluation of drug utilization.

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4. FDA Alerts	Page 39-40; Tab 9		The Board was informed of two FDA alerts: - The FDA issued a "safety communication" on fenofibrate, informing prescribers that a result of its ongoing investigation of the safety and efficacy of fenofibric acid found that there was no significant difference in the risk of experiencing a major adverse cardiac event between the fenofibrate/simvastatin group and the simvastatin–alone group in a recent trial. - Federal Register/Vol. 76, No. 238/Monday, December 12, 2011/Rules and Regulations announced the DEA's placement of the substance carisoprodol, including isomers and salts into Schedule IV of the Controlled Substances Act (CSA).