April 17, 2019 DURB Meeting Summary

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Gochfeld, Dr. Moynihan, Ms. Olson, Dr. Barberio Dr. Gooen, Mr. Schafer, Dr. Lind (ex-officio) Unable to attend:, Dr. Marcus, Dr. Moore
Public Notice		Dr. Swee read the public notice required for public meetings: In compliance with Chapter 231 of public laws of 1975, notice of this meeting was given by way of filings in the Trenton Times, Star Ledger and Atlantic City Press.
Review of Minutes	Approved	Minutes from January 16, 2019 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		• The Commissioners have signed off on the following DURB-recommended protocols: - Opioid-induced constipation products - Ranolazine (Ranexa®) - Dextromethorphan/quinidine (Nuedexta®) - Pancreatic enzymes – updated DXC's MEP is working on implementing these protocols. • We are awaiting the Commissioners' signatures for the prescription opioid protocols. The Vivitrol® protocol was also outstanding but doesn't matter anymore as changes have been made since the last meeting – no more prior authorization for medication assisted treatment (MAT) products. • The Commissioners have signed off on the DURB annual report for State Fiscal Year 2018. It was enroute to the Governor's office according to the last communication from the State's office of legal and regulatory affairs. • Two dermatologists contacted through the Dermatology Society of New Jersey gave their input for the Dupixent® protocol. Dr. Moynihan was instrumental in making this contact possible. • All board members resumes have been received and forwarded to the reappointment coordinator.

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Board members reappointment/ appointments		Dr. Swee enquired about the status of board members reappointment. Mr. Vaccaro responded that the process had received DHS commissioner's attention which resulted in a meeting with outgoing state pharmaceutical chief, Gene Azoia, R.Ph., and incoming chief, Zankhana Desai, R.Ph. where they discussed strategies to get it done. He went on to say that the State will be reviewing the Board members authorizing entities to ensure that they are consistent with the legislative language. Ms. Olson mentioned that she and Dr. Barberio were originally nominated by the New Jersey State Nurses Association.
Old Business		
Proposed Protocol for dupilumab (Dupixent®)	Approved	The Board reviewed and recommended a protocol for Dupixent®, a drug for the treatment of atopic dermatitis. The Board had tabled this protocol for input from a dermatologist. Two dermatologists recommended by the Dermatology Society of New Jersey made suggestions for the final version of the protocol.
New Business		
(A) Proposed Protocol for Calcitonin Gene-Related Peptide (CGRP) Antagonists	Approved with suggested changes	The Board reviewed a protocol for CGRP antagonists (erenumab [Aimovig®], fremanezumab [Ajovy®], and galcanezumab [Emgality®]) used for migraine prophylaxis. They recommended the protocol contingent on the following changes: - Patients will try three different drug classes in 30 days, instead of 90 days. - Remove the qualification on triptans *"for members with menstrually-associated migraines only"*. - Delete the option for trial and failure of Botulinum Toxin for patients with chronic migraines These changes will be included in the final version of the protocol.
(B) Proposed Protocol for Gout Products	Approved with suggested changes	The Board reviewed a protocol for gout products (febuxostat [Uloric®], lesinurad [Zurampic®], peglogicase [Krystexxa®]). They recommended the protocol contingent on the following changes: - Change the verbiage for criterion #2 under Lesinurad (Zurampic®) to read *"The patient has not achieved targeted*

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(C) Newsletter on medication assisted treatment (MAT) products		*serum uric acid levels using optimal therapy of allopurinol or febuxostat"*. - Correct omission of *"uric"* in criterion #2 under Krystexxa These changes will be included in the final version of the protocol. Dr. Gooen suggested including liver function tests and other warnings in the protocol. Dr. Swee countered that such details will make the protocols too voluminous. Dr. Moynihan declined a suggestion to include a minimum dose of allopurinol to be tried prior to using febuxostat on the grounds that there are competing thoughts on the subject and that the inclusion will be questioned by the American College of Physicians (ACP). The Board reviewed a recently published newsletter that addressed the State's new policies on office based addictions treatment (OBAT) and medication assisted treatment (MAT) products. Dr. Swee and Dr. Barberio said that the State newsletters may not be circulating properly because they don't receive them. Mr. Vaccaro explained that the newsletters are usually sent to prescribers' billing or servicing address but is probably not being handed to them. He suggested that prescribers should be able to access all recent and old newsletters by going to the website: www.NJMMIS.com. Sam Emenike, Pharm D, secretary for DURB promised to email the newsletter and subsequent ones to the Board members.

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<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td>Informational Highlights/Reports</td><td></td><td></td></tr>
<tr><td>1. Fee-for-Service/MCO Prior Authorization Report</td><td>Continue to monitor.</td><td>The Board reviewed prior authorization (PA) denial report comparing all MCO plans including FFS for the 4th quarter of 2018.
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>0.6</td><td>14</td></tr>
<tr><td>Aetna</td><td>0.6</td><td>25</td></tr>
<tr><td>Amerigroup</td><td>1</td><td>26</td></tr>
<tr><td>Horizon</td><td>0.9</td><td>33</td></tr>
<tr><td>UHC</td><td>0.9</td><td>49</td></tr>
<tr><td>WellCare</td><td>0.6</td><td>48</td></tr>
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Dr. Swee called on Ashraf Sunesara, PharmD, with WellCare to explain why his plan denied 49% of PA requests. Dr. Sunesara explained that claims were denied when they do not meet the Plan's set criteria. He explained that other factors also play a part in the numbers of denials like "incomplete information". Dr. Swee explained that each denial resulted in financial and time expenditure for the provider. Mr. Schaefer pointed out that 226 of the denials was designated as "other" was high compared to other plans. Dr. Gochfeld also wanted to know what "other" meant. Dr. Sunesara explained that this category was made up of denials that did not fit into available categories. The Board requested that WellCare provide a detailed list of denials that fall into the "other" category.

Dr. Swee called on Matt Samuel, PharmD with United Healthcare (UHC) to explain the disparity between the Plan's formulary denials and other plans. Dr. Samuel explained that UHC provides formulary alternatives on their preferred drug list (PDL) but if the prescriber did not choose any of these products, the claim will be denied. The Pharmacist at the point of sale informs the prescriber who now has an opportunity to choose the alternative(s) offered. At Dr. Swee's prompt, he informed the Board that</td></tr>
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		UHC updates their formulary quarterly. Dr. Gochfeld noted that Horizon's "incomplete information" is a "huge number". Sam Currie, R.Ph. with Horizon explained that the Plan's model involved communication between the Plan and the pharmacy which creates background research prior to involving the prescriber. This process resulted in higher numbers in the "incomplete information" category.
2. Summary of DURB Actions/Recommendations		The Board reviewed a summary of actions from previous meetings (April 2018 thru January 2019).
3. DHS/DHSS/MCO Programs Top Drugs Report		Top drugs report for January 2019 (FFS)/December 2018 (MCOs) was reviewed.
4. Medication Information		Some medical information was presented which included the recent angiotensin receptor blockers (ARBs) and other FDA recalls.
Follow up items:		- Sam Emenike will forward OBAT newsletter to board members - Ed Vaccaro will revisit authorizing associations for board reappointments - WellCare's pharmacy director will provide a detailed list of denials that were associated with the "incomplete information" category for the 4th quarter denials report.