46 NJR 10(2)
October 20, 2014
Filed September 22, 2014

PUBLIC NOTICE

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

DEPARTMENT OF HEALTH

New Jersey Drug Utilization Review Board

State Fiscal Year 2013 Annual Report

Authorized By: Jennifer Velez, Commissioner, Department of Human Services, and Mary E. O'Dowd, Commissioner, Department of Health.

Authority: N.J.S.A. 30:4D-1 et seq. (P.L. 1998, c. 41).

Agency Control Number: 14-PN-01.

Submit comments by December 19, 2014, to:

Margaret M. Rose -- Attn: SFY 2013 DURB Report

Division of Medical Assistance and Health Services

Office of Legal and Regulatory Affairs

P.O. Box 712

Trenton, NJ 08625-0712

Fax: (609) 588-7343

E-mail: Margaret.Rose@dhs.state.nj.us

Delivery: 6 Quakerbridge Plaza

Mercerville, NJ 08619

Full text of the notice follows:

Summary

This notice affords the public an opportunity to review and comment on the annual Drug Utilization Review Report, which describes the activities of the New Jersey Drug Utilization Review Board (NJDURB) for State Fiscal Year 2013 and its impact on the quality of care provided to beneficiaries participating in the State's pharmaceutical benefit programs.

Take notice that, as required by P.L. 1998, c. 41 (at N.J.S.A. 30:4D-17.18.e) and in fulfillment of requirements established by the Federal Department of Health and Human Services, the following Drug Utilization Review Report is presented for public comment. The report contains a description of the activities of the NJDURB for State Fiscal Year 2013 and its impact on the quality of care provided to beneficiaries participating in the State's pharmaceutical benefit programs for the period beginning July 1, 2012, and ending June 30, 2013.

The report contains an overview of activities and interventions and impacts on the quality of care, an assessment of costs and the recommendations of the Board.

Full text of the Drug Utilization Review Board Annual Report follows:

New Jersey Drug Utilization Review Board

Annual Report

July 1, 2012 through June 30, 2013

Table of Contents

I. Acknowledgements

The Prospective Drug Utilization Review (PDUR) process for State Fiscal Year (SFY) 2013 was made possible by the hard work and commitment of the following members of the New Jersey Drug Utilization Review Board:

David Ethan Swee, M.D., Chairman

Judith Barberio, A.P.N., C., Ph.D.

Linda Gochfeld, M.D.

Linda G. Gooen, Pharm.D., M.S., CCP, CCGP

Steven Matthew Marcus, M.D.

Judith Martinez Rodriguez, R.Ph., M.B.A., FACA

Sandra Moore, Pharm.D.

Eileen Moynihan, M.D.

Kristine M. Olson, M.S., R.N., A.P.N.,C

Jay R. Schafer, R.Ph.

In addition, the following employees assisted the drug utilization review process:

Martin T. Zanna, M.D., MPH, New Jersey Department of Health, Office of Planning and Development; Dr. Zanna is also Acting Executive Director, Governor's Council for Medical Research and Treatment of Autism.

Thomas Lind, MD, Medical Director, New Jersey Department of Human Services, Division of Medical Assistance and Health Services.

Eugene Azoia, R.Ph. Chief, Pharmaceutical Services, Office of the Medical Director, New Jersey Division of Medical Assistance and Health Services.

Robert Kocsardy, R.Ph., New Jersey Division of Medical Assistance and Health Services, New Jersey Department of Human Services. Special thanks are added to the record in appreciation of continuing education presentations provided by Mr. Kocsardy throughout the State of New Jersey.

Sam Emenike, Pharm.D., Clinical Specialist, Molina Medicaid Solutions.

Dalia Hanna, Pharm.D., Medical Exceptions Process Program Manager, Molina Medicaid Solutions.

Edward J. Vaccaro, R.Ph., Consultant Pharmacist, Molina Medicaid Solutions.

II. Executive Summary

In accordance with Public Law 1998, chapter 41, the State of New Jersey Department of Human Services and the Department of Health are required by December 1st of each calendar year to provide an annual report, with copies to the United States Department of Health and Human Services, the Governor, the Legislature, the New Jersey Pharmacists Association and the Medical Society of New Jersey. The report includes a description of drug utilization review (DUR) highlights and opportunities identified by the New Jersey Drug Utilization Review Board (NJDURB) for the period beginning July 1, 2012 and ending June 30, 2013.

It is important to note that requirements for the Drug Utilization Review (DUR) annual report submitted to the United States Department of Health and Human Services by the New Jersey Division of Medical Assistance and Health Services (DMAHS) differ from those indicated by Public Law 1998, chapter 41 (Appendix A). Information included in this annual report will serve as input for the federal DUR report.

The NJDURB met quarterly during State Fiscal Year (SFY) 2013. The Board reviewed and discussed drug utilization data for a number of different drug classes, as well as

individual drugs of interest. Several prior authorization/clinical initiatives and outcomes were reviewed. The NJDURB spent $9,009.48 in SFY 2013.

As part of the Prospective Drug Utilization Review (PDUR) process, interventions recommended by the NJDURB are designed to prevent adverse drug events and the overutilization/underutilization of medications protecting the patient and preventing fraud, waste and abuse. These interventions offer pharmacists additional information and the opportunity to consult with patients and prescribers. The PDUR program has clearly demonstrated its ability to influence, and in some cases, dramatically change prescribing patterns ultimately encouraging appropriate drug utilization; improved health outcomes; and the avoidance of unnecessary drug costs.

Appendix B indicates about $15,507,605 million in estimated cost savings for SFY 2013 for the State fee-for-service (FFS) pharmacy benefit program through its Medical Exception Process (MEP). The cost savings are based on a review of drug utilization for the sixty-day period following the denial of a pharmacy service due to a DUR concern.

The savings are an added value resulting from the PDUR process. The State created PDUR edits, such as drug-drug interactions, duplication of drug therapies; and maximum daily doses to identify possible conflicts and ultimately encourage appropriate prescribing and/or drug utilization.

The cost of administering the MEP through Molina Medicaid Solutions for the period of July 1, 2012 through June 30, 2013 was $5,619,112.

III. Background

The NJDURB is responsible for reviewing and recommending specific processes for prospective and retrospective components of the DUR process. These processes are intended to improve medication utilization and the quality of care.

The Prospective drug utilization review process consists of interventions performed by a pharmacist prior to a drug being dispensed to Medicaid /NJ FamilyCare (NJFC), Work First New Jersey (WFNJ)/General Assistance (GA), Pharmaceutical Assistance to the Aged and Disabled (PAAD), New Jersey Senior Gold Prescription Discount Program (Senior Gold), Cystic Fibrosis and AIDS Drug Distribution Program (ADDP) beneficiaries who receive drug benefits through the FFS program. These interventions may involve consultations with the patient and practitioner regarding drug utilization, including possible severe drug-drug interactions; maximum daily dosage having been exceeded; possible therapeutic duplication (the use of more than one drug in a specific drug class); and situations where the recommended duration of use for a drug may have been exceeded.

Retrospective Drug Utilization Review (RDUR) evaluates these same criteria. However, these reviews are conducted on a beneficiary's drug claim history after medications have been dispensed. The process is useful to the State and/or the prescriber for evaluating prescribing patterns. Based on this information, to assure continuous quality assurance, the Board is responsible for performing certain educational outreach activities to bring about changes in these patterns to encourage clinically appropriate drug utilization.

The NJDURB is responsible for recommending PDUR standards to avoid drug-related issues, such as duplication of drug therapies, inappropriate dosing, drug-drug interactions,

drug-disease contraindications, and inappropriate therapeutic usage. Commissioners of the Department of Human Services and Health consider these standards for approval. These standards are supported by the State's point-of-sale (POS) claims processing system. The POS system provides the opportunity to offer pharmacists useful drug utilization information prior to a prescription being dispensed.

The official NJDURB website may be found at www.nj.gov/humanservices/dmahs/boards/durb/.

IV. Findings

A. Overview of Activities/Interventions and Impact on Quality of Care

Highlights of Board Activities in SFY 2013:

- ***Short-acting opioids:*** As a follow-up to the oxycodone sustained release (SR) protocol approved in October 2010, the Board reviewed a utilization report reflecting the use of long-acting (LA) oxycodone products compared with short-acting (SA) formulations for claims with service dates between January 1, 2012 and June 30, 2012. Compared with the same period in 2011, the report showed a sharp increase in the use of SA oxycodone in 2011 and a decrease in utilization of the SR formulations since the implementation of the protocol. Some of the decrease could also be attributed to a change in formulations by manufacturers in an effort to deter abuse. The Board concluded that the protocol was having a positive impact.

- **Outcomes of Clinical Interventions**

  Clinical denials review (duration exceeded denials): As part of the Board's oversight of the prior authorization (PA) process, board members reviewed a breakdown of one

of the denial categories – "duration exceeded". The report identified 216 claims. Intervention outcomes are shown below.

- Drug discontinued as a result of MEP intervention (54%)
- Drug discontinued by prescriber (29%)
- Drug changed to alternate medication (15%)
- Drug dose decreased to maintenance dose (1%)
- Drug denied and subsequently approved with justification from prescriber (0.5%)
- Top drugs denied under this category were tramadol, zolpidem, temazepam, terbinafine, tramadol-acetaminophen, ketorolac, omeprazole, triazolam, eszopiclone, and lansoprazole. The Board concluded that the claim denials were appropriate.

Clinical denials review (prescriber discontinued medications): The Board reviewed the outcomes of a denial report for "prescriber discontinued medications" for November 2012. The report identified 54 claims. Intervention outcomes are listed below.

- MEP intervention prompted medication denial (61%)
- Prescriber discontinued medication due to a duplicate therapy prescribed by a different prescriber (11%)
- Prescriber discontinued medication due to a drug-drug interaction (9%)
- Short-acting opioid duration letter prompted prescriber to discontinue medication (7%)
- Pharmacy refilled discontinued medication (4%)

- Change in therapy (4%)
- Pharmacy auto-refilled wrong prescription/strength (2%)
- Prescriber discontinued medication as a result of a NJ Prescription Monitoring Program (PMP) alert (2%)

The top five drugs denied under this category were tramadol, omeprazole, Prilosec OTC®, carisoprodol and pantoprazole.

- **Drug Utilization Review**

  Oral diabetic medication review: The Board reviewed a report regarding the utilization of oral diabetic medications. The Board recommended a survey to determine why dipeptidyl-peptidase-4 (DPP-4) inhibitors and/or glucagon-like peptide-1 (GLP-1) agonists were being prescribed prior to the trial or failure of a recommended first-line agent, like metformin. The Board also recommended provider outreach with an educational newsletter to encourage prescribers to use appropriate first line drugs, as published in national and international guidelines.

  Utilization review of HIV pre-exposure prophylaxis (PrEP):

  The Board reviewed a 6-month utilization report of tenofovir/emtricitabine (Truvada®) utilization, a drug recently approved by the FDA for HIV PrEP. The Board recommended that a prior authorization protocol for this drug not be proposed at this time. Out of eight patients reviewed for this period, only one patient was confirmed to have been taking the medication for HIV prophylaxis. The

Board instructed Molina to continue monitoring PReP utilization and to report back to the Board at a later time.

- **Summary of DURB Action Items:**

  Montelukast (Singulair®) protocol – Due to minimal concerns regarding overutilization and the availability of a generic equivalent for this drug (hence lower drug cost) the Board recommended removing this medication from the State's MEP.

- **HMO Protocols Review:**

  The Board reviewed four of nine protocols shared by the managed care and FFS plans, including protocols for modafinil, atypical antipsychotics, omega-3-acid ethyl esters and non-steroidal anti-inflammatory drugs (NSAIDs). The Board indicated concerns regarding inconsistencies in coverage of disease states by the plans and recommended the following:

- The plans should fully utilize contractual pathways for accommodating coverage exceptions when necessary
- The plans should clarify for the Board strategies used to minimize duplicative use of atypical antipsychotic medication, as well as other medications.
- The FFS protocol for Omega-3- Acid ethyl esters should be updated to align with the protocols implemented by the plans. The NSAID protocols should be separated into selective and non-selectives for clarity
- An educational newsletter addressing the subject of acute pain management.

- **Type 2 Diabetes Newsletter:** June 2013

  The Board reviewed and approved an educational newsletter for type 2 diabetes. The newsletter provided epidemiological data on the disease, illustrating currently recommended glycemic goals and available treatment options.

- **Top Drugs:** The Board reviewed reports of the most prescribed (top) drugs used in each of the FFS patient populations by amount paid; claim count; and service units provided during the SFY. HIV medications dominated the top ten drug list (88.5%) of amount paid, followed by hemophilia products (7%), and atypical antipsychotics (4%).

Ms. Rodriguez: Ms. Judith Rodriguez, a Board member, resigned during this reporting period

Recommendations provided by the Board in SFY 2013 have been approved by the Commissioners of the Human Services and Health.

Additional information regarding DURB activities may be found at www.nj.gov/humanservices/dmahs/boards/durb/

B. Assessment of Costs

Drug Utilization

The MEP approved 217,948 claims with dates of service between July 1, 2012 and June 30, 2013. The top five categories of drugs most often prior authorized include pain medications, anti-anxiety drugs, proton-pump inhibitors, skeletal muscle relaxants and atypical antipsychotics (see Table A below). The top five categories of drugs most often

denied included pain medications, proton-pump inhibitors, sedative-hypnotics, non-steroidal anti-inflammatory drugs (NSAIDs) and anti-anxiety drugs. Total denied claims in this category were 39,434 (see Table B below) . Other reasons for prior authorization requests being denied were multiple prescribers; dosage and duration of therapy above established DUR standards; clinical criteria not met; inappropriate diagnosis; and other drug(s) causing a drug-drug interaction(s).

Table A

Top 5 Authorized Drug Categories Approved. Total 217,948

Therapeutic Category (STC)	Claim Count	Estimated payment amt
Pain meds (H3A)	35,009	$ 3,539,179
Anti-anxiety (H2F)	26,665	$ 484,465
Proton-pump inhibitors (D4J)	16,930	$ 1,346,529
Skeletal Muscle Relaxants (H6H)	14,256	$ 405,366
Atypical Antipsychotics (H7T)	13,529	$ 2,230,951

Table B

Top 5 Denied Drug Categories Denied. Total 39,434

Therapeutic Category (STC)	Claim Count	Estimated Cost-savings
Pain meds (H3A)	9,376	$ 518,963
Proton-pump inhibitors (D4J)	8,529	$ 465,809
Sedative-Hypnotics (H2E)	1,948	$ 88,418
Anti-anxiety (H2F)	1,713	$ 22,734
NSAIDs (S2B)	1,025	$ 15,386

The PDUR program is supported by various edit tables designed to provide maximum flexibility for the State to apply PDUR interventions. These tables include standards for individual generic code numbers or specific therapeutic drug classes; minimum age; maximum age; standards based on relationships between a claim's reported metric quantity and its days supply; and the ability to immediately deny or override claim denials with

prior authorization; or allow a 30-day supply of a drug to be dispensed to allow for interventions with the prescriber to take place. PDUR edits prevent drug-related problems and inappropriate drug utilization thereby protecting the patient while preventing fraud, waste and abuse.

C. Recommendations

With 95% of Medicaid/NJFC beneficiaries now enrolled in managed care, the Division will continue to work closely with its managed care partners to develop DUR standards that accommodate the needs of both the remaining fee-for-service (FFS) program and that of managed care. The Division anticipates that existing FFS DUR standards will evolve and more closely resemble those operationalized by managed care. The role of the NJDURB will continue to ensure that medications provided FFS or by managed care are prescribed to meet the medical necessity needs of our beneficiaries and are utilized appropriately.

Discussions continue between Division staff and managed care to standardize the way information is shared and to better understand the informational needs of managed care organizations. The Division has access to encounter claims supplied by plans to the DMAHS that will be enhanced to evaluate the utilization of medications by plan members and to determine the quality of prescription services being provided. The Division will blend its FFS DUR experiences with those of the HMOs to develop a DUR program that best monitors the quality of drug utilization by the overall Medicaid/NJFC population.

V. Acronyms

ADDP	AIDS Drug Distribution Program
DMAHS	Division of Medical Assistance and Health Services
DUR	Drug Utilization Review
DURB	Drug Utilization Review Board
HIV	Human Immunodeficiency Virus
MEP	Medical Exception Process
NJDURB	New Jersey Drug Utilization Review Board
OTC	Over-the-Counter
PA	Prior Authorization
PAAD	Pharmaceutical Assistance to the Aged and Disabled
PDUR	Prospective Drug Utilization Review
POS	Point-of-Sale
PPI	Proton Pump Inhibitor
RDUR	Retrospective Drug Utilization Review
SFY	State Fiscal Year

VI. Appendices

Appendix A

P.L. 1998, Chapter 41, approved June 30, 1998, as amended and supplemented

§ 30:4D-17.6. Definitions

As used in this act:

“Beneficiary” means a person participating in a State pharmaceutical benefits program.

“Board” means the Drug Utilization Review Board established pursuant to section 2 of P.L.1998, c. 41 (C.30:4D-17.17a) in connection with State pharmaceutical benefits programs.

“Compendia” means those resources widely accepted by the medical professions in the efficacious use of drugs which is based on, but not limited to, these sources: the “American Hospital Formulary Services Drug Information,” the “U.S. Pharmacopeia-Drug Information,” the “American Medical Association Drug Evaluation,” and the peer-reviewed medical literature, and information provided from the manufacturers of drug products.

“Criterion” means those explicit and predetermined elements that are used to assess or measure drug use on an ongoing basis to determine if the use is appropriate, medically necessary, and not likely to result in adverse medical outcomes.

“Department” means the Department of Human Services.

“Drug Interactions” means the occurrence when two or more drugs taken by a recipient lead to clinically significant toxicity that is characteristic of one or any of the drugs present or that leads to the interference with the effectiveness of one or any of the drugs.

“Drug-disease contraindication” means the occurrence when the therapeutic effect of a drug is adversely altered by the presence of another disease or condition.

“Intervention” means a form of educational communication utilized by the Board with a prescriber or pharmacist to inform about or to influence prescribing or dispensing practices.

“Medicaid” means the program established pursuant to P.L.1968, c. 413 (C.30:4D-1 et seq.).

“Over-utilization or under-utilization” means the use or non-use of a drug in quantities such that the desired therapeutic goal is not achieved.

“PAAD” means the program of pharmaceutical assistance to the aged and disabled established pursuant to P.L.1975, c. 194 (C.30:4D-20 et seq.).

“Prescriber” means a person authorized by the appropriate State professional and occupational licensing board to prescribe medications and devices.

“Prospective drug utilization review” means that part of the drug utilization review program that occurs before the drug is dispensed and is designed to screen for potential drug therapy problems based on knowledge of the patient, the patient’s continued drug use and the drug use criteria and standards developed by the board.

“Retrospective drug utilization review” means that part of the drug utilization review program that assesses or measures drug use based on an historical review of drug data against criteria and standards developed by the Board on an ongoing basis with professional input.

“Standards” means the acceptable range of deviation from the criteria that reflects local medical practice and that is tested on the beneficiary database.

"State pharmaceutical benefits program" means the following programs: Medicaid, PAAD, Senior Gold, the AIDS drug distribution program, and any other State and Federally funded pharmaceutical benefits program.

"Therapeutic appropriateness" means drug prescribing and dispensing based on rational drug therapy that is consistent with the criteria and standards developed pursuant to P.L.1993, c.16 (C.30:4D-17.16 et seq.) and section 2 of P.L.1998, c. 41 (C.30:4D-17.17a).

"Therapeutic duplication" means the prescribing and dispensing of the same drug or of two or more drugs from the same therapeutic class when overlapping time periods of drug administration are involved and when the prescribing or dispensing is not medically indicated.

HISTORY: L. 1993, c. 16, §1; amended 1998, c. 41, §1.

§ 30:4D-17.17a. Drug Utilization Review Board

a. There is established the Drug Utilization Review Board in the department to advise the department on the implementation of a drug utilization review program pursuant to P.L. 1993, c. 16 (C. 30:4D-17.16 et seq.) and this section. The board shall establish a Senior Drug Utilization Review Committee to address the specific prescribing needs of the elderly and an AIDS/HIV Drug Utilization Review Committee to address the specific prescribing needs of persons with AIDS/HIV, in addition to such other committees as it deems necessary. It shall be the responsibility of each committee to evaluate the specific prescribing needs of its beneficiary population, and to submit recommendation to the board in regard thereto.

The Board shall consist of 17 members, including the Commissioners of Human Services and Health or their designees, who shall serve as nonvoting ex officio members, and 15 public members. The public members shall be appointed by the Governor with the advice and consent of the Senate. The appointments shall be made as follows: six persons licensed and actively engaged in the practice of medicine in this State, including one who is a psychiatrist and at least two who specialize in geriatric medicine and two who specialize in AIDS/HIV care, one of whom is a pediatric AIDS/HIV specialist, four of whom shall be appointed upon the recommendation of the Medical Society of New Jersey and two upon the recommendation of the New Jersey Association of Osteopathic Physicians and Surgeons; one person licensed as a physician in this State who is actively engaged in academic medicine; four persons licensed in and actively practicing or teaching pharmacy in this State, who shall be appointed from a list of pharmacists recommended by the New Jersey Pharmacists Association, the New Jersey Council of Chain Drug Stores, the Garden State Pharmacy Owners, Inc., the New Jersey Society of Hospital Pharmacists, the Academy of Consultant Pharmacists and the College of Pharmacy of Rutgers, The State University; one additional health care professional; two persons certified as advanced practice nurses in this State, who shall be appointed upon the recommendation of the New Jersey State Nurses Association; and one member to be appointed upon the recommendation of the Pharmaceutical Research and Manufacturers of America.

Each member of the board shall have expertise in the clinically appropriate prescribing and dispensing of outpatient drugs.

b. All appointments to the board shall be made no later than the 60th day after the effective date of this act. The public members shall be appointed for two-year terms and shall serve until a successor is appointed and qualified, and are eligible for reappointment; except that of the public members first appointed, eight shall be appointed for a term of two years and five for a term of one year.

c. Vacancies in the membership of the board shall be filled in the same manner as the original appointments were made but for the unexpired term only. Members of the board shall serve with compensation for the time and expenses incurred in the performance of their duties as board members, as determined by the Commissioners of Human Services and Health and Senior Services, and subject to the approval of the Director of the Division of Budget and Accounting in the Department of the Treasury.

d. The board shall select a chairman from among the public members, who shall serve a one-year term, and a secretary. The chairman may serve consecutive terms. The board shall adopt bylaws. The board shall meet at least quarterly and may meet at other times at the call of the chairman. The board shall in all respects comply with the provisions of the "Open Public Meetings Act," P.L. 1975, c. 231 (C. 10:4-6 et seq.). No motion to take any action by the board shall be valid except upon the affirmative vote of a majority of the authorized membership of the board.

e. The duties of the board shall include the development and application of the criteria and standards to be used in retrospective and prospective drug utilization review. The criteria and standards shall be based on the compendia and developed with professional input in a consensus fashion. There shall be provisions for timely reassessments and revisions as

necessary and provisions for input by persons acting as patient advocates. The drug utilization review standards shall reflect the local practices of prescribers, in order to monitor:

(1) therapeutic appropriateness;

(2) over-utilization or under-utilization;

(3) therapeutic duplication;

(4) drug-disease contraindications;

(5) drug-drug interactions;

(6) incorrect drug dosage;

(7) duration of drug treatment; and

(8) clinical drug abuse or misuse.

The board shall recommend to the department criteria for denials of claims and establish standards for a medical exception process. The board shall also consider relevant information provided by interested parties outside of the board and, if appropriate, shall make revisions to the criteria and standards in a timely manner based upon this information.

f. The board, with the approval of the department, shall be responsible for the development, selection, application, and assessment of interventions or remedial strategies for prescribers, pharmacists and beneficiaries that are educational and not punitive in nature to improve the quality of care, including:

(1) Information disseminated to prescribers and pharmacists to ensure that they are aware of the duties and powers of the board;

(2) Written, oral or electronic reminders of patient-specific or drug-specific information that are designed to ensure prescriber, pharmacist, and beneficiary confidentiality, and suggested changes in the prescribing or dispensing practices designed to improve the quality of care;

(3) The development of an educational program, using data provided through drug utilization review as a part of active and ongoing educational outreach activities to improve prescribing and dispensing practices as provided in this section. These educational outreach activities shall include accurate, balanced and timely information about drugs and their effect on a patient. If the board contracts with another entity to provide this program, that entity shall publicly disclose any financial interest or benefit that accrues to it from the products selected or used in this program;

(4) Use of face-to-face discussions between experts in drug therapy and the prescriber or pharmacist who has been designated by the board for educational intervention;

(5) Intensified reviews or monitoring of selected prescribers or pharmacists;

(6) The timely evaluation of interventions to determine whether the interventions have improved the quality of care; and

(7) The review of case profiles prior to the conducting of an intervention.

HISTORY: L. 1998, c. 41, §2; amended 2003, c. 262.

§ 30:4D-17.18. Responsibilities of department The department shall be responsible for:

a. (Deleted by amendment, P.L.1998, c. 41).

b. The implementation of a drug utilization review program, subject to the approval of the Commissioner of Health and Senior Services, to ensure that prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes, including the approval of the provisions of any contractual agreement between the State pharmaceutical benefits program and other entities processing and reviewing drug claims and profiles for the drug utilization review program.

The program shall include both retrospective and prospective drug utilization review. Retrospective drug utilization review shall include an analysis of drug claims processing data in order to identify patterns of fraud, abuse or gross overuse, an inappropriate or medically unnecessary care, and to assess data on drug use against standards that are based on the compendia and other sources. Prospective drug utilization review shall include a review conducted by the pharmacist at the point-of-sale.

c. (Deleted by amendment, P.L.1998, c. 41).

d. (Deleted by amendment, P.L.1998, c. 41).

e. The submission of an annual report, which shall be subject to public comment prior to its issuance, to the Federal Department of Health and Human Services by December 1st of each year. The annual report shall also be submitted to the Governor, the Legislature, the New Jersey Pharmaceutical Association and the

Medical Society of New Jersey by December 1st of each year. The report shall include the following information:

(1) An overview of the activities of the board and the drug utilization review program;

(2) Interventions used and their ability to improve the quality of care; however, this information shall not disclose the identities of individual prescribers, pharmacists, or beneficiaries, but shall specify whether the intervention was a result of under-utilization or over-utilization of drugs;

(3) The costs of administering the drug utilization review program;

(4) Any cost impact to other areas of the State pharmaceutical benefits program resulting from the drug utilization review program, such as hospitalization rates or changes in long-term care;

(5) A quantitative assessment of how drug utilization review has improved beneficiaries' quality of care;

(6) A review of the total number of prescriptions and medical exception requests reviewed by drug therapeutic class;

(7) An assessment of the impact of the educational program established pursuant to subsection f. of section 2 of P.L.1998, c.41 (C.30;4D-17.17a) and interventions on prescribing or dispensing practices, total program costs, quality of care and other pertinent patient patterns; and

(8) Recommendations for improvement of the drug utilization review program.

f. The development of a working agreement between the board and other boards or agencies, including, but not limited to: the Board of Pharmacy of the State of New Jersey and the State Board of Medical Examiners, in order to clarify any overlapping areas of responsibility.

g. The establishment of an appeal process for prescribers, pharmacists and beneficiaries pursuant to P.L.1993, c.16 (C.30:4D-17.16 et seq) and section 2 of P.L.1998, c.41 (C.30:4D-17.17a).

h. The publication and dissemination of medically correct and balance educational information to prescribers and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among prescribers, pharmacists and beneficiaries, including:

(1) potential or actual reactions to drugs;

(2) therapeutic appropriateness;

(3) over-utilization or under-utilization;

(4) appropriate use of generic drugs;

(5) therapeutic duplication;

(6) drug-disease contraindications;

(7) drug-drug interactions;

(8) incorrect drug dosage or duration of drug treatment;

(9) drug allergy interactions; and

(10) clinical abuse or misuse.

i. the development and publication, with the input of the Board of Pharmacy of the State of New Jersey, of the guidelines to be used by pharmacists, including mail order pharmacies, in their counseling of beneficiaries.

j. The adoption and implementation of procedures designed to ensure the confidentiality of any information collected, stored, retrieved, assessed, or analyzed by the board, staff to the board, or contractors to the drug utilization review program, that identifies individual prescribers, pharmacists, or beneficiaries. The board may have access to identifying information for purposes of carrying out intervention activities, but the identifying information may not be released to anyone other than a member of the board, except that the board may release cumulative non-identifying information for purposes of legitimate research. The improper release of information in violation of this act may subject that person to criminal or civil penalties.

k. The determination of whether nursing or long-term care facilities under 42 CFR 483.60 are exempt from the provisions of this act.

l. The establishment of a medical exception process by regulation.

m. The provision of such staff and other resource as the board requires.

HISTORY: L. 1993, c. 16, § 3; amended 1998, c. 41, § 3.

§ 30:4D-17.18a. Rules, regulations

The Commissioner of Human Services, pursuant to the "Administrative Procedure Act," P.L.1968, c. 410 (C.52:14B-1 et seq.), and subject to the approval of the Commissioner of Health and Senior Services as appropriate, shall adopt rules and regulation to effectuate the

purposes of P.L.1993, c. 16 (C.30:4D-17.16 et seq.) and section 2 of P.L.1998, c. 41 (C.30:4D-17.17a); except that, notwithstanding any provision of P.L.1968, c. 410 (C.52.14B-1 et seq.) to the contrary, the Commissioner of Human Services, subject to the approval of the Commissioner of Health, may adopt, immediately upon filing with the Office of Administrative Law, such regulations as the commissioner deems necessary to implement the provisions of P.L.1993, c. 16 (C.30.4D-17.16 et seq.) and section 2 of P.L.1998, c. 41 (C.30:4D-17.17a), which shall be effective for a period not to exceed six months and may thereafte4r be amended, adopted, or re-adopted by the Commissioner of Human Services, subject to the approval of the Commissioner of Health, in accordance with the requirements of P.L.1968, c. 410 (C.52:14B-1 et seq.).

HISTORY: L. 1998, c. 41, § 4.

Appendix B
Molina Medicaid Solutions Cost Avoidance Reports

Claims represented in this report did not reappear for future payment and are considered an avoidance of inappropriate expenditures

July 2012 – June 2013

EDIT	ADDP	GA	SR_GOLD	FFS	PAAD	GRAND _TOTAL
0403	$10,748	$40,418	$2,371	$59,384	$49,962	$162,883
0404	$14,221	$41,585	$1,971	$50,022	$14,817	$122,616
0405	$53,877	$260,892	$3,956	$161,400	$61,310	$541,435
0407	$50,862	$71,347	$269	$54,886	$7,709	$185,072
0417	$20,716	$88,594	$5,797	$93,311	$35,351	$243,768
0447	$178	$118	$177	$955	$848	$2,276
0449	$0	$4,910	$0	$4,354	$0	$9,264
0537	$14,122	$143,905	$2,012	$210,920	$22,323	$393,281
0577	$0	$4,583,004	$0	$0	$0	$4,583,004
0869	$42	$7,887	$823	$1,739	$3,126	$13,617
0916	$105,690	$91,473	$26,215	$66,580	$240,191	$530,150
2007	$605,403	$3,075,827	$31,121	$2,013,446	$88,329	$5,814,125
2021	$0	$14	$0	$1,771	$0	$1,785
2038	$69,809	$348,898	$7,864	$584,036	$65,687	$1,076,294
2046	$18,055	$379,731	$2,097	$95,548	$18,543	$513,974
2047	$35,265	$23,209	$125	$31,354	$2,561	$92,515
2085	$431	$7,689	$89	$7,460	$788	$16,457
2100	$0	$642,063	$0	$548,574	$0	$1,190,637
2111	$0	$11,492	$0	$2,959	$0	$14,452
TOTAL	**$999,419**	**$9,823,058**	**$84,886**	**$3,988,698**	**$611,545**	**$15,507,605**

- Cost savings identified in this report reflect costs for DUR claims denied by a DUR edit for which no future paid claims were identified for the 60 day period following the date of denial.
- This report has been unduplicated by claim and edit.

Description of Edits

403 Duration Exceeded

404 Duration Exceeded

405 Possible Therapeutic Class Duplication

407 Possible duplication of HIV therapy

417 Generic Substitution Required

447 Daily Dose Exceeds Recommended Limits

449 Inappropriate Narcotic Use

537 NJDURB Daily Drug Quantity Exceeded

577 PA Required for WFNJ/GA Drug Coverage

869 Possible Severe Drug-Drug Interaction

916 Severe Drug-Drug Interaction

2007 Prior Authorization Required

2021 Medicare Part D Wraparound Drug Requires PA

2038 First Fill of HIV or High Dose Narcotic

2046 Prescription restricted

2047 PA required: Prescriber/Drug Restricted

2085 Maximum Allowable Cost (MAC) Override

2100 Daily Dose Standard Exceeded

2111 Cough and cold symptoms