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MEMORANDUM


**New Jersey Drug Utilization Review Board
Annual Summary
July 1, 2013 through June 30, 2014**

Attached for approval is the New Jersey Drug Utilization Review Board (NJDURB) Annual Summary for SFY 2014. This report has been approved by the NJDURB.

Commissioner Approvals



Elizabeth Connolly
Acting Commissioner
NJ Department of Human Services



Mary E. O'Dowd, MPH
Commissioner
NJ Department of Health

**New Jersey Drug Utilization Review Board
Annual Report**

July 1, 2013 through June 30, 2014

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I. Acknowledgements

The Prospective Drug Utilization Review (PDUR) process for State Fiscal Year (SFY) 2014 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.

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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, 2013 and ending June 30, 2014.

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) 2014. 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 \$6,580.28 in SFY 2014.

As part of the Prospective Drug Utilization Review (PDUR) process (a process that allows interventions by the State prior to a medication being dispensed by a pharmacy), recommendations made by the NJDURB are intended 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.

An estimated \$15,098,691 in total drug expenditures was cost avoided by the administration of a Medical Exception Process (MEP). The MEP is a prior authorization process based on clinical standards related to pharmaceutical care. The estimated cost savings is based on a review of drug utilization during the sixty-day period immediately following the denial of a pharmacy service due to a PDUR intervention. An estimated \$6,510,380 in drug expenditures was cost-avoided by Medicaid; an estimated \$2,809,430 in expenditures was cost-avoided by pharmacy benefit programs administered by the New Jersey Department of Health; and an estimated \$5,778,881 in expenditures was cost-avoided by the Work First NJ pharmacy benefit program. The MEP is tailored to meet the individual authorization needs of each State-sponsored pharmacy benefit program.

The savings are a value-added benefit 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 to ultimately encourage appropriate prescribing and/or drug utilization.

The cost of administering the MEP through Molina Medicaid Solutions for the period of July 1, 2013 through June 30, 2014 was \$5,767,663.

III. Background

The NJDURB is responsible for reviewing and recommending drug utilization review protocols for medications provided by Medicaid (now referred to as NJ FamilyCare (NJFC) and those pharmacy benefit programs administered by the New Jersey Department of Health (DOH), including the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, the Senior Gold Prescription Discount (Senior Gold) Program and the AIDS Drug Distribution Program (ADDP). The protocols also benefited those beneficiaries enrolled in Work First NJ (General Assistance) administered by the New Jersey Division of Family Development (DFD). Effective January 1, 2014, Work First NJ (General Assistance) beneficiaries were enrolled in managed care as part of the NJ FamilyCare Expansion and are receiving their pharmacy benefit as part of the NJFC Expansion Program Alternative Benefit Plan.

Effective July 1, 2011, managed care organizations (MCOs) participating in NJFC became responsible for coverage and reimbursement for pharmacy benefits, with the exception of methadone prescribed for the treatment of substance use disorders. On July 1, 2014, DMAHS transitioned coverage responsibilities, including drugs, for long-term services and supports from NJFC FFS to the NJFC managed care program. These operational changes essentially completed the transition from FFS to managed care of coverage and reimbursement responsibilities for the NJFC pharmacy benefit. Remaining FFS responsibilities include medications dispensed to long-term-care or State institutional clients; beneficiaries transitioning to managed care; and certain high-cost drugs dispensed by MCO-participating pharmacies, including drugs used to treat hemophilia, HIV, angioedema, and Pompe Disease. Pharmacy benefit programs administered by the Department of Health continue to be managed FFS.

The Medicaid managed care contract requires that MCOs establish and maintain a DUR program that satisfies the minimum requirements for PDUR and RDUR described in Section 1927(g) of the SSA, as amended by OBRA 1990. The PDUR and RDUR standards established by the MCO are to be consistent with standards established by the NJDURB. These standards include therapeutic duplication, drug-drug interactions, maximum daily dosage and therapy duration. In addition, the Board works with the MCOs to develop measures of consistency among DUR protocols used to prior authorize prescription drugs.

The FFS claim adjudication process monitored PDUR conflicts including, but not limited to, severe drug-drug interactions, therapeutic duplication, duration of therapy and maximum daily dosage. Critical to our FFS PDUR program is the State's Medical Exception Process (MEP). As mentioned earlier, the MEP is a prior authorization process which functions within the framework of DUR standards recommended by the NJDURB and approved by the Commissioners of Health and Human Services. The MEP is a clinically-based DUR process that does not influence prescription drug selection made by prescribers. Instead, the MEP utilizes prior authorization as a tool to determine if medications are being prescribed properly and derives cost savings by ensuring that prescribed medications are clinically appropriate and properly utilized.

The NJDURB is a thirteen (13) member board consisting of practicing practitioners and pharmacists representing several major specialties. The Board meets quarterly in an open public forum. The Board promotes patient safety through utilization management tools and systems that interface with the FFS claims processing system; conducts prospective screening of drug claims employing DUR standards; recommends DUR protocols for State approval; retrospectively exams claims data to identify patterns of fraud, waste and abuse; and annually reports to the Centers for Medicare and Medicaid Services (CMS) regarding prescribing patterns and DUR cost savings.

The Board will continue its responsibilities for DOH-administered FFS pharmacy benefit programs. These responsibilities include interventions that 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.

With NJFC managed care organizations assuming responsibility for the pharmacy benefit, the role of the Board in a managed care environment includes collaboration with managed care to address DUR concerns; the implementation of more consistent utilization management strategies across all health benefit plans; advising the Department of Human Services regarding clinical criteria used by HMOs to prior authorize preferred and non-preferred drugs; recommending PDUR edits for HMO implementation to minimize over-expenditures for medically necessary drugs; developing educational strategies designed to influence drug product selection in the management of disease; and recommending protocols specific for high-cost drugs.

Updated information regarding the Board members, meeting schedule, DURB educational newsletters and annual reports may be found on the Board's official website at: www.nj.gov/humanservices/dmahs/boards/durb/.

FFS Retrospective Drug Utilization Review (RDUR) is 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.

IV. Actions/Recommendations

A. Summary of Board Activities in SFY 2014:

- **“Long-acting beta agonists in Asthma and COPD” Educational Newsletter:**
The Board reviewed and recommended an educational newsletter on the use of long-acting beta agonists in the treatment of asthma and COPD. The purpose of the newsletter is to inform providers of the need to only use these products and related corticosteroid combinations after an initial trial of inhaled corticosteroid use or for unique patients who cannot tolerate inhaled corticosteroids.

- **“Acute Pain Treatment Options” Educational Newsletter:**

The Board reviewed and recommended an educational newsletter on treatment options for acute pain. One of the purposes of the newsletter is to illustrate the need for aggressive intervention when managing acute pain to avoid progression to chronic pain.

- **Protocols Reviewed:**

The Board reviewed and compared the PDUR protocols developed by four NJFC managed care plans with those established by the NJFC FFS program. The goal was not to require the same PDUR protocol for a drug but rather to better understand inconsistencies between the protocols and achieve a consensus to recommend changes intended to improve efficiencies related to implementing the protocols. The protocols reviewed and the Board’s recommendations are listed below:

- Biologic response modifiers
- Dronedarone (Multaq®)
- Human growth hormones
- Palivizumab (Synagis®)
- Protease inhibitors for Hepatitis C
- Buprenorphine/naloxone (Suboxone®)
- Tadalafil for Benign Prostatic Hyperplasia (BPH)
- Ranolazine (Ranexa®)
- Inhaled corticosteroids/long-acting beta agonists combination (LABA)
- Low molecular weight heparin
- Atovaquone (Mepron®)
- Drugs used in the treatment of Attention Deficit Hyperactive Disorder (ADHD)

- **Sovaldi® (sofosbuvir) “universal” protocol:**

The Board reviewed and recommended a protocol for the efficient use of Sovaldi®, a new oral agent for the treatment of chronic hepatitis C virus (HCV) virus infection. According to the Centers for Disease Control and Prevention (CDC), HCV infection is the most common chronic blood borne infection in the United States; approximately 3.2 million persons are chronically infected.

The NJDURB is aware that current guidelines established for the treatment of Hepatitis C are fluid and subject to change. For this reason, the Board recommends that the sofosbuvir protocol be applied as a guide to encourage the efficient use of sofosbuvir. In all situations, a case review will be conducted in order to determine the medical necessity for the use of this drug.

B. Assessment of Costs

Drug Utilization

The MEP approved 160,188 claims with dates of service between July 1, 2013 and June 30, 2014. 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 30,234 (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 160,188

Therapeutic Category (STC)	Claim Count	Estimated payment amount
Pain meds (H3A)	21,204	\$ 2,487,576
Anti-anxiety (H2F)	13,571	\$ 200,380
Proton-pump inhibitors (D4J)	12,453	\$ 819,952
Atypical Antipsychotics (H7T)	9,428	\$ 1,199,106
Skeletal Muscle Relaxants (H6H)	8,257	\$ 293,371

Table B

Top 5 Denied Drug Categories Denied. Total 30,234

Therapeutic Category (STC)	Claim Count	Estimated Cost-savings
Pain meds (H3A)	6,783	\$ 337,792
Proton-pump inhibitors (D4J)	5,388	\$ 467,166
Sedative-Hypnotics (H2E)	1,147	\$ 62,323
Anti-anxiety (H2F)	1,070	\$ 13,315
Antiemetics/Antivertigo (H6J)	1,014	\$ 75,973

The PDUR program offers the State resources needed to efficiently monitor drug utilization. The program incorporates different sets of standards, including standards for uniquely identifying a drug or groups of drugs; 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. The PDUR program prevents drug-related problems and inappropriate drug utilization thereby protecting the patient while preventing fraud, waste and abuse.

C. Recommendations

With over 95% of 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 those beneficiaries enrolled in managed care. Many of these same standards will also apply to the remaining FFS population. 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.

The State is in the process of developing a project designed to measure how services are being utilized by beneficiaries enrolled in managed care and to compare these services to disease state protocols recommended by CMS. The project will integrate medical and pharmacy services provided by managed care to quantify the level of benefits; determine if those services provided by HMOs are consistent with recommended protocols and to offer opportunities for communicating the findings to stakeholders.

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 will continue to enhance the quality of encounter claims received from managed care to better evaluate the utilization of healthcare services.

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;

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 2013 – June 2014

EDIT	ADDP	GA	SR. GOLD	FFS	PAAD	GRAND TOTAL
0403	\$ 9,841.29	\$ 43,104.18	\$ 2,281.44	\$ 94,724.85	\$ 51,774.24	\$ 201,726.00
0404	\$ 8,167.98	\$ 43,328.30	\$ 1,650.89	\$ 133,684.38	\$ 23,378.97	\$ 210,210.52
0405	\$ 30,577.03	\$ 163,708.60	\$ 5,404.70	\$ 236,756.44	\$ 43,235.48	\$ 479,682.25
0407	\$ 26,166.42	\$ 57,333.24	\$ 58.21	\$ 142,043.86	\$ 10,507.25	\$ 236,108.98
0417	\$ 14,936.66	\$ 69,076.98	\$ 5,357.93	\$ 163,871.57	\$ 27,639.69	\$ 280,882.83
0447	\$ 115.55	\$ 7.82	\$ 80.76	\$ 1,648.40	\$ 1,644.11	\$ 3,496.64
0449	\$ -	\$ 4,872.38	\$ -	\$ 5,325.06	\$ -	\$ 10,197.44
0537	\$ 4,159.79	\$ 67,645.00	\$ 3,334.45	\$ 262,951.44	\$ 15,322.53	\$ 353,413.21
0577	\$ -	\$ 3,057,503.88	\$ -	\$ -	\$ -	\$ 3,057,503.88
0869	\$ 412.57	\$ 6,377.48	\$ 225.36	\$ 2,355.58	\$ 3,248.09	\$ 12,619.08
0916	\$ 65,303.15	\$ 49,936.14	\$ 30,714.90	\$ 128,706.86	\$ 263,353.50	\$ 538,014.55
2007	\$ 657,752.63	\$ 1,265,702.77	\$ 49,289.54	\$ 3,389,866.98	\$ 153,326.03	\$ 5,515,937.95
2021	\$ -	\$ 4.76	\$ -	\$ 1,640.54	\$ -	\$ 1,645.30
2038	\$ 1,145,514.93	\$ 285,211.71	\$ 12,040.45	\$ 1,008,621.26	\$ 70,101.95	\$ 2,521,490.30
2046	\$ 11,557.76	\$ 118,653.66	\$ 703.75	\$ 74,301.38	\$ 10,859.20	\$ 216,075.75
2047	\$ 38,977.28	\$ 79,093.15	\$ -	\$ 137,063.13	\$ 7,304.91	\$ 262,438.47
2085	\$ 516.39	\$ 5,198.12	\$ 189.55	\$ 17,948.66	\$ 2,402.98	\$ 26,255.70
2100	\$ -	\$ 456,696.30	\$ -	\$ 702,363.35	\$ -	\$ 1,159,059.65
2111	\$ -	\$ 5,426.11	\$ -	\$ 6,505.96	\$ -	\$ 11,932.07
Grand Total	\$ 2,013,999.43	\$ 5,778,880.58	\$ 111,331.93	\$ 6,510,379.70	\$ 684,098.93	\$ 15,098,690.57

- 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

0403 Duration Exceeded
 0404 Duration Exceeded
 0405 Possible Therapeutic Class Duplication
 0407 Possible duplication of HIV therapy
 0417 Generic Substitution Required
 0447 Daily Dose Exceeds Recommended Limits
 0449 Inappropriate Narcotic Use
 0537 NJDURB Daily Drug Quantity Exceeded
 0577 PA Required for WFNJ/GA Drug Coverage
 0869 Possible Severe Drug-Drug Interaction
 0916 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