FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 1

Thank you for taking our survey. Your response is very important to us.

OMB approved # 0938-0659

MEDICAID DRUG UTILIZATION REVIEW ANNUAL REPORT

FEDERAL FISCAL YEAR 2014

Section 1927(g)(3)(D) of the Social Security Act requires each State to submit an annual report on the operation of its Medicaid Drug Utilization Review (DUR) program. Such reports are to include: descriptions of the nature and scope of the prospective and retrospective DUR programs; a summary of the interventions used in retrospective DUR and an assessment of the education program; a description of DUR Board activities; and an assessment of the DUR program's impact on quality of care as well as any cost savings generated by the program.

This report is to cover the period October 1, 2013 to September 30, 2014 and is due for submission to CMS Central Office by no later tha June 30, 2015. Answering the attached questions and returning the requested materials as attachments to the report will constitute full compliance with the above-mentioned statutory requirement.

If you have any questions regarding this survey instrument or the DUR annual report, please contact CMS at : DURPolicy@cms.hhs.gov

DUR ANNUAL REPORT

INSTRUCTIONS:Nomenclature Format for Attachments

States: Please use the standardized format for naming attachments.

ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!)

Example for Arizona: (each state should insert their State code)

Attachments:

ATT1-2014-AZ-POCCR (Pharmacy Oral Counseling Compliance Report)
ATT2-2014-AZ-REOS (RetroDUR Educational Outreach Summary)
ATT3-2014-AZ-SDBA (Summary of DUR BD Activities)
ATT4-2014-AZ-GDSP (Generic Drug Substitution Policies)
ATT5-2014-AZ-CSCAM (Cost Savings/Cost Avoidance Methodology)
ATT6-2014-AZ-IPN (Innovative Practices Narrative)
ATT7-2014-AZ-EAS (E-Prescribing Activity Summary)
ATT8-2014-AZ-ES (Executive Summary)

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Next

0%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 2

1. I. DEMOGRAPHIC INFORMATION

I-1. State Name Abbreviation *

-- Please Select --

2. I-2. MEDICAID AGENCY INFORMATION

Identify State person responsible for DUR Annual Report preparation.

I-2-1. Name *

Carl Jeffery

3. I-2-2. Email Address: *

carl.jeffery@catamaranrx.com

4. I-2-3. Area Code/Phone Number (number only, no hyphen, example 4107860000) *

7757371877

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next

8%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 3

5. II. PROSPECTIVE DUR (ProDUR)

II-1. Indicate the type of your pharmacy POS vendor – (Contractor, State-operated, Other). *

Contractor

6. If contractor or other, please identify the vendor name or explain : *

Catamaran

7. II-2. If not State-operated, is the POS vendor also the MMIS Fiscal agent? *

No

8. II-3. Identify prospective DUR criteria source. *

Other

9. If answer to II-3 above is "Other", please specify here *

Medispan

10. II-4. Are new prospective DUR criteria approved by the DUR Board? *

No

11. If answer to II-4 above is "No," please explain *

Medispan provides the criteria, the DUR Board does not review or approve new criteria.

12. II-5. When the pharmacist receives a Pro DUR message that requires a pharmacist's review, does your system allow the pharmacist to override the alert using the "conflict, intervention and outcome" codes? *

Yes

13. II-6. Do you receive and review periodic reports from your ProDUR contractor providing individual pharmacy provider activity in summary and in detail? *

Yes

14. If answer to II-6 above is "Yes", how often is the report received by the agency? *

Quarterly

15. a) If you receive reports, do you follow-up with those providers who routinely override with interventions? *

No

16. II-7. Early Refill:

a) At what percent threshold do you set your system to edit? *

	Percentage
Non-controlled drugs: *	80%
Controlled drugs: *	90%

17. b) When an early refill message occurs, does the State require prior authorization for non-controlled drugs?

*

Yes

18. If answer to (b) above is 'Yes', who obtains authorization? *

Either

19. c) When an early refill message occurs, does the State require prior authorization for controlled drugs? *

Yes

20. If answer to (c) above is 'Yes', who obtains authorization? *

Either

21. II-8. When the pharmacist receives an early refill DUR alert message that requires the pharmacist's review, does your system allow the pharmacist to override for situations such as: *

	Select
a) Lost/stolen Rx *	No
b) Vacation *	No
c) Other *	No

22. If answer to II-8 above is "c) Other and select 'Yes' ", please provide details:

23. II-9. Does your system have an accumulation edit to prevent patients from obtaining additional refills during the calendar year? *

Yes

24. II-10. Has the state provided DUR criteria data requested on Table 1 – Top 10 Pro DUR Alerts by Problem Type indicating by problem type those criteria with the most significant severity level reviewed by the DUR Board? *

Yes

25. TABLE 1 – Top 10 PROSPECTIVE DUR CRITERIA REVIEWED BY DUR BOARD

Indicate by problem type those criteria with the most significant severity levels that were reviewed in-depth by DUR Board.

FOR EACH PROBLEM TYPE **BELOW IN THE FIRST COLUMN LIST THE DRUGS/ DRUG CATEGORY/ DISEASE COMBINATIONS FOR WHICH DUR BOARD CONDUCTED IN-DEPTH REVIEWS.**

PROBLEM TYPE KEY:
INAPPROPRIATE - IA; THERAPEUTIC - TC; DRUG DRUG - D/D; DRUG ALLERGY - D/A; DRUG DISEASE – D/Dis;

	AHFS TC (Level 2)	AHFS
IA DOSE1	Eye, Ear, Nose & Throat Preparations	Antitussives
IA DOSE2	Central Nervous System Agents	Analgesics and Antip
IA DOSE3	-- Please Select --	-- Please Select --
TC DUPLICATION1	-- Please Select --	-- Please Select --
TC DUPLICATION2	-- Please Select --	-- Please Select --
TC DUPLICATION3	-- Please Select --	-- Please Select --
D/A INTERACTION1	-- Please Select --	-- Please Select --
D/A INTERACTION2	-- Please Select --	-- Please Select --
D/A INTERACTION3	-- Please Select --	-- Please Select --
IA DURATION1	-- Please Select --	-- Please Select --
IA DURATION2	-- Please Select --	-- Please Select --
IA DURATION3	-- Please Select --	-- Please Select --

	AHFS TC (Level 2)	AHFS TC
D/D INTERACTIONS1	-- Please Select --	-- Please Select --
D/D INTERACTIONS2	-- Please Select --	-- Please Select --
D/D INTERACTIONS3	-- Please Select --	-- Please Select --
D/Dis CONTRAINDICATION1	-- Please Select --	-- Please Select --
D/Dis CONTRAINDICATION2	-- Please Select --	-- Please Select --
D/Dis CONTRAINDICATION3	-- Please Select --	-- Please Select --
OTHER (specify)1	Central Nervous System Agents	Anticonvulsants
OTHER (specify)2	-- Please Select --	-- Please Select --
OTHER (specify)3	-- Please Select --	-- Please Select --
OTHER (specify)4	-- Please Select --	-- Please Select --
OTHER (specify)5	-- Please Select --	-- Please Select --
OTHER (specify)6	-- Please Select --	-- Please Select --
OTHER (specify)7	-- Please Select --	-- Please Select --
OTHER (specify)8	-- Please Select --	-- Please Select --
OTHER (specify)9	-- Please Select --	-- Please Select --

26. II-11. Section 1927(g)(A) of the Social Security Act requires that the pharmacist offer patient counseling at the time of dispensing. Who in your state has responsibility for monitoring compliance with the oral counseling requirement? Check all that apply: *

N a) Medicaid agency

8 b) State Board of Pharmacy

N c) Other- please explain

27. II-12. Has the state included Attachment 1 – Pharmacy Oral Counseling Compliance Report, a report on state efforts to monitor pharmacy compliance with the oral counseling requirement? *

Yes

28. ATTACHMENT 1 - PHARMACY ORAL COUNSELING COMPLIANCE REPORT

This attachment reports the monitoring of pharmacy compliance with all prospective DUR requirements performed by the State Medicaid agency, the State Board of Pharmacy, or other entity responsible for monitoring pharmacy activities. If the State Medicaid agency itself monitors compliance with these requirements, it may provide a survey of a random sample of pharmacies with regard to compliance with the Omnibus Budget Reduction Act (OBRA) of 1990 prospective DUR requirement. This report details State efforts to monitor pharmacy compliance with the oral counseling requirement. This attachment should describe in detail the monitoring efforts that were performed and how effective these efforts were in the fiscal year reported. State ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT1-2014-AZ-POCCR *

File: ATT1-2014-NV-POCCR.docx

Browse... Upload

_____

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next

23%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 4

OMB approved#: 0938-0659

29. III. RETROSPECTIVE DUR (RetroDUR)

III-1. Identify, by name and type, the vendor that performed your retrospective DUR activities during the time period covered by this report. (company, academic institution or other organization) *

Academic institution

30. Organization Name *

University of Mass

31. III-1. a) Is the retrospective DUR vendor also the Medicaid fiscal agent? *

No

32. III-1. b) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR Criteria? *

Yes

33. III-2. Does the DUR Board approve the retrospective DUR criteria? *

No

34. If answer to III-2 above is "No," please explain *

The DUR Board offers topics and reviews results, but does not approve before letters are sent.

35. III-3. Has the state included Attachment 2 - Retrospective DUR Educational Outreach Summary, a year end summary of the Top 10 problem types for which educational interventions were taken? *

Yes

36. ATTACHMENT 2 – RETROSPECTIVE EDUCATIONAL OUTREACH SUMMARY This is a year-end summary report on RetroDUR screening and educational interventions. The year-end summary reports should be limited to the TOP 10 problem with the largest number of exceptions. The results of RetroDUR screening and interventions should be included. State ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT2-2014-AZ-REOS *

File: ATT2-2014-NV-REOS.xlsx

Browse... Upload

_____

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next

31%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 5

OMB approved#: 0938-0659

37. IV. DUR BOARD ACTIVITY

IV-1. State is including a summary report of DUR Board activities and meeting minutes during the time period covered by this report as Attachment 3 - Summary of DUR Board Activities *

Yes

38. ATTACHMENT 3 - SUMMARY OF DUR BOARD ACTIVITES

This summary should be a brief descriptive report on DUR Board activities during the fiscal year reported. This summary should:

*** Indicate the number of DUR Board meetings held.**
*** List additions/deletions to DUR Board approved criteria.**
a. For prospective DUR, list problem type/drug combinations added or deleted.
b. For retrospective DUR, list therapeutic categories added or deleted.

*** Describe Board policies that establish whether and how results of prospective DUR screening are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens.**

*** Describe DUR Board involvement in the DUR education program. (e.g., newsletters, continuing education, etc.) Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face to face visits, increased monitoring). ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT3-2014-AZ-SDBA** *

File: ATT3-2014-NV-SDBA.docx

Browse... Upload

39. IV-2. Does your State have a Disease Management Program? *

No

40. IV-3. Does your State have an approved CMS Medication Therapy Management Program? *

No

_____

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next

38%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 6

OMB approved#: 0938-0659

41. V. PHYSICIAN ADMINISTERED DRUGS

The Deficit Reduction Act requires collection of NDC numbers for covered outpatient physician administered drugs. These drugs are paid through the physician and hospital programs. Has your MMIS been designed to incorporate this data into your DUR criteria for both Prospective DUR and Retrospective DUR? *

No

42. If "No to V," do you have a plan to include this information in your DUR criteria in the future? *

Yes

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next

46%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 7

OMB approved#: 0938-0659

43. VI. GENERIC POLICY AND UTILIZATION DATA

VI-1. State is including a description of policies used that may affect generic utilization percentage as Attachment 4 - Generic Drug Substitution Policies *

Yes

44. ATTACHMENT 4 – GENERIC DRUG SUBSTITUTION POLICIES
Please report any factors that could affect your generic utilization percentage and include any relevant documentation. ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT4-2014-AZ-GDSP *

File: ATT4-2014-NV-GDSP.docx

Browse... Upload

45. VI-2. In addition to the requirement that the prescriber write in his own handwriting "Brand Medically Necessary" for a brand name drug to be dispensed in lieu of the generic equivalent, does your state have a more restrictive requirement? *

Yes

46. If "Yes" to VI-2 above, check all that apply: *

N a) Require that a MedWatch Form be submitted

N b) Require medical reason for override accompany prescription

8 c) Preauthorization is required

N d) Other – please explain

47. To answer questions VI-3 and VI-4 below use TABLE 2 – GENERIC UTILIZATION DATA

Please provide the following utilization data for this DUR reporting period for all covered outpatient drugs paid. Exclude Third Party Liability.

Computation Instructions:

1. Generic Utilization Percentage: To determine the generic utilization percentage of all covered outpatient drugs paid during this reporting period, use the following formula:

N ÷ (S + N + I) × 100 = Generic Utilization Percentage

2. Generic Expenditures Percentage of Total Drug Expenditures: To determine the generic expenditure percentage (rounded to the nearest $1000) for all covered outpatient drugs for this reporting period use the following formula:

$N ÷ ($S + $N + $I) × 100 = Generic Expenditure Percentage

CMS has developed an extract file from the Medicaid Drug Rebate Program Drug Product Data File identifying each NDC along with sourcing status of each drug: S, N, or I (see Key below), which can be found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Drug-Utilization-Review.html (Click on the link "an NDC and Drug Category file [ZIP]," then open the Medicaid Drug Product File 4th Qtr 2014 Excel file). This file will be made available from CMS to facilitate consistent reporting across States with this data request.

KEY:
Single-Source (S) - **Drugs that have an FDA New Drug Application (NDA) approval for which there are no generic alternatives available on the market.**
Non-Innovator Multiple-Source (N) - **Drugs that have an FDA Abbreviated New Drug Application (ANDA) approval and for which there exists generic alternatives on the market.**
Innovator Multiple-Source (I) - **Drugs which have an NDA and no longer have patent exclusivity.**
*

	Single-Source (S) Drugs	Non-Innovator (N) Drugs	Innovator Multi-Source (I)Drugs
Total Number of Claims	539778	2192484	61047
Total Reimbursement Amount Less Co-Pay	17344077	41015654	3993037

48. VI-3. Indicate the generic utilization percentage for all covered outpatient drugs paid during this reporting period, using the computation instructions in Table 2 - Generic Drug Utilization Data.

Number of Generic Claims *

2192484

49. Total Number of claims *

2793309

50. Generic Utilization Percentage *

78%

51. VI-4. Indicate the percentage dollars paid for generic covered outpatient drugs in relation to all covered outpatient drug claims paid during this reporting period using the computation instructions in Table 2 – Generic Drug Utilization Data.

Generic Dollars *

41015654

52. Total Dollars *

218449463

53. Generic Expenditure Percentage *

19%

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next

54%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 8

OMB approved#: 0938-0659

54. VII. PROGRAM EVALUATION/COST SAVINGS/COST AVOIDANCE

VII-1. Did your State conduct a DUR program evaluation of the estimated cost savings/cost avoidance? *

Yes

55. VII-2. Who conducted your program evaluation for the cost savings estimate/cost avoidance? (company, academic institution, other institution) *

Company

56. Organization Name to VII-2 *

Catamaran

57. VII-3. Please provide your ProDUR and RetroDUR program cost savings/cost avoidance in the chart below. *

	Data
ProDUR Total Estimated Avoided Costs *	92862113
RetroDUR Total Estimated Avoided Costs *	0
Other cost avoidance *	0
Grand Total estimated Avoided Costs *	92862113

58. VII-4. Please provide the estimated percent impact of your state's cost savings/cost avoidance program compared to total drug expenditures for covered outpatient drugs.

Use the following formula:

Divide the estimated Grand Total Estimated Avoided Costs from Question 3 above by the total dollar amount provided in Section VI, Question 4. Then mutiply this number by 100.

Grand Estimated Net Savings Amount / Total Dollar Amount * 100 = *

42%

59. VII-5. State is providing the Medicaid Cost Savings/Cost Avoidance Evaluation as Attachment 5 – Cost Savings/Cost Avoidance Methodology *

Yes

60. ATTACHMENT 5 - COST SAVINGS/COST AVOIDANCE METHODOLOGY Include copies of Cost Savings/Cost Avoidance evaluation prepared by State or its contractor noting the methodology used. ATT#--FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT5-2014-AZ-CSCAM *

File: ATT5-2014-NV-CSCAM.docx

Browse... Upload

_____

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next

62%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 9

OMB approved#: 0938-0659

61. VIII. FRAUD, WASTE AND ABUSE DETECTION

VIII A. LOCK-IN or PATIENT REVIEW AND RESTRICTIVE PROGRAMS

VIII-A1. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by beneficiaries**?** *

Yes

62. If 'Yes' to VIII-A1 above, what action(s) does this process initiate? Check all that apply. *

N a. Deny claims and require pre-authorization

8 b. Refer to lock-in program

N c. Refer to Program Integrity Unit

8 d. Other (eg.SURS,Office of Inspector General), please explain:

63. If check to above is "d. Other," please explain *

Refer the recipient to Welfare for eligibility verification, refer to Board of Pharmacy, or the Program Integrity Unit.

64. VIII-A2. Do you have to a "lock-in" program? *

Yes

65. If “Yes”, what criteria does your state use to identify candidates for lock-in? Check all that apply. *

8 Number of controlled substances (CS)
8 Different prescribers of CS
8 Multiple pharmacies
8 Number days' supply of CS
N Exclusivity of short-acting opioids
8 Multiple ER visits
8 Other

66. If "Yes", what is the usual "lock-in" time period? *

Other

67. If answer to above is "Other," please explain *

Indefinite

68. If "yes" do you restrict the beneficiary to: *

i. a prescriber only: No
ii. a pharmacy only: Yes
iii. a prescriber and pharmacy: No

69. VIII-A3. On the average, what percentage of the FFS population is in lock-in status annually? *

0.005%

70. VIII-A4. Please provide an estimate of the savings attributed to the lock-in program for the fiscal year under review. *

129371

71. VIII-A5. Do you have a documented process in place that identifies possible fraud or abuse of controlled drugs by prescribers**?** *

No

72. VIII-A6. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by pharmacy providers**?** *

No

73. VIII B. PRESCRPTION DRUG MONITORING PROGRAM (PDMP)

VIII-B1. Does your state have a Prescription Drug Monitoring Program (PDMP)? *

Yes

74. If "Yes" does your agency have the ability to query the state's PDMP database? *

Yes

75. If "Yes" do you require prescribers (in your provider agreement with the agency) to access the PDMP patient history before prescribing restricted substances? *

No

If "Yes," please explain how the state applies this information to control fraud and abuse. *

Used for lock-in and monitoring reported cases from the community.

76. If "Yes" do you also have access to border states' PDMP information? *

No

77. VIII-B2. Are there barriers that hinder the agency from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb abuse? *

Yes

78. If "yes" please explain the barriers (eg. lag time in prescription data being submitted, prescribers not accessing, pharmacists unable to view prescription history before filling script) *

Limited access by select individuals, no access to contractors for State Services.

79. VIII C. Pain Management Controls

VIII-C1. Does your state or your agency require that Pain Management providers be certified? *

No

80. VIII-C2. Does your program obtain the DEA Active Controlled Substance Registrant's File in order to identify prescribers not authorized to prescribe controlled drugs? *

No

81. VIII-C3. Do you apply this DEA file to your RetroDUR reviews? *

No

82. VIII-C4. Do you have measures in place to monitor/manage the prescribing of methadone for pain management? If “yes” check all that apply:

N pharmacist override

N deny claim and require PA

N quantity limits

N intervention letters

83. VIII D. OPIOIDS

VIII-D1. Do you currently have POS edits in place to limit the quantity of short-acting opioids? *

Yes

84. If "Yes" what are your limitations? *

30 day supply

85. VIII-D2. Do you currently have POS edits in place to limit the quantity of long-acting opioids? *

Yes

86. If "Yes" what are your limitations? *

other, please explain

87. other, please explain *

Qty limits specific to product.

88. VIII E. MORPHINE EQUIVALENT DAILY DOSE (MEDD)

VIII-E1. Have you set recommended maximum morphine equivalent daily dose measures? *

No

89. VIII-E2. Do you provide information to your prescribers on how to calculate the morphine equivalent daily dosage? *

No

90. VIII-E3. Do you have an algorithm in your POS system that alerts the pharmacy provider that the morphine equivalent daily dose prescribed has been exceeded? *

No

91. VIII F. BUPRENORPHINE

VIII-F1. Does your agency set mg per day limits on the use of buprenorphine? *

Yes

92. If "Yes", please specify the total mg/day? *

16mg

93. VIII-F2. What are your limitations on the allowable length of treatment? *

no limit

94. VIII-F3. Do you require that the maximum mg per day allowable be reduced after a set period of time? *

No

95. VIII-F4. What are your limitations on the allowable length of treatment? *

no limit

96. VIII-F5. Do you limit the type of dosage form that can be dispensed to only the sublingual film? *

No

97. VIII G. PSYCHOTROPIC DRUGS/STIMULANTS

VIII-G1. Do you have a documented program in place to manage/monitor the appropriate use of psychotropic drugs in children? *

Yes

98. If "Yes", do you manage/monitor: *

all children

99. If "Yes", please briefly explain the specifics of your program(s). *

All require clinical prior authorization for psychiatric related medications. Foster children are reported monthly for psychiatric medications and diagnosis to state agency.

100. VIII-G2. Do you have any documented restrictions or special program in place to monitor/manage or control the use of stimulants? *

Yes

101. If "yes" is your program limited to : *

both

102. If "Yes", please briefly explain the specifics of your program(s). *

Prior authorization is required for children and adults. Both require a complete evaluation.

Back Next

85%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 10

103.

IX. INNOVATIVE PRACTICES

Have you developed any innovative practices during the past year which you have included in Attachment 6 - Innovative Practices ? *

No

Back Next

77%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 11

OMB approved#: 0938-0659

104. X. E-PRESCRIBING

X-1. Has your State implemented e-prescribing? *

Yes

If “Yes,” please respond to Questions X-2 and X-3 below.

105. X-2. Does your system use the NCPDP Origin Code that indicates the prescription source? *

Yes

106. X-3. Does your program system (MMIS or pharmacy vendor) have the capability to electronically provide a prescriber, upon inquiry, patient drug history data and pharmacy coverage limitations prior to prescribing? *

No

107. c) If 'No', are you planning to develop this capability? *

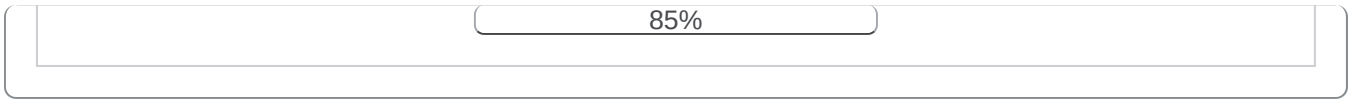
Yes

_____

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next


85%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 12

OMB approved#: 0938-0659

108. XI. MANAGED CARE ORGANIZATIONS (MCOs)

XI-1. Is your pharmacy program included in the capitation rate (carved-in) *

Yes

109. XI-2. Does the state set requirements for the MCO's pharmacy benefit? *

No

110. If "No" do you plan to set standard in the future? *

No

111. XI-3. Does the state require the MCOs to monitor or report their DUR activities? *

No

112. If "no" do you plan to develop a program to monitor or report MCO DUR activities in the future? *

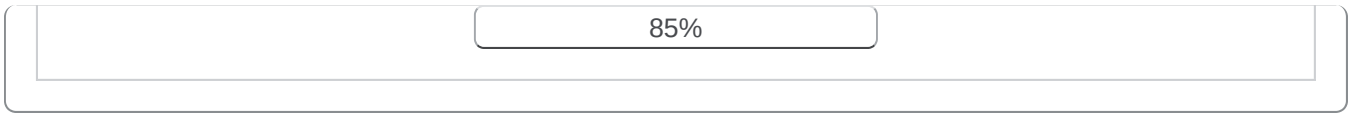
No

_____

CMS-R-153 (05/2017)

Please print a copy of this section for your records before clicking "NEXT" button.

Back Next


85%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Page 13

OMB approved#: 0938-0659

113. XII. EXECUTIVE SUMMARY - Attachment 8 – Executive Summary
ATT8-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT8-2014-AZ-ES *

File: ATT8-2014-NV-ES.docx

_____

CMS-R-153 (05/2017)

Please review report for accuracy and print a copy of report for your records before clicking "SUBMIT" button.

Back Submit

92%

FFY 2014 Medicaid Drug Utilization Review Annual Report

Thank you for completing this survey.

This is your confirmation that your survey has been successfully submitted.

Please print a copy of this page and keep it with a copy of your report.

100%

FFY 2014
Nevada Medicaid

Attachment 1: Pharmacy Oral Counseling Compliance Report

The State of Nevada Medicaid Program relies on the State Board of Pharmacy to audit pharmacist compliance with the oral counseling requirement. The Nevada State Board of Pharmacy includes adherence with counseling requirements as part of each annual pharmacy inspection. In addition, during any investigation of an incident or patient complaint, counseling records are checked by the inspector.

Profile Cycle Month/Year	Number of Profiles Reviewed	Number of Profiles Produced	Number of Profiles Selected for Interventions	Number of Letters to Providers for Interventions	Number of Letters to Pharmacies for Interventions
October 2013					
November 2013	24		24	24	
December 2013	810		921	921	0
January 2014					
February 2014					
March 2014					
April 2014					
May 2014	100		100	100	0
June 2014					
July 2014					
August 2014					
September 2014					
Total	**934**	**0**	**1045**	**1045**	**0**

Month Reviewed	RetroDUR Intervention Topic
November 2013	Migraine prophylaxis
December 2013	Zolpidem dosing for insomnia
May 2014	Atypical Antipsychotics in Pediatric Patients

Number of Responses	% of Responses	Criteria Interventions				
		Insufficient Dose	Drug/Drug Interaction	Incorrect Duration	Drug/Disease Contraindication	Over Utilization
	#DIV/0!					
5	21%					
543	59%					X
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
0	0%					X
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
548	**#DIV/0!**	**0**	**0**	**0**	**0**	**0**

Therapeutic Duplication	Under Utilization	Appropriate Use of Generics
	X	
0	0	0

FFY 2014

Nevada Medicaid

Attachment 3 – Summary of Drug Use Review Board Activities

In FFY 2014, the Drug Use Review Board held three regular meetings, on January 23, 2014, April 24, 2014 and July 24, 2014, and one special meeting on August 13, 2014.

Meeting Minutes Summary:

January 23, 2014

- Reviewed utilization for products used to treat homozygous familial hypercholesterolemia (HoFH).
- Reviewed utilization and adopted clinical criteria for the use of ibuprofen/famotidine combination.
- Reviewed utilization and adopted updated criteria for immunomodulators.
- Reviewed utilization for long and short-acting opioids
- Reviewed utilization and adopted updated criteria for platelet inhibitors
- Reviewed utilization and adopted quantity limits for promethazine with codeine syrup
- Discussed utilization of psychotropics in children.
- Retro-DUR activities and responses discussed

April 24, 2014

- Reviewed utilization and adopted clinical prior authorization criteria for sofosbuvir
- Reviewed utilization and adopted updated clinical prior authorization criteria for protease inhibitors for the treatment of hepatitis C.
- Reviewed utilization and adopted updated clinical prior authorization criteria for medications use to treat ADD/ADHD.
- Reviewed utilization and adopted updated clinical prior authorization criteria with quantity limits for buprenorphine and buprenorphine/naloxone products
- Reviewed utilization and adopted quantity limits for Zohydro ER.
- Reviewed utilization and trends for the following: Controlled substances, psychotropics in children, promethazine VC, blood factor products, and aripiprazole by age and diagnosis
- Reviewed ProDUR responses for late refills in general and specifically for medications used to treat seizure disorders.

July 24, 2014

- Reviewed utilization and adopted updated clinical criteria for omalizumab
- Reviewed utilization and adopted updated clinical criteria for ivacaftor
- Reviewed utilization and trends for the following: Black box warning drugs, controlled substances, psychotropic use in children, buprenorphine and buprenorphine/naloxone

- Reviewed ProDUR late refill edits and a correlation to Emergency Room visits.
- Retro-DUR activities and responses discussed.

August 13, 2014 – Special Meeting

- Reviewed utilization and adopted updated clinical criteria for palivizumab

FFY 2014
Nevada Medicaid

Attachment 4: Generic Drug Substitution Policies

The Nevada Statute NRS 639.2583 requires that if a practitioner has prescribed a drug by brand name and the practitioner has not indicated that a substitution is prohibited, the pharmacist who fills or refills the prescription shall dispense, in substitution, another drug which is available to him or her if the other drug is a) less expensive than the drug prescribed by brand name; b) is biologically equivalent to the drug prescribed by brand name; c) has the same active ingredient or ingredients of the same strength, quantity and form of dosage as the drug prescribed by brand name; and d) is of the same generic type as the drug prescribed by brand name. If the pharmacist has available to him or her more than one drug that may be substituted for the drug prescribed by brand name, the pharmacist shall dispense, in substitution, the least expensive of the drugs that are available to him or her for substitution. Before a pharmacist dispenses a drug in substitution for a drug prescribed by brand name, the pharmacist shall: a) advise the person who presents the prescription that the pharmacist intends to dispense a drug in substitution; and b) advise the person that he or she may refuse to accept the drug that the pharmacist intends to dispense in substitution, unless the pharmacist is being paid for the drug by a governmental agency. If a person refuses to accept the drug that the pharmacist intends to dispense in substitution, the pharmacist shall dispense the drug prescribed by brand name, unless the pharmacist is being paid for the drug by a governmental agency, in which case the pharmacist shall dispense the drug in substitution.

FFY 2014

Nevada Medicaid

Attachment 5: Cost Savings/Cost Avoidance Methodology

Catamaran calculates the ProDUR savings by summing the amounts on claims either reversed or denied due to a ProDUR edit. We understand these numbers will be inflated as there is no way to track if the medication was later filled again after consulting with the prescriber or patient, or taken to a different pharmacy. Below is the summary by types ProDUR edits.

Conflict Code	Sum of Total DUR Savings	
COMPLIAN	$	3,613,135.09
DDI-DTMS	$	7,334,705.84
DOSECHEK	$	19,288,034.49
DRUG_AGE	$	202.01
DRUG_SEX	$	-
DUPRX	$	20,550,916.06
DUPTHER	$	34,082,884.17
TOO SOON	$	7,992,235.58
Grand Total	**$**	**92,862,113.24**

FFY 2014

Nevada Medicaid

Attachment 8: Executive Summary

The Nevada Medicaid Drug Utilization Review (DUR) Board serves in an advisory role for the Division of Health Care Financing and Policy (DHCFP) for the development and maintenance of Nevada Medicaid's Medicaid Service Manual (MSM) Chapter 1200 – Prescribed Drugs. MSM Chapter 1200 defines policy for drug coverage, restrictions, prior authorizations and exclusions.

The DUR Board currently is comprised of three physicians and three pharmacists from various backgrounds and locations around the State of Nevada. Other non-voting members who contribute to Board discussions include employees from DHCFP, a Deputy Attorney General and representatives from the contractors for MMIS and PBM services. The public is welcome to provide testimony to the board before they vote on topics.

Clinical reviews and proposed prior authorization criteria for the Board are supplied by Clinical Pharmacy Services, associated with the University of Massachusetts. Additional input is provided by pharmaceutical manufactures, members of the public and the DUR Boards unique experiences and research.