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New Jersey Drug Utilization Review Board
Annual Report

July 1, 2009 through June 30, 2010

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I. Acknowledgements

The drug utilization review process for State Fiscal Year (SFY) 2010 was made possible by the hard work and commitment of the following members of the New Jersey Drug Utilization Review Board:

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

Jill Simone, M.D., Medical Director, State of New Jersey, Department of Human Services, Office of the Medical Director; ex-officio, NJ Department of Human Services representative to the Drug Utilization Review Board.

Martin T. Zanna, M.D., Acting Director, State of New Jersey, Department of Health and Senior Services, Office of Planning and Development, ex-officio, NJ Department of Health and Senior Services representative to the Drug Utilization Review Board.

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Robert Kocsardy, R.Ph., Pharmaceutical Consultant, Office of Preventative Health Services, Division of Medical Assistance and Health Services, NJ Department of

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Human Services. Special thanks are added to the record in appreciation for his continuing education presentations throughout the State of New Jersey.

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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 and Senior Services 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 the highlights and opportunities identified by the New Jersey Drug Utilization Review Board (NJDURB) for the period beginning July 1, 2009 and ending June 30, 2010.

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 to the federal DUR report.

The NJDURB met quarterly during State Fiscal Year (SFY) 2010. The Board reviewed and discussed utilization data for a number of different drug classes as well as individual drugs of interest. Several prior authorization protocols were recommended, as well as additions to the State's drug-drug interaction and duration edits. The NJDURB in SFY 2010 spent $14,068.54.

As part of Prospective Drug Utilization Review (PDUR), the edits recommended by the NJDURB that deny a claim from being processed, serve to prevent adverse reactions and duplicate therapies, thereby protecting the patient as well as preventing fraud, waste and abuse. Upon receipt of clinical denials, pharmacists have an opportunity to interact with their patients and respective prescribers, and are in fact, changing prescribing habits, and ultimately controlling utilization and improving outcomes. The report sample in Appendix B for SFY 2010 indicates likely savings to the State of over $80 million for the year for all populations combined prior to considering the cost of administering the Medical Exceptions Process (MEP). The savings reflect the DUR process. The State created DUR edits such as drug-drug interactions, duplication of therapies, and maximum daily doses to identify possible conflicts and ultimately hinder inappropriate prescribing.

The cost of administering the MEP through Molina Medicaid Solutions for the period of July 1, 2009 through June 30, 2010 was $5,721,861.60.

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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 quality of care.

The Prospective drug utilization review consists of interventions performed by a pharmacist prior to a drug being dispensed to a Medicaid, Pharmaceutical Assistance to the Aged and Disabled (PAAD), Senior Gold, or AIDS Drug Distribution Program (ADDP) client who receives a drug benefit through the fee-for-service (FFS) programs. These interventions involve consultations with the patient and physician regarding drug utilization, including the potential for severe drug-drug interactions, exceeding maximum daily dosage, possible therapeutic duplication, and exceeding duration of medication use.

Retrospective Drug Utilization Review (RDUR) evaluates these same criteria. However, such reviews are performed on a beneficiary's drug claim history after medications have been dispensed. The process is useful to the State and/or the prescriber in 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 DUR standards to avoid drug-related issues such as duplication of therapy, inappropriate dosing, drug-drug interactions, drug-disease contraindications, and inappropriate therapeutic usage. The Commissioners of the Department of Human Services and the Department of Health and Senior Services then consider these standards for approval. These standards are maintained through the State's point-of-sale (POS) claims processing system.

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IV. Findings

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

Highlights of Board Activities During SFY 2010 Include:

- The NJDURB was presented with an opportunity to discuss and provide a recommendation as to whether or not Prograf® (tacrolimus), an immunosuppressant should be exempt from the State's Mandatory Generic Policy. Prograf® is classified as a narrow therapeutic index (NTI) drug that must be monitored carefully by prescribers regardless of whether or not a patient is on a brand or a generic. There is a lack of scientific data comparing the brand to the generic product to determine if switching to the generic causes harm to the patient and results in therapeutic failure. The concern involves multiple generics entering the market for Prograf® (tacrolimus) manufactured by different generic companies with varied safety profiles. However, pharmacists in the State of New Jersey are authorized only to dispense AB rated generics based on the Food and Drug Administration (FDA) Orange Book. Emphasizing that the prescribers must initiate and continue monitoring their patients on any NTI drug. The Board recommended that the State temporarily exempt Prograf® (tacrolimus) from the Mandatory Generic Policy for a period of one year and revisit the issue. The Board is hopeful that more experience and post-marketing data will be available to make a scientific decision as to whether or not this immunosuppressant needs to be exempt from the policy permanently.

- New Jersey and the nation have seen a tremendous increase in the use of the atypical antipsychotics [or second generation antipsychotics (SGAs) compared to the typical antipsychotics or first generation antipsychotics (FGAs)]. This increase has been attributed to their "safety" and effectiveness. In spite of the important role they play in treating serious psychiatric disorders, SGAs have been associated with negative side effects that may worsen a patient's cardiovascular profile, increase risk of weight gain, glucose dysregulation/diabetes, and dyslipidemia. It is necessary to consider and develop guidelines that encourage more appropriate use of the SGAs. A significant number of DMAHS clients, being treated for mental health disorders are treated by non-psychiatrists. The disease states being treated are complicated and do require a thorough knowledge of these powerful agents. An ad hoc committee of the Board presented a protocol for antipsychotic drugs in adults (18 years of age and older) to help monitor safety and ensure these drugs are being utilized appropriately. This protocol does not limit which agents a prescriber can choose and does not encourage one agent over another. Some important protocol parameters that the Molina MEP Unit will monitor will include: (1) doses above the First Data Bank (FDB) or Board approved maximum daily doses will be subject to prior authorization (PA); (2) two or more antipsychotics prescribed concurrently except for a short period of time

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will require a PA; (3) depot antipsychotic agents that are prescribed concurrently with oral antipsychotic formulations will require PA; and (4) concurrent use of five or more behavioral health drugs will require a PA. The State will provide the Board with data pertaining to this protocol at upcoming meetings. The Board would like to revisit this protocol in a year as well.

- The Board was provided with an opportunity to review and create recommendations regarding the proposed NSAID protocol. The protocol was presented by the State to ensure appropriate utilization and reduce potential adverse events associated with NSAIDs. The following is a summary of the protocol: (1) selective cyclooxygenase-2 enzyme inhibitor (Cox-2) will be approved after documented failure with at least one non-selective NSAID unless the patient is 65 years of age or older; on concurrent oral corticosteroid therapy, warfarin therapy, or has a history of ulcers; (2) Cox-2 inhibitor will be approved only with documentation of clinically significant adverse event or inadequate response to at least two nonselective NSAIDs; and, (3) approval of diclofenac topical formulations will be granted upon documentation of failure with acetaminophen and at least two non-selective NSAIDs.

- The Board reviewed and provided their recommendations regarding the proposed Tramadol Protocol. The protocol was presented by the DMAHS to monitor appropriate utilization of tramadol. The approval criteria are as follows: (1) prescribed for a duration of 60 days or less with the exception of patients with a cancer related diagnosis or fibromyalgia (approved for one year); or, (2) tramadol extended release will be approved with documented trial and failure of tramadol immediate release. Prior authorization will be required if (1) tramadol is used concomitantly with drugs that lower seizure threshold (2) daily doses greater than 400 mg (3) past or present history of uncontrolled seizures; or, (4) past history of substance abuse. The claim for tramadol will be denied for patients currently undergoing treatment for substance abuse.

- In an effort to ensure appropriate utilization of omega-3 ethyl esters (Lovaza®), FDA approved for use as an adjunct to diet to reduce triglyceride levels in adult patients with severe (>500 mg/dL) hypertriglyceridemia the DMAHS proposed the following protocol to the NJDURB for their review and recommendations. Lovaza® will be approved for patients if the following criteria are met: (1) triglyceride levels > 500 mg/dL; (2) patient has tried and failed (for at least 90 days) at least two fibric acid derivatives or niacin extended release; (3) patient is taking a statin and unable to take a fibric acid derivative; and, (4) the patient has experienced or is likely to experience adverse effects from fibric acid derivatives or niacin extended release. The following will require prior authorization: (1) doses greater than 4 gm/day and (2) concurrent anticoagulation therapy from a different prescriber.

- To ensure appropriate use of atovaquone (Mepron®) an oral antiprotozal agent DMAHS proposed the following protocol for review by the NJDURB.

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Atovaquone will be approved for patients utilizing it for prevention or acute treatment of Pneumocystis carini Pneumonia who have failed or are intolerant to trimethoprim-sulfamethoxazole. Use of atovaquone greater than 21 days at doses greater than 1500 mg/day will be subject to prior authorization.

All the recommendations made by the Board in SFY 2010 were accepted by the Commissioner of the Department of Human Services and the Commissioner of the Department of Health and Senior Services.

B. Assessment of Costs

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Drug Utilization

The MEP approved 391,889 claims from July 1, 2009 to June 30, 2010. Top five categories approved by MEP include pain medications, sedative-hypnotics, proton-pump inhibitors, dietary supplements, and anti-anxiety medications, see Table A below. Top five categories denied by MEP include proton-pump inhibitors, sedative-hypnotics, pain medications, dietary supplements, and anti-anxiety medications, see Table B below. Major reasons for review and denial were multiple prescribers, dosage and duration of therapy above established DUR standards, clinical criteria not met, inappropriate diagnosis, and other drug causing a drug-drug interaction.

Table A

Top 5 categories, with claim count, for approved and total expenditure:

Therapeutic Category (STC)	Claim Count	Estimated Payment Amount
Pain medications (H3A)	107,680	$ 32,996,702
Sedative-Hypnotics (H2E)	32,020	$ 4,206,946
Proton-pump inhibitors (D4J)	28,964	$ 7,327,108
Dietary Supplements (C5F)	20,791	$ 4,628,128
Anti-anxiety medications (H2F)	19,150	$ 2,174,119

Table B

Top 5 categories, with claim count, for denied and cost savings:

Therapeutic Category (STC)	Claim Count	Cost-Savings
Proton-pump inhibitors (D4J)	13,209	$ 2,322,084
Sedative-Hypnotics (H2E)	11,724	$ 1,266,472
Pain medications (H3A)	8,093	$ 1,650,925
Dietary Supplements (C5F)	4,795	$ 792,103
Anti-anxiety medications (H2F)	3,073	$ 221,758

The PDUR program utilized by the State in SFY 2010 is supported by various edit tables designed to provide maximum discretion to the State in applying PDUR edits. These tables include standards for individual Generic Code Numbers or Specific Therapeutic Class, minimum age, maximum age, approved standards, based on relationships between a claim's reported metric quantity and days supply, effective date and ability to immediately deny claims or override with prior authorization or allow a 30 day supply of a drug to be dispensed to allow for interventions with the physician to take place. As part of PDUR, the edits recommended by the DURB which block a claim from being processed prevent adverse reactions, unnecessary prescriptions and duplicate therapies, thus protecting the patient as well as preventing fraud, waste and abuse.

Medical Exception Process

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The cost of administering the MEP through Molina Medicaid Solutions for SFY 2010 was $5,721,861.60.

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C. Recommendations

In order to improve the State's DUR program, it is recommended the Board have an opportunity to continuously discuss and recommend the use of over-the-counter medications. The NJDURB, in its expertise, can assist the State in better managing the funds appropriated for Medicaid, PAAD, Senior Gold, and ADDP beneficiaries by recommending strategies and approval protocols that ensure appropriate drug utilization, prevent abuse, and deter fraud. Educational programs sponsored by the Board should focus on promoting clinically appropriate utilization of medications which simultaneously promotes cost-effectiveness.

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V. Acronyms

ADDP	AIDS Drug Distribution Program
DCCT	Diabetes Control and Complications Trial
DMAHS	Division of Medical Assistance and Health Services
DUR	Drug Utilization Review
DURB	Drug Utilization Review Board
HAART	Highly Active Antiretroviral Therapy
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
WARP	Warfarin/Antibiotic Retrospective Process

VI. Appendices

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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.

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"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

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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 and Senior Services 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.).

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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;

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(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).

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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 identifies 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

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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 idneti9fying 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.

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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 and Senior Services, 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 and Senior Services, 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

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

July 2009-September 2009

Edit	ADDP	GA	Sr. Gold	FFS	PAAD	Grand Total
403	$4,467	$6,360	$2,218	$118,532	$79,863	$211,440
404	$4,808	$17,244	$4,742	$141,833	$67,855	$236,482
405	$8,674	$175,607	$13,295	$645,180	$183,676	$1,026,433
417	$5,989	$271,314	$29,525	$1,107,791	$337,714	$1,752,333
447	$673	$13,355	$1,276	$52,317	$16,453	$84,075
449		$4,911		$38,215		$43,126
535		$612		$7,079	$1,626	$9,318
537	$38,216	$196,746	$44,503	$1,822,521	$585,821	$2,687,807
577	$3,198	$1,936,815				$1,940,013
869	$89	$1,813	$39	$23,013	$6,831	$31,785
916	$97,383	$68,141	$4,733	$168,898	$77,495	$416,650
2007	$349,730	$856,047	$23,200	$4,537,458	$522,734	$6,289,168
2021				$12,789		$12,789
2038		$78,263		$573,393		$651,656
2047	$1,322	$1,864		$8,905		$12,091
2085	$936	$72,048	$13,324	$192,985	$120,277	$399,569
Total	$515,485	$3,701,140	$136,856	$9,450,908	$2,000,346	$15,804,736

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Appendix B

Molina Medicaid Solutions Cost Avoidance Reports

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

October 2009-December 2009

Edit	ADDP	GA	Sr. Gold	FFS	PAAD	Grand Total
403	$8,793	$6,916	$7,578	$132,835	$124,024	$280,145
404	$7,697	$16,568	$10,639	$262,796	$125,130	$422,829
405	$9,543	$246,129	$15,796	$841,795	$182,552	$1,295,816
417	$16,745	$128,372	$48,889	$1,736,115	$614,512	$2,544,634
447	$602	$16,267	$1,365	$56,903	$14,095	$89,232
449		$7,221		$62,384		$69,604
535		$1,642		$2,254	$2,600	$6,496
537	$40,812	$215,541	$64,594	$1,997,978	$701,884	$3,020,809
577		$3,030,042				$3,030,042
869	$1,026	$3,778	$1,292	$24,467	$5,685	$36,248
916	$61,972	$91,468	$5,661	$230,657	$93,782	$483,540
2007	$240,793	$1,423,636	$21,614	$6,530,163	$686,264	$8,902,470
2021	$9,599			$13,064		$22,663
2038		$96,441		$1,216,075		$1,312,516
2047	$1,732	$1,233		$7,994		$10,959
2085	$87	$5,524	$19,270	$268,235	$166,937	$460,054
Total	$399,401	$5,290,779	$196,697	$13,383,714	$2,717,467	$21,988,058

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January 2010-March 2010

Edit	ADDP	GA	Sr. Gold	FFS	PAAD	Grand Total
403	$4,137	$14,424	$5,688	$136,039	$125,340	$285,627
404	$5,391	$21,372	$15,712	$349,596	$161,676	$553,747
405	$16,333	$235,129	$13,772	$791,483	$172,401	$1,229,118
407	$1,549	$208		$5,527		$7,284
417	$21,211	$140,351	$62,096	$1,919,366	$498,936	$2,641,961
447	$928	$6,862	$1,221	$35,531	$12,242	$56,784
449		$5,591		$51,042		$56,633
535		$2,191	$345	$23,130	$1,763	$27,430
537	$12,993	$91,474	$23,911	$875,637	$202,841	$1,206,856
577		$2,900,630				$2,900,630
869	$65,831	$3,396	$162	$19,976	$5,105	$94,470
916	$73,084	$104,746	$5,637	$282,988	$79,657	$546,112
2007	$220,443	$1,220,000	$41,077	$6,777,614	$455,015	$8,714,150
2021				$13,201		$13,201
2038		$66,145		$659,764		$725,910
2046		$47,801	$258	$149,973	$4,926	$202,959
2047	$2,580	$2,142		$5,262		$9,984
2085	$443	$5,638	$11,108	$178,954	$110,055	$306,198
2100	$27,942	$110,205		$605,312		$734,459
Total	$452,865	$4,978,309	$180,987	$12,880,396	$1,829,958	$20,322,515

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April 2010-June 2010

Edit	ADDP	GA	Sr. Gold	FFS	PAAD	Grand Total
403	$5,392	$4,939	$8,684	$137,331	$149,072	$305,419
404	$5,392	$18,805	$10,897	$1,137,458	$150,026	$1,322,578
405	$13,406	$302,490	$18,920	$1,124,162	$213,716	$1,672,694
407	$24,533	$10,379		$92,307	$4,175	$131,394
417	$74,988	$238,473	$39,395	$1,149,771	$621,042	$2,123,668
447	$111	$7,331	$1,556	$33,329	$12,650	$54,977
449		$6,306		$24,040		$30,346
535						$0
537	$9,400	$112,196	$31,428	$1,206,774	$299,492	$1,659,290
577		$3,053,983				$3,053,983
869	$592	$3,833	$1,591	$21,877	$3,517	$31,410
916	$62,465	$105,114	$4,449	$214,999	$68,133	$455,159
2007	$221,269	$1,239,005	$35,292	$6,257,373	$494,105	$8,247,044
2021				$27,633		$27,633
2038		$115,452		$667,960		$783,412
2046	$7,684	$152,700	$3,314	$362,310	$24,333	$550,340
2047	$656	$2,477		$15,466		$18,600
2085	$3,410	$3,541	$2,156	$30,140	$12,585	$51,832
2100	$60,965	$190,647		$1,759,553		$2,011,164
Total	$490,261	$5,567,671	$157,680	$14,262,484	$2,052,846	$22,530,942

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