OKLAHOMA HEALTH CARE AUTHORITY REGULARLY SCHEDULED BOARD MEETING

October 8, 2015 at 1:00 P.M. Duncan Regional Hospital 1407 N Whisenant Drive Duncan, OK

AGENDA

Items to be presented by Ed McFall, Chairman

- 1. Call to Order / Determination of Quorum
- 2. Action Item Approval of the Approval of September 10, 2015 OHCA Board Meeting Minutes

Item to be presented by Nico Gomez, Chief Executive Officer

- 3. Discussion Item Chief Executive Officer's Report
 - a) Financial Update Carrie Evans, Chief Financial Officer
 - b) Medicaid Director's Update Garth Splinter, State Medicaid Director

Item to be presented by Vickie Kersey, Director, Fiscal Planning and Procurement

4. Discussion Item – State Fiscal Year 2017 Budget Request

Item to be presented by Burl Beasley, Clinical Pharmacist

5. Discussion Item – Drug Utilization Review and the Prior Authorization Process

Item to be presented by Nicole Nantois, Chief of Legal Services

6. Announcements of Conflicts of Interest Panel Recommendations for All Action Items Regarding This Board Meeting.

Item to be presented by Burl Beasley, Clinical Pharmacist

- 7. Action Item Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.
 - a) Consideration and vote to add <u>Sitavig® (Acyclovir Buccal Tablets)</u>, <u>Rasuvo® (Methotrexate Injection)</u>, <u>Otrexup™ (Methotrexate Injection)</u>, <u>Onmel® (Itraconazole Oral Tablets)</u>, <u>and Purixan® (Mercaptopurine Oral Suspension)</u>, to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - b) Consideration and vote to add <u>Namzaric™ (Memantine Extended-Release/Donepezil)</u> to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - c) Consideration and vote to add <u>Corlanor® (Ivabradine)</u> to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Ed McFall, Chairman

- 8. Discussion Item Proposed Executive Session as Recommended by the Chief of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B) (1), (4), (7) and (9).
 - Audit and Contracting Litigation
 - Discussion Regarding Upcoming CEO Evaluation
- 9. New Business
- 10. ADJOURNMENT

NEXT BOARD MEETING November 12, 2015 Non-Profit Center Enid, OK

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING OF THE HEALTH CARE AUTHORITY BOARD

September 10, 2015 Held at the Comanche County Memorial Hospital Lawton, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on September 9, 2015 at 10:30 a.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on September 9, 2015 at 9:39 a.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman McFall called the meeting to order at 1:00 p.m.

BOARD MEMBERS PRESENT: Chairman McFall, Vice-Chairman Armstrong, Member Bryant, Member

Robison, Member Case

BOARD MEMBERS ABSENT: Member McVay, Member Nuttle

OTHERS PRESENT:

Melissa Pratt, OHCA

Becky Pasternik-Ikard, OHCA

Corey Burnett, OHCA

Will Widman, HP

Ann Coody, House of Representatives

OTHERS PRESENT:

Marlene Asmussen, OHCA

Kara Kearns, OHCA

Cindi Bryan, OHCA

Burl Beasley, OHCA

Becky Moore, OAHCP

Charles Brodt, HP Randy Cury, SWOSU College of Pharmacy Rural Health

Robert Groeneveld, Xerox Ken Larson, Xerox

Sean McAvoy, Lawton Community Health Ctr Jaclyn Cosgrove, The Oklahoman

Randy Segler, CMMH

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARY SCHEDULED BOARD MEETING AND STRATEGIC PLANNING CONFERENCE HELD AUGUST 12-14, 2015.

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION: Member Case moved for approval of the August 12-14, 2015 board meeting and strategic planning conference minutes as published. The

motion was seconded by Vice-Chairman Armstrong.

FOR THE MOTION: Chairman McFall, Member Bryant, Member Robison

ABSENT: Member McVay, Member Nuttle

NICO GOMEZ, CHIEF EXECUTIVE OFFICER'S REPORT

Mr. Gomez thanked Comanche County Memorial Hospital and Representative Ann Coody for hosting our board meeting in Lawton.

ITEM 3a / FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported on the final financial transactions for SFY15 and noted that we ended the year with a positive variance of \$11.7 million state dollars however last month we were at \$21 million state dollars but we just reserved the \$40 million carryover to fund the SFY16 budget. She noted that we finished with a positive program variance of \$20 million state dollars and \$5.1 million in administration. We ran over budget in several of our revenue categories: Drug Rebate - \$7.5, Taxes and Fees - \$3.8 and Overpayments/Settlements - \$8.3. Ms. Evans predicted that OHCA will be slightly under budget for July and August. For more detailed information, see Item 3a in the board packet.

Mr. Gomez noted that he and Chairman McFall were invited to listen to the House, Senate and the Executive Governor's appropriators about what their thoughts were on the upcoming budget. It was advised that agencies need to be thinking now about what is going to happen if there are significant cuts and appropriations. Mr. Gomez stated that we have to be very mindful of our budget. He mentioned that the OHCA Audit/Finance subcommittee will meet soon to discuss the situation further. Chairman McFall noted that he wanted to meet with leadership at the House, Senate and Governor's office and explain our FMAP and some other things we have to look at.

ITEM 3b / MEDICAID DIRECTOR'S UPDATE

Garth Splinter, State Medicaid Director

Dr. Splinter provided an update for July data that included a report on the number of enrollees in the Medicaid program. He discussed the charts provided for In-State Contracted Providers and HEDIS Quality Measure – Appropriate Medications for the Treatment of Asthma. For more detailed information, see Item 3b in the board packet.

ITEM 3b.1 / POPULATION CARE MANAGEMENT (PCM) OVERVIEW PRESENTATION

Marlene Asmussen, PCM Director

Ms. Asmussen presented an overview of the Care Management department which includes the Case Management (PCM), Health Management Program (HMP) and the Chronic Care Unit (CCU). She noted that these units coordinate the delivery of health care to our members through resources, providers and facilities within the scope of the SoonerCare program at no cost. Member Case asked if 1,342 new cases in August was typical and Ms. Asmussen did say that it was average. Mr. Gomez commended Ms. Asmussen and her staff for going the extra mile and for their work. Vice-Chairman Armstrong asked about the increase he has seen of babies born addicted to heroin and the catastrophic hit that takes on hospitals, their budgets and society as a whole. He asked if we have seen this in the state of Oklahoma? Ms. Asmussen stated that she is not aware of anything specific and does not have any numbers for that data. Burl Beasley, Pharmacist, discussed prescription drug abuse and stated that it has not reached Oklahoma yet and yes we have a child addicted to a prescription opioid, it's just finding out what they are addicted to. For more detailed information, see Item 3b.1 in the board packet.

ITEM 3c / RECOGNITION OF CINDI BRYAN, POPULATION CARE MANAGEMENT PROGRAM EDUCATION MANAGER

Becky Pasternik-Ikard, Deputy State Medicaid Director & Marlene Asmussen, PCM Director

Member Robison gave a brief history and overview of the Great 100 Nurses of Oklahoma. Ms. Pasternik-Ikard recognized Ms. Bryan for receiving the award as a part of the Great 100 Nurses of Oklahoma. Ms. Bryan was presented with a framed Governor's commendation and a framed poster that includes her name as well as other recognized nurses in the state. She was commended on her work, especially in motivational interviewing, at the Oklahoma Health Care Authority.

Mr. Gomez mentioned that Carter Kimble has accepted a position at the Oklahoma State Department of Health and that this would be his last OHCA board meeting and thanked Mr. Kimble for his service. Mr. Gomez stated that he and Mr. Kimble will be traveling to Washington, DC to testify about program integrity at the House Committee on Energy & Finance.

ITEM 4 / INSURE OKLAHOMA MARKETING CAMPAIGN PRESENTATION

Cate Jeffries, Sr. Public Information Representative & Melissa Pratt, Insure Oklahoma Administrator

Ms. Pratt gave a brief historical overview of the Insure Oklahoma (IO) Marketing and then Ms. Jeffries discussed the various outlets used to advertise IO such as television and radio ads, billboards and we will soon partner with insurance agents. She provided statistics to highlight how many areas in the state we have reached with marketing. For more detailed information, see Item 4 in the board packet.

ITEM 5 / HOME AND COMMUNITY BASED WAIVER (HCBW) TRANSITION

Tywanda Cox, Chief of Federal and State Policy

Ms. Cox presented on expiration of internal waivers. She gave a history of Money Follows the Person (MFP) Program, which included qualifications, services offered, demonstration period, Waivers after demonstration, internal Waivers and the expiration of Waiver. For more detailed information, see Item 5 in the board packet.

ITEM 6 / AGED, BLIND, DISABLED (ABD) CARE COORDINATION MODELS, SUMMARY OF RESPONSES TO THE **REQUEST FOR INFORMATION (RFI)**

Andrew Cohen, President of Pacific Health Policy Group (PHPG)

Mr. Cohen gave a presentation on the ABD Care Coordination which included explaining who are our ABD members, where the Medicaid dollars are spent and discussing the RFI. For more detailed information, see Item 6 in the board packet.

ITEM 7 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE CHIEF OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES §307(B) (1), (4), (7) AND (9).

Nicole Nantois, Chief of Legal Services

Chairman McFal	l entertained a	motion to a	into Executive	Session at this	time.	

MOTION:	Vice-Chairman Armstrong moved for approval to go into Executive Session. The motion was seconded by Member Robison.
FOR THE MOTION:	Chairman McFall, Member Bryant, Member Case
ABSENT:	Member McVay, Member Nuttle
by the Open Meetings Act, 25 Oklahoma Bethesda Family Services Stripling vs. OHCA	Session as Recommended by the Chief of Legal Services and Authorized a Statutes § 307(B) (1), (4), (7) and (9).
Sulphur Manor v. Burwell ITEM 8 / NEW BUSINESS	

ITEM 8 / NEW BUSINESS	
There was no new business.	
ITEM 9 / ADJOURNMENT	
MOTION:	Vice-Chairman Armstrong moved for approval for adjournment. The motion was seconded by Member Case.
FOR THE MOTION:	Chairman McFall, Member Robison, Member Bryant
ABSENT:	Member McVay, Member Nuttle
Meeting adjourned at 2:57 p.m., 9/10/2015	
	NEXT BOARD MEETING October 8, 2015 Duncan Regional Hospital Duncan, OK
Lindsey Bateman Board Secretary	

Lindsey Bateman	
Board Secretary	
-	
Minutes Approved:	
Initials:	



FINANCIAL REPORT

For the Two Months Ended August 31, 2015 Submitted to the CEO & Board

- Revenues for OHCA through August, accounting for receivables, were \$731,745,854 or 2% under budget.
- Expenditures for OHCA, accounting for encumbrances, were \$681,947,867 or 2.4% under budget.
- The state dollar budget variance through August is a **positive** \$2,370,974.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	2.9
Administration	.7
Revenues:	
Drug Rebate	(1.2)
Taxes and Fees	(.5)
Overpayments/Settlements	.5
Total FY 15 Variance	\$ 2.4

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 205: Supplemental Hospital Offset Payment Program Fund	4
Fund 230: Quality of Care Fund Summary	5
Fund 245: Health Employee and Economy Act Revolving Fund	6
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer	
Treatment Revolving Fund	7

OKLAHOMA HEALTH CARE AUTHORITY Summary of Revenues & Expenditures: OHCA SFY 2016, For the Two Month Period Ending August 31, 2015

		FY16		FY16			% Over/
REVENUES		Budget YTD		Actual YTD		Variance	(Under)
State Appropriations	\$	170,068,384	\$	170,068,384	\$	-	0.0%
Federal Funds		414,929,627		404,245,186		(10,684,442)	(2.6)%
Tobacco Tax Collections		7,710,028		8,589,782		879,754	11.4%
Quality of Care Collections		12,843,115		12,414,904		(428,211)	(3.3)%
Prior Year Carryover		67,016,727		67,016,727		(!== ;= : :)	0.0%
Federal Deferral - Interest		51,652		51,652		_	0.0%
Drug Rebates		12,200,386		9,035,318		(3,165,068)	(25.9)%
Medical Refunds		7,940,424		6,668,079		(1,272,345)	(16.0)%
		, ,		, ,		(1,272,343)	0.0%
Supplemental Hospital Offset Payment Program Other Revenues		49,751,441		49,751,441		25.250	
Other Revenues		3,879,131		3,904,381		25,250	0.7%
TOTAL REVENUES	\$	746,390,915	\$	731,745,854	\$	(14,645,061)	(2.0)%
		FY16		FY16			% (Over)/
EXPENDITURES		Budget YTD		Actual YTD		Variance	Under
ADMINISTRATION - OPERATING	\$	8,788,882	\$	8,649,689	\$	139,193	1.6%
ADMINISTRATION - CONTRACTS	\$	14,643,492	\$	13,471,766	\$	1,171,726	8.0%
MEDICAID PROGRAMS							
Managed Care:						=	= ==./
SoonerCare Choice		7,155,240		6,616,404		538,836	7.5%
Acute Fee for Service Payments:							
Hospital Services		149.505.714		146.374.125		3,131,589	2.1%
Behavioral Health		3,348,389		3,431,971		(83,583)	(2.5)%
Physicians		83,783,770		79,102,855		4,680,915	5.6%
Dentists		21,960,533		23,421,517		(1,460,984)	(6.7)%
Other Practitioners		5,887,514		7,133,411		(1,245,898)	(21.2)%
Home Health Care		3,397,537		3,304,416		93,121	2.7%
Lab & Radiology		13,118,960		11,003,922		2,115,038	16.1%
Medical Supplies		7,657,654		6,869,478		788,176	10.3%
Ambulatory/Clinics		22,698,325		20,845,809		1,852,515	8.2%
Prescription Drugs		86,959,235		82,347,159		4,612,077	5.3%
OHCA Therapeutic Foster Care		273,800		273,152		649	0.2%
Other Payments:							
Nursing Facilities		96,604,329		96,315,812		288,517	0.3%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private		10,432,749		10,701,489		(268,740)	(2.6)%
Medicare Buy-In		21,858,990		22,578,961		(719,971)	(3.3)%
Transportation				, ,			11.2%
		12,216,484		10,853,315		1,363,169	
Money Follows the Person-OHCA		119,146		94,539		24,607	0.0%
Electonic Health Records-Incentive Payments		2,987,487		2,987,487		- (4.4.0==)	0.0%
Part D Phase-In Contribution		13,207,958		13,222,035		(14,077)	(0.1)%
Supplemental Hospital Offset Payment Program		112,348,555		112,348,555		-	0.0%
Total OHCA Medical Programs		675,522,370		659,826,412		15,695,958	2.3%
OHCA Non-Title XIX Medical Payments		9,158		-		9,158	0.0%
TOTAL OHCA	\$	698,963,902	\$	681,947,867	\$	17,016,035	2.4%
REVENUES OVER/(UNDER) EXPENDITURES	\$	47,427,012	\$	49,797,987	¢.	2,370,974	
REVERSES OVER (ONDER) EXPENDITORES	Ą	41,421,012	Ф	49,191,901	Ψ	2,510,914	

Total Medicaid Program Expenditures by Source of State Funds SFY 2016, For the Two Month Period Ending August 31, 2015

Cotomony of Company	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
Category of Service	Total	Authority	Care Fund	ПЕСІА	runa	Revolving Fund	Agencies
SoonerCare Choice	\$ 6,639,759	\$ 6,614,307	\$ - \$	23,355 \$	-	\$ 2,097	\$ -
Inpatient Acute Care	250,453,272	95,443,792	81,114	645,670	83,225,354	390,111	70,667,230
Outpatient Acute Care	73,640,402	49,977,969	6,934	715,853	22,465,442	474,204	
Behavioral Health - Inpatient	9,709,422	2,109,280	-	57,204	6,265,547	· -	1,277,391
Behavioral Health - Psychiatrist	1,714,904	1,322,691	-	-	392,213	-	-
Behavioral Health - Outpatient	4,916,432	· · · · -	-	-	· -	-	4,916,432
Behaviorial Health-Health Home	3,173,868	-	-	-	-	-	3,173,868
Behavioral Health Facility- Rehab	42,721,178	-	_	-	-	11,555	42,721,178
Behavioral Health - Case Management	3,163,050	-	_	-	-	, <u>-</u>	3,163,050
Behavioral Health - PRTF	13,990,923	-	_	-	-	-	13,990,923
Residential Behavioral Management	3,567,905	-	_	-	-	-	3,567,905
Targeted Case Management	11,257,056	-	_	_	_	-	11,257,056
Therapeutic Foster Care	273,152	273,152	_	-	-	-	, - ,
Physicians	89,768,671	78,141,288	9,683	616,328	_	951,883	10,049,489
Dentists	23,422,634	23,419,366	-	1,118	_	2.151	-
Mid Level Practitioners	424,841	421,974	_	2,746	_	121	_
Other Practitioners	6.725.497	6,636,208	74,394	14,181	_	714	_
Home Health Care	3,305,287	3,302,005	-	871	_	2,411	_
Lab & Radiology	11,251,818	10,947,777	_	247,896	_	56,145	_
Medical Supplies	6,906,506	6,411,093	451,922	37,028	_	6.463	_
Clinic Services	20,141,321	19,566,849	-	109,308	_	30,920	434,244
Ambulatory Surgery Centers	1,276,537	1,245,236	-	28,497	_	2,804	-
Personal Care Services	2,252,779		_	-	_	_,00.	2,252,779
Nursing Facilities	96,315,812	60,893,753	35,418,946	_	_	3.113	_,,
Transportation	10,832,020	10,385,762	438,069	_	_	8,189	-
GME/IME/DME	16,319,158		-	_	_	-	16,319,158
ICF/IID Private	10,701,489	8,711,595	1,989,895	_	_	-	
ICF/IID Public	1,672,777	-	-,000,000	_	_	_	1,672,777
CMS Payments	35,800,996	35,671,798	129,198	_	_	_	1,012,111
Prescription Drugs	83,947,201	82,053,701	-	1,600,042	_	293,457	_
Miscellaneous Medical Payments	21,295	21,141	_	1,000,012	_	154	_
Home and Community Based Waiver	33,414,857	21,171	_	_	_	-	33,414,857
Homeward Bound Waiver	14,737,300	_	_	_	_	_	14,737,300
Money Follows the Person	1,345,908	94,539	_	_	_	_	1,251,369
In-Home Support Waiver	4,338,630	J-1,559 -	-	_	_	-	4,338,630
ADvantage Waiver	31,329,494	_	_	_	_	_	31,329,494
Family Planning/Family Planning Waiver	944,903	-	-	_	_	-	944,903
Premium Assistance*	7,304,538	-	-	7,304,538	<u>-</u>	-	344,303
Electronic Health Records Incentive Payments	2,987,487	2,987,487	-	7,304,330	-	-	-
Total Medicaid Expenditures		\$ 506,652,762	\$ 38.600.156 \$	11,404,634	112,348,556	\$ 2.236.494	\$ 271,480,031
Total Medicald Experiditures	7 942,711,077	\$ 300,032,702	\$ 50,000,150 \$	11,404,034 \$	112,340,330	7 2,230,494	₹ 27 1,460,03 1

^{*} Includes \$7,256,394 paid out of Fund 245

Summary of Revenues & Expenditures:

Other State Agencies
SFY 2016, For the Two Month Period Ending August 31, 2015

EVENUE		FY16 Actual YTD
Revenues from Other State Agencies	\$	107,354,2
Federal Funds	Ψ	169,132,0
TOTAL REVENUES	\$	276,486,3
(PENDITURES		Actual YTD
Department of Human Services Home and Community Based Waiver	\$	33,414,8
Money Follows the Person	Φ	
		1,251,3
Homeward Bound Waiver		14,737,3
In-Home Support Waivers		4,338,6
ADvantage Waiver		31,329,4
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public		1,672,7
Personal Care		2,252,7
Residential Behavioral Management		2,749,4
Targeted Case Management		9,360,4
Total Department of Human Services		101,107,0
State Employees Physician Payment		
Physician Payments		10,049,4
Total State Employees Physician Payment		10,049,4
Total State Employees i nysician i ayment		10,043,4
Education Payments		
Graduate Medical Education		195,0
Graduate Medical Education - Physicians Manpower Training Commission		
Indirect Medical Education		16,124,1
Direct Medical Education		
Total Education Payments		16,319,1
Office of Juvenile Affairs		
Targeted Case Management		536,2
Residential Behavioral Management		818,4
Total Office of Juvenile Affairs		1,354,7
Total Office of Juvernie Affairs		1,334,7
Department of Mental Health		
Case Management		3,163,0
Inpatient Psychiatric Free-standing		1,277,3
Outpatient		4,916,4
Health Homes		3,173,8
Psychiatric Residential Treatment Facility		13,990,9
Rehabilitation Centers		42,721,1
Total Department of Mental Health		69,242,8
State Department of Health Children's First		279,5
		•
Sooner Start		165,0
Early Intervention		818,8
Early and Periodic Screening, Diagnosis, and Treatment Clinic		178,8
Family Planning		(5,7
Family Planning Waiver		948,5
Maternity Clinic		2,8
Total Department of Health		2,387,9
County Health Departments		
EPSDT Clinic		87,4
Family Planning Waiver		2,0
Total County Health Departments		89,5
State Department of Education		20.4
State Department of Education Public Schools		32,1 229.8
		229,8
Medicare DRG Limit		70,000,0
Native American Tribal Agreements		
Department of Corrections		
JD McCarty		667,2
Total OSA Medicaid Programs	\$	271,480,0
OSA Non-Medicaid Programs	\$	10,886,6
		5,880,3
Accounts Receivable from OSA	\$	

SUMMARY OF REVENUES & EXPENDITURES:

Fund 205: Supplemental Hospital Offset Payment Program Fund SFY 2016, For the Two Month Period Ending August 31, 2015

	FY 16
REVENUES	Revenue
SHOPP Assessment Fee	\$ 49,678,005
Federal Draws	69,993,150
Interest	22,787
Penalties	44,651
State Appropriations	(7,550,000)
TOTAL REVENUES	\$ 112,188,592

EXPENDITURES	Quarter	E	FY 16 Expenditures
Program Costs: Hospital - Inpatient Care Hospital -Outpatient Care Psychiatric Facilities-Inpatient Rehabilitation Facilities-Inpatient Total OHCA Program Costs	7/1/15 - 9/30/15 83,225,354 22,465,442 6,265,547 392,213 112,348,555	\$ \$ \$	83,225,354 22,465,442 6,265,547 392,213 112,348,555
Total Expenditures		\$	112,348,555
CASH BALANCE		\$	(159,963)

OKLAHOMA HEALTH CARE AUTHORITY SUMMARY OF REVENUES & EXPENDITURES:

Fund 230: Nursing Facility Quality of Care Fund SFY 2016, For the Two Month Period Ending August 31, 2015

REVENUES	Total State Revenue Share
Quality of Care Assessment	\$ 12,409,115 \$ 12,409,115
Interest Earned	5,788 5,788
TOTAL REVENUES	\$ 12,414,904 \$ 12,414,904

EXPENDITURES	-	FY 16 Fotal \$ YTD	5	FY 16 State \$ YTD	S	Total State \$ Cost
Program Costs				· · · · · · · · · · · · · · · · · · ·		
Nursing Facility Rate Adjustment	\$	34,812,305	\$	13,124,239		
Eyeglasses and Dentures		45,921		17,312		
Personal Allowance Increase		560,720		211,391		
Coverage for Durable Medical Equipment and Supplies		451,922		170,375		
Coverage of Qualified Medicare Beneficiary		172,126		64,891		
Part D Phase-In		129,198		129,198		
ICF/IID Rate Adjustment		881,272		332,239		
Acute Services ICF/IID		1,108,623		417,951		
Non-emergency Transportation - Soonerride		438,069		165,152		
Total Program Costs	\$	38,600,156	\$	14,632,749	\$	14,632,749
Administration						
OHCA Administration Costs	\$	83,478	\$	41,739		
DHS-Ombudsmen		-		-		
OSDH-Nursing Facility Inspectors		-		-		
Mike Fine, CPA		-		-		
Total Administration Costs	\$	83,478	\$	41,739	\$	41,739
Total Quality of Care Fee Costs	\$	38,683,634	\$	14,674,488		
TOTAL STATE SHARE OF COSTS					\$	14,674,488

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transerred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY SUMMARY OF REVENUES & EXPENDITURES:

Fund 245: Health Employee and Economy Improvement Act Revolving Fund SFY 2016, For the Two Month Period Ending August 31, 2015

	FY 15	FY 16		Total
REVENUES	Carryover	Revenue		Revenue
Prior Year Balance	\$ 27,746,235	\$	- \$	(303,449)
State Appropriations	(20,000,000)		-	-
Tobacco Tax Collections	-	7,065,0	61	7,065,061
Interest Income	-	55,0	61	55,061
Federal Draws	127,814	4,659,0	79	4,659,079
All Kids Act	(6,745,162)	-	ı	-
TOTAL REVENUES	\$ 1,128,887	\$ 11,779,2	01 \$	11,475,752

EXPENDITURES		Ex	FY 15 penditures	E	FY 16 kpenditures		Total \$ YTD
Program Costs:	Employer Sponsored Insu College Students All Kids Act	rance	;	\$	7,256,394 48,145 -	\$	7,256,394 17,322 -
Individual Plan Total Individual P	SoonerCare Choice Inpatient Hospital Outpatient Hospital BH - Inpatient Services-DI BH -Psychiatrist Physicians Dentists Mid Level Practitioner Other Practitioners Home Health Lab and Radiology Medical Supplies Clinic Services Ambulatory Surgery Cente Prescription Drugs Miscellaneous Medical Premiums Collected			\$	22,380 645,670 701,609 56,876 - 608,737 425 2,744 14,104 871 244,122 35,627 107,524 28,497 1,569,699 - -	\$	8,052 232,312 252,439 20,464 - 219,024 153 987 5,075 313 87,835 12,819 38,687 10,253 564,778 - (75,118)
	College Students-Servic		sts	\$ \$	61,210	\$ \$	22,023
Total OHCA Prog				\$	11,404,634	\$	8,673,813
Administrative Co	Salaries Operating Costs Health Dept-Postponing Contract - HP	\$	73,467 9,367 - 1,349,503		277,810 260 911,030	·	351,277 9,627 911,030 1,349,503
Total Administrat Total Expenditure		\$	1,432,337	\$	1,189,101	\$ \$	2,621,437
NET CASH BALA	NCE	\$	(303,449)			\$	180,502

OKLAHOMA HEALTH CARE AUTHORITY SUMMARY OF REVENUES & EXPENDITURES:

Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund SFY 2016, For the Two Month Period Ending August 31, 2015

REVENUES	FY 16 Revenue	State Share
Tobacco Tax Collections	\$ 140,955	\$ 140,955
TOTAL REVENUES	\$ 140,955	\$ 140,955

EXPENDITURES	To	FY 16 otal \$ YTD	S	FY 16 State \$ YTD	Sta	Total ate \$ Cost
Program Costs						
SoonerCare Choice	\$	2,097	\$	553		
Inpatient Hospital		390,111		102,950		
Outpatient Hospital		474,204		125,143		
Inpatient Services-DRG		-		-		
Psychiatrist		-		-		
TFC-OHCA		-		-		
Nursing Facility		3,113		821		
Physicians		951,883		251,202		
Dentists		2,151		568		
Mid-level Practitioner		121		32		
Other Practitioners		714		188		
Home Health		2,411		636		
Lab & Radiology		56,145		14,817		
Medical Supplies		6,463		1,706		
Clinic Services		30,920		8,160		
Ambulatory Surgery Center		2,804		740		
Prescription Drugs		293,457		77,443		
Transportation		8,189		2,161		
Miscellaneous Medical		154		41		
Total OHCA Program Costs	\$	2,224,939	\$	587,161		
OSA DMHSAS Rehab	\$	11,555	\$	3,049		
Total Medicaid Program Costs	\$	2,236,494	\$	590,211		
TOTAL STATE SHARE OF COSTS					\$	590,211

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

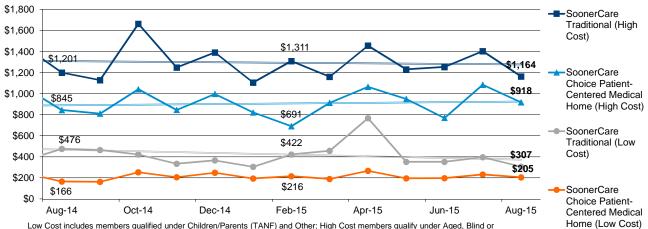
OHCA Board Meeting October 8, 2015 (August 2015 Data)

SOONERCARE ENR	SOONERCARE ENROLLMENT/EXPENDITURES										
Delivery	Enrollment August 2015	Children August 2015	Adults August 2015	Enrollment Change	Total Expenditures August 2015	PMPM August 2015	Forecasted August 2015 Trend PMPM				
SoonerCare Choice Medical Home	Patient-Centered	545,102	446,925	98,177	-4,165	\$143,384,824					
Lower Cost	(Children/Parents; Other)	500,548	432,589	67,959	-3,977	\$102,471,618	\$205	\$219			
Higher Cost	(Aged, Blind or Disabled; TEFRA; BCC)	44,554	14,336	30,218	-188	\$40,913,206	\$918	\$924			
SoonerCare Traditional		240,207	93,854	146,353	1,863	\$168,703,995					
Lower Cost	(Children/Parents; Other)	129,489	88,793	40,696	1,706	\$39,783,619	\$307	\$374			
Higher Cost	(Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)	110,718	5,061	105,657	157	\$128,920,377	\$1,164	\$1,277			
SoonerPlan		41,809	3,135	38,674	-141	\$278,722	\$7	\$8			
Insure Oklahoma		17,138	483	16,655	-189	\$5,421,333					
Employer-Spo	onsored Insurance	13,085	313	12,772	-80	\$3,614,036	\$276	\$277			
Individual Pla	4,053	170	3,883	-109	\$1,807,297	\$446	\$482				
TOTAL	844,256	544,397	299,859	-2,632	\$317,788,874						

Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents.

Total In-State I	n-State Providers 33,081 (In-State Providers counted multiple times due to multiple locations, programs, types, and specia							nd specialties)
Physician	Pharmacy	Dentist	Hospital	Mental Health	Optometrist	Extended Care	Total PCPs	PCMH
9,537	936	1,196	196	5,167	632	240	6,469	2,453

PER MEMBER PER MONTH COST BY GROUP



Low Cost includes members qualified under Children/Parents (TANF) and Other; High Cost members qualify under Aged, Blind or Disabled, Oklahoma Cares, TEFRA or a Home and Community-Based Services waiver.



ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE STATISTICS

The Electronic Health Records Incentive Program is a federal program that offers major financial support to assist certain providers to adopt (acquire and install), implement (train staff, deploy tools, exchange data), upgrade (expand functionality or interoperability) or meaningfully use certified EHR technology.

Unduplicated Provider Totals							
Total Providers Paid Total Payment Amount							
2,663	\$184,686,573						

Providers Paid - Since Inception										
		Participati		Partici	oation Year 2	Particip	oation Year 3	Participation Year 4		
	Adopt/Imp	lement/Upgrade	Mear	ningful Use	Meaningful Use		Meaningful Use		Meaningful Use	
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Providers	Payment	Providers	Payment	Providers	Payment	Providers	Payment	Providers	Payment
	Paid	Amount	Paid	Amount	Paid	Amount	Paid	Amount	Paid	Amount
Eligible Hospital*	90	\$54,261,926	16	\$7,684,573	95	\$47,158,261	62	\$8,557,891		
Eligible Professional	2,417	\$50,256,254	112	\$2,380,000	1,034	\$8,763,501	556	\$4,723,167	106	\$901,000
Totals	2,507	\$104,518,180	128	\$10,064,573	1,129	\$55,921,762	618	\$13,281,058	106	\$901,000
_		<u> </u>				Participation Y	ear Totals - S	Since Inception	4,488	\$184,686,573

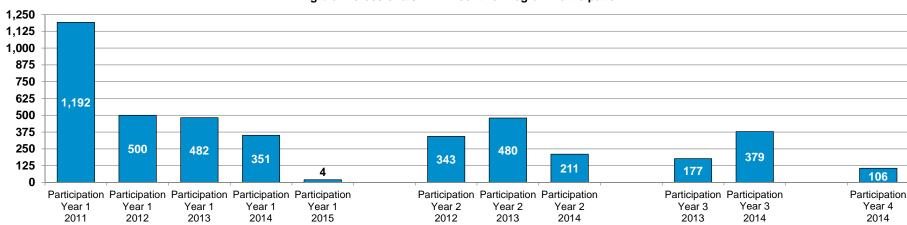
Providers Paid - August 2015											
		Participati	on Year 1		Particip	ipation Year 2 Particip		Participation Year 3		Participation Year 4	
	Adopt/Imp	lement/Upgrade	Mean	ingful Use	Mean	ningful Use Mear		ingful Use	Meaningful Use		
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	
	Providers	Payment	Providers	Payment	Providers	Payment	Providers	Payment	Providers	Payment	
	Paid	Amount	Paid	Amount	Paid	Amount	Paid	Amount	Paid	Amount	
Eligible Hospital*	0	\$0	0	\$0	0	\$0	2	\$139,691			
Eligible Professional	15	\$318,750	8	\$170,000	22	\$187,000	10	\$85,000	1	\$8,500	
Totals	15	\$318,750	8	\$170,000	22	\$187,000	12	\$224,691	1	\$8,500	
						Participation `	Year Totals -	August 2015	58	\$908,941	

^{*}Hospitals may participate for up to 3 years.

Adopt/Implement/Upgrade: Acquiring or purchasing/Installing or utilizing/Expanding the functionality of certified EHR technology.

Meaningful Use: Using certified EHR technology to: Improve quality, safety, efficiency, and reduce health disparities; Engage patients and family; Improve care coordination, and population and public health; Maintain privacy and security of patient health information.

Eligible Professionals EHR Incentive Program Participation



SFY 2017

Budget Request Detail

	Description of Priority
1	Annualizations FFP Match Rate from 60.99% to 59.94% Medicare A & B Premiums - 01/01/16 (With Hold-Harmless from \$104.90 to \$159.30) CHIP- ACA FMAP increase by 23%
2	Maintenance FY'17 Growth/Utilization increases (1%) Medicare A & B premiums - 01/01/2017 (With Hold-Harmless from \$104.90 to \$159.30) Medicare Part D (clawback) - 100% State Rebase physician fee schedule to align with current RVUs
3	One-Time Funding FY-15 Onetime Carryover & Replace

FY-2017 Budget Request Priorities

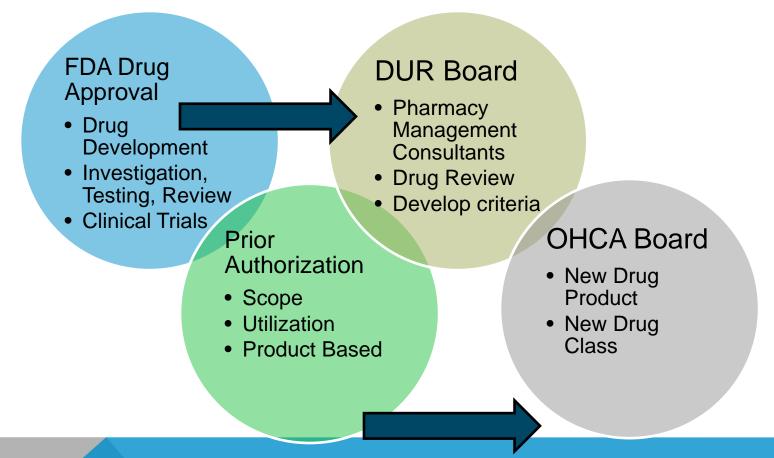
# FTE	State	Total
	36,376,515 12,273,401 (10,151,189)	- 30,839,628 -
-	38,498,727	30,839,628
	9,444,900 12,578,408	32,777,251 31,398,921
	6,202,537	6,202,537
	1,193,925	3,000,000
-	29,419,770	73,378,709
	12,016,727	-
-	12,016,727	-
-	\$ 79,935,224	\$ 104,218,337

DP_With HH printed 10/7/2015

DRUG UTILIZATION REVIEW AND THE PRIOR AUTHORIZATION PROCESS

Burl Beasley, BS Pharm, MPH, MS Pharm Drug Utilization Review Pharmacist OHCA Pharmacy Services

OHCA – PRIOR AUTHORIZATION PROCESS



SOONERCARE PHARMACY OVERVIEW

Managing SoonerCare Drug Use and Costs

- Prescription Limits
- Generic Utilization
- Drug Rebates
- State Max Allowable Cost (SMAC)
- Prior Authorization
- Drug Utilization Review (DUR)
 - Prospective, Retrospective DUR
- Therapy Management

THE PRIOR AUTHORIZATION (PA) PROCESS-TYPES OF ACTION ITEMS

Scope Controls

To insure that drugs are used for approved indications and therapeutically appropriate

Utilization Controls

Used to limit the quantity of medication dispensed or limit duration of use

Product Based Controls

Divides certain therapeutic categories of drugs into two or more levels called Tiers. Tier 1 are preferred, Tier 2 may require trials of Tier 1.

http://www.okhca.org/providers.aspx?id=1218 accessed September 29th 2015.

SCOPE/UTILIZATION PRIOR AUTHORIZATION

Therapeutic Categories:

- Antibiotics Cephaloporins, Ketylonazole C
- ▶ Biologics Botulinum toxins, &
- Cardiovascular Anticoagulants Anunypert Pulmonary Arterial Hypertension, Revatio
- Central Nervous System/Behavioral Health Atypical Antipsychotics, Fibromyalgia, Multi ER, Smoking Cessation, Substance Abuse T
- Diabetes/Endocrine Diabetic Medications,
- Gastro-Intestinal Amitiza, Anti-emetic, An
- Genitourinary System Benign Prostatic Hy
- Hepatitis C Harvoni, Incivek, Olysio, Sova
- Metabolic Disorders- Procysbi Ravicti
- Ocular/Otic Ocular Allergy, Opthalmic Ant Otic Anti-Infective
- Respiratory Asthma & COPD Inhalation Me Hypertension, Pulmonary Fibrosis, Synagis,
- Skeletal System Amrix & Fexmid, Bisphos
- Topical Antifungal, Elidel/Protopic, Lidode

Diagnosis: (Diagnosis is regu Chronic Migraine Diagnosis: please complete the following section. (Only E 1. What is the monthly frequency of migraines? What is the average 2. Have medical conditions known to cause or exacerbate migraines been ruled ou 3. Is the member chronically taking medications or other substances (which may be to cause or exacerbate migraines such as caffeine, narcotics, NSAIDs, APAP, or 4. Has the member failed at least 3 different types of medications typically used for anti-convulsants, anti-depressants, etc.)? Please list: Medication Date Span Date Span Medication Date Span Medication 5. Has the member been evaluated by a neurologist for chronic migraine headache Yes___ No___ If yes, please include name of neurologist recommending Boto 6. Does the member currently use tobacco? Yes No Overactive Bladder Diagnosis: please complete the following section. (Only Number of urinary incontinence episode(s) per day while on medication? 2. Have urodynamic studies been performed? Yes_____ No____ 3. Has member participated in behavioral therapy? Yes No reason for therapy failure? 4. Has member used at least three anti-muscarinic medications for the treatment of Medication Date Span Date Span Medication Date Span Medication 5. Does the member or caregiver have the ability to catheterize? Yes Neurogenic Bladder Diagnosis: please complete the following section. (On

TO BE COMPLETED BY PRESCRIBER

Source: OHCA Pharmacy website available at:

http://www.okhca.org/providers.aspx?id=1218 accessed September 29th 2015.

DRUGS THAT REQUIRE PRIOR AUTHORIZATION

Therapeutic Categories:

- Antibiotics Cephaloporins, Ketoconazole Oral Tablets, Special Formulations
- Biologics Botulinum toxins, Hematopoetic, Immunomodulating, Replacement Therapy, Respiratory, Skeletal
- Cardiovascular Antihypertensives, Antiplatelet, Antihyperlipidemics, Clonidine Products, Revatio
- Central Nervous System/Behavioral Health ADHD & Narcolepsy, Alzheimer's, Antidepressants, Anti-Migraine, Anxiolytic/Hypnotic, Atypical Antipsychotics, Fibromyalgia, Multiple Sclerosis, Narcotic Analgesics, Restless Leg Syndrome, Requip XL/Mirapex ER, Smoking Cessation, Substance Abuse Treatment
- Diabetes/Endocrine Diabetic Medications, Erythropoietin Stimulating Agents, Growth Hormone, Testosterone
- Gastro-Intestinal Amitiza, Anti-emetic, Anti-Ulcer
- Genitourinary System Benign Prostatic Hyperplasia (BPH), Bladder Control Drugs
- **Hepatitis C** Sovaldi, Olysio, Victrelis, Incivek
- Metabolic Disorders- Procysbi Ravicti
- Ocular/Otic Ocular Allergy, Opthalmic Anti-Infective/Steroid, Ophthalmic Glaucoma, Otic Anti-Infective
- Respiratory Asthma & COPD Inhalation Medications, Antihistamines, Leukotriene Modifiers, Nasal Allergy Sprays, Synagis, Tobi/Pulmozyme, Xolair
- Skeletal System Amrix & Fexmid, Bisphosonates, Forteo, Gout, NSAIDs, Skeletal Muscle Relaxants, Soma
- Topical Antifungal, Elidel/Protopic, Lidoderm Patch, Pediculicides, Topical Antibiotic Medications, Topical Corticosteroids

Source: OHCA Pharmacy website available at:

http://www.okhca.org/providers.aspx?id=1218 accessed September 29th





TIER STRUCTURE ANALGESICS - OPIOID

- ONE trial of Tier 1 of an <u>approved</u> opioid can qualify to move to Tier 2
- Tier 2 require prior authorization
 - Automated 2 Rx within time frame
 - FAX to Pharmacy Management Consultants



TIER STRUCTURE EXAMPLE ANALGESICS -OPIOIDS

Tier 1	Tier 2	Tier 3
Immediate Release		Long Acting
 codeine codeine/APAP hydromorphone(Dilaudid®) ASA/butalbital/caffeine/ codeine (Fiorinal with Codeine®) hydrocodone/APAP(Lortab®) morphine-immediate release (MSIR®) oxycodone-immediate release (OxylR®) oxycodone/APAP(Percocet®) oxycodone/ASA(Percodan®) oxycodone/ibuprofen (Combunox™) oxycodone ER 10mg, 15mg, 20mg only (Oxycontin®) tramadol/APAP (Ultracet®) hydrocodone/IBU (Vicoprofen®) tramadol Hycet®* 	 morphine ER (MS Contin®) fentanyl patches (Duragesic®) buprenorphine (Butrans®) oxycodone ER (Oxycontin®) hydrocodone bitartrate extended- release (Hysingla™ ER) 	 morphine sulfate (Avinza®) morphine naltrexone (Embeda®) hydromorphone (Exalgo®) morphine sulfate (Kadian®) oxymorphone (Opana ER®) tramadol ER (Ryzolt® Ultram® ER) tapentadol ER (Nucynta ER®)

Source: OHCA Narcotic Analgesics available at:

http://www.okhca.org/providers.aspx?id=12090#34 accessed September 29th 2015.

PRODUCT BASED PRIOR AUTHORIZATION

Tier 1	Tier 2	Tier 3
 atorvastatin (Lipitor®) lovastatin (Mevacor®) pravastatin (Pravachol®) simvastatin (Zocor®) 	→ rosuvastatin (Crestor®)*	 lovastatin/niacin (Advicor®) lovastatin (Altoprev®) fluvastatin (Lescol® Lescol® XL) ezetimibe/atorvastatin (Liptruzet®) pitavastatin (Livalo®) simvastatin/niacin (Simcor®) simvastatin/ezetimibe (Vytorin®) ezetimibe (Zetia®)

^{*} Crestor® 5mg and Crestor® 10 mg require special reason for use.

Source: OHCA Pharmacy website Prior Authorizations, available at: http://www.okhca.org/providers.aspx?id=1218 accessed September 29th 2015.

SCOPE/UTILIZATION PRIOR AUTHORIZATION

Therapeutic Categories:

- Antibiotics Cephaloporins, Ketoconazole C
- · Biologics Botulinum toxins, Hematopoetic
- Cardiovascular Anticoagulants, Antihypert Pulmonary Arterial Hypertension, Revatio
- Central Nervous System/Behavioral Health Atypical Antipsychotics, Fibromyalgia, Multi ER, Smoking Cessation, Substance Abuse T
- Diabetes/Endocrine Diabetic Medications,
- Gastro-Intestinal Amitiza, Anti-emetic, An
- Genitourinary System Benign Prostatig
- Hepatitis C Harvoni, Incivek, Olysio,
- Metabolic Disorders- Procysbi Ravicti
- Ocular/Otic Ocular Allergy, Opthalmic Ant Otic Anti-Infective
- Respiratory Asthma & COPD Inhalation Me Hypertension, Pulmonary Fibrosis, Synagis,
- Skeletal System Amrix & Fexmid, Bisphos
- Topical Antifungal, Elidel/Protopic, Lidode

		Clinical Information
1.	Diagnosis:	HCV Genotype (including subtype)
2.	METAVIR Fibrosis Stage:	Date Determined:
3.	Pre-Treatment Viral Load (HCV RNA):	Date De
4.	Does member have decompensated he	epatic disease (CTP class B or C)?
5.	Does member have severe renal impair	rment (estimated eGFR <30mL/min
6.	Has the member been evaluated by a specialist within the past 3 months? Yes	•
7.	If yes, please include name of specialis	st recommending hepatitis C treatme
	Has the member been previously treate	
9.	If yes, please indicate previous treatme	ent regimen and reason for failure: _

Source: OHCA Pharmacy website available at: http://www.okhca.org/providers.aspx?id=1218 accessed September 29th 2015.

COMMUNICATION AND UPDATES

- SoonerCare Updates are sent out as necessary to inform provider community of changes in the program
 - Naloxone
 - Influenza Vaccine Coverage
 - DUR Changes/Updates
- Provider Updates and Newsletter
- Website updated to reflect all changes:
 - Forms
 - Tier changes



SUMMARY

- Scope Controls
 - FDA approved use
 - Therapeutically appropriate
- Utilization Controls
 - Quantity limits
 - Duration of use
- Product Based Controls
 - Tier structure
 - Prior authorizations
- Communication Process
- Rules/Regs/Policy/Other

IMPACT OF MANAGING DRUG THERAPY ON PATIENTS, THE STATE AND YOU

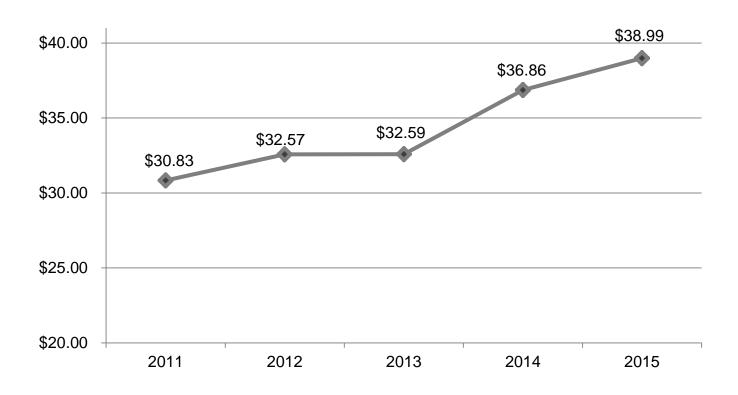
SOONERCARE PHARMACY TRENDS

Fiscal	Unduplicated	Total		Total	
Year *	Members	Utilizers	Total Claims	Pharmacy Reimbursement	PMPM
2011	968,296	561,756	5,937,107	\$358,246,087	\$30.83
2012	1,007,356	579,815	6,268,776	\$393,717,185	\$32.57
2013	1,040,332	600,124	6,430,477	\$406,812,974	\$32.59
2014	1,033,114	580,245	6,354,520	\$456,949,072	\$36.86
2015**	1,021,359	574,756	6,185,648	\$477,833,084	\$38.99

^{*}Source: SoonerCare Pharmacy MMIS Data accessed September 29th 2015.

^{**}Predicted for SFY 2015 – MMIS unpublished data, accuracy of data will change with release of official OHCA publications, data has not been independently verified.

PER MEMBER PER MONTH*



^{**} Source MMIS Claims Data Review Predicted for SFY 2015 – MMIS unpublished data, accuracy of data will change with release of official OHCA publications, data has not been independently verified.

PROGRAM RESULTS

- Drug Rebate
 - \$236,633,075 SFY 2015
 - \$13,370,687 supplemental rebates
- \$111,673,546 saved by limiting the amount paid for generic drugs*
 - State Maximum Allowable Cost (SMAC)
- 89% generic utilization*
 - National average 68%

UTILIZATION SUMMARY

- 846,699 members enrolled in SoonerCare*
- 170,292 members receive Rx benefits/mo
- ~1 out of 5 members use Rx benefits
- \$477 million spent for prescribed drugs in 2015
- 6.185 million paid Rx claims**
- Align with OHCA mission and vision



^{*}Source: OHCA Statistics and Data: Pharmacy Fast Facts- August 2015 available at: http://okhca.org/research.aspx?id=87&parts=7447&parts=7447 accessed September 29th 2015.

^{**} Source MMIS Claims Data Review Predicted for SFY 2015 – MMIS unpublished data, accuracy of data will change with release of official OHCA publications, data has not been independently verified.

QUESTION COMMENTS

AGENDA ITEM 7A - DUR RECOMMENDATION

Rasuvo®

Onmel[®]

Purixan[®]

Toe fungus

ALL

maintenanc

e therapy

PA SPECIAL FORMULATIONS					
Drug	Indication	Formulation	Utilization by claims	Compares to	DUR- PMC 7/2015
Sitavig®	Cold Sores	Buccal tablet (lozenge)	\$168 ea tx x1094c \$183,792 (zero)	Acyclovir	\$8.81 X 1094c \$9,640
Otrexup®	RA	Auto-	\$473-578 tx		¢10 56

X495c

\$178,695-

390,060

(zero)

\$2796 x271c

member tx

\$757,716

(zero)

\$1330 X 589c

\$783,370

6 at \$6675

injector

Tablet

(200 mg)

Oral

Suspension

Difference

\$174,152

\$224,805-

\$276,780

\$664,380

\$654,968

(ALL)

\$18.56

X 495c

\$9,330

\$344 per

claim X

271c

=\$93,336

\$2.16

X 589c

\$28,807

YTD

MTX injection

Itraconazole

Capsule

 $(2 \times 100 \text{ mg})$

Mercaptopurine

tablets

AGENDA ITEM 7B - DUR RECOMMENDATION

PA - NAMZARIC™ (MEMANTINE EXTENDED RELEASE/DONAZEPRIL)

Indicated for the treatment of Alzheimer's dementia

- <u>Combination</u> drug of 2 medications already approved for treatment of Alzheimer's
 - Namenda XR® (Memantine XR)
 - Aricpet® (Donazepril)
- Patient must have a clinically significant reason why 2 pills cannot be used instead of this combination product.

AGENDA ITEM 7C -DUR RECOMMENDATION PA - CORLANOR® (IVABRADINE)

Reduce the risk of hospitalization for worsening heart failure with 3 conditions:

- Maximum dose of beta-blocker or cannot tolerate
- Left Ventricular EF of less than 35%
- Resting heart rate of greater than 70 bpm

- New treatment for HF, new MOA
- HR indicator of hospital readmission (CHARM)*
- Reduced hospital readmissions by 18% (SHIFT)**

Sources:

*Castagno D, et.al, Association of heart rate and outcomes in a broad spectrum of patients with chronic heart failure: results from the CHARM (Candesartan in Hart Failure: Assessment of Reduction in Mortality and morbidity program. J Am Coll Cardiol. May 2012;59(20):1785-95

**Borer, JS, Bohm M, Ford I, et al. Effect of ivabradine on recurrent hospitalization for worsening heart failure in patients with chronic systolic heart failure: the SHIF Study. Eur Heart J 2012;33(22):2813-2820.