

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
January 14, 2016 at 1:00 P.M.
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, 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 December 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) All-Star Introduction
 - October 2015 All-Star – Darla Koone, QA/QI SoonerCare Compliance Analyst (Sylvia Lopez)
 - b) Financial Update – Carrie Evans, Chief Financial Officer
 - c) Medicaid Director’s Update – Becky Pasternik-Ikard, State Medicaid Director
 - 1) Pain Management Program Presentation – Dr. Mike Herndon, Sr. Medical Director
 - d) Legislative Update – Emily Shipley, Director of Government Relations
 - e) Budget Update – Nico Gomez, Chief Executive Officer

Item to be presented by Connie Steffee, Reporting & Statistics Director & Adrea Hall, Research Associate

4. Discussion Item – OHCA Dashboards Presentation

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

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

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

6. Action Item – Consideration and Vote of Authority for Expenditure of Funds
 - a) Consideration and Vote of Authority for Expenditure of Funds by an External Quality Review Organization (EQRO)

- b) Consideration and Vote of Authority for Expenditure of Funds for Information Technology Security Services Contract

Item to be presented by Nancy Nesser, Pharmacy Director

- 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 **Ibrance® (Palbociclib)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - b) Consideration and vote to add **Oralair® (Sweet Vernal, Orchard, Perennial Rye, Timothy, & Kentucky Blue Grass Mixed Pollens Allergen Extract)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - c) Consideration and vote to add **Omidria® (Phenylephrine/ Ketorolac) Injection** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - d) Consideration and vote to add **Daraprim® (Pyrimethamine)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - e) Consideration and vote to add **Movantik™ (Naloxegol), Viberzi™ (Eluxadoline), and Xifaxan® (Rifaximin)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - f) Consideration and vote to add **Keveyis™ (Dichlorphenamide)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - g) Consideration and vote to add **Cayston® (Aztreonam Inhalation) and Kitabis™ Pak (Tobramycin Inhalation)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - h) Consideration and vote to add **Tetracycline Capsules, Minocycline Tablets, Ofloxacin Tablets, & Moxifloxacin Tablets** 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. New Business
- 9. ADJOURNMENT

NEXT BOARD MEETING
February 11, 2016
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
Oklahoma City, OK

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
December 10, 2015
Oklahoma Health Care Authority
Oklahoma City, 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 December 9, 2015 at 11:30 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 November 6, 2015 at 3:30 p.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 1:03 p.m.

BOARD MEMBERS PRESENT: Chairman McFall, Vice-Chairman McFall, Member Nuttle, Member Case, Member Bryant

BOARD MEMBERS ABSENT: Member Robison, Member McVay

OTHERS PRESENT:
Anne Roberts, Integris
Carletta Barnes, Chickasaw Dept. of Health
Jean Ann Ingram, SOFS
Tyler Talley, eCapitol
Andrew Cohen, PHPG
Mike Fogarty
Aaron Morris, OHCA
Rick Snyder, OHA
Jerry Cothran, COP
Karen Beam, OHCA
Erin Jackson, OHCA
Tiara Laster, OHCA
LeKenya Antwine, OHCA
Becky Moore, OAHCP
Carmen Johnson, OHCA
Harvey Reynolds, OHCA

OTHERS PRESENT:
Marty Wafford, Chickasaw Dept. of Health
Marie Moore, OKDHS
Virginia Rahan, SOFS
Jaclyn Cosgrove, The Oklahoman
Melissa Pratt, OHCA
Mary Brinkley, LeadingAge OK
Sheryl Houck, OHCA
Ashley Herron, OHCA
Jimmy Witcosky, OHCA
Jackie Keyser, OHCA
Irene Perez, OHCA
Glenda Blanton, OHCA
Sherris H Ososanya, OHCA
Tatiana Reed, OHCA
Leon Bragg, OHCA
Jimmy Durant, SSMOK

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING HELD NOVEMBER 12, 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 November 12, 2015 board meeting minutes as published. The motion was seconded by Vice-Chairman Armstrong.

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

ABSENT: Member Robison, Member McVay

NICO GOMEZ, CHIEF EXECUTIVE OFFICER'S REPORT

ITEM 3a / ALL STARS INTRODUCTION
Nico Gomez, Chief Executive Officer

The following OHCA All-Stars were recognized.

- July 2015 All-Star – Sheryl Houck, Purchasing Assistant (Carrie Evans presented)

- August 2015 All-Star – Jean Krieske, Medical Administrative Nurse (Sylvia Lopez presented)

Mr. Gomez mentioned that OHCA was recently recognized as one of the top workplaces in the state of Oklahoma for companies with 350 or more employees. This is a product of years of organizational culture that has been built under Garth Splinter, Mike Fogarty and now he has the privilege of inheriting great staff.

ITEM 3b / FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported on the final financial transactions through the month of October. She stated that we continue to run under budget in program spending by 3.3% or \$10.4 million state dollars and we are under budget in administrative by 5.2% or \$1.2 million state dollars. Ms. Evans reported that we are under budget in drug rebate collections by .4% or \$.1 million state dollars and under budget by 29.9% in settlements/overpayments. She predicted that OHCA will continue to be slightly under budget for November. For more detailed information, see Item 3b in the board packet.

ITEM 3c / MEDICAID DIRECTOR'S UPDATE

Garth Splinter, State Medicaid Director

Dr. Splinter provided an update for October data that included a report on the number of SoonerCare and provider enrollees in different areas of the Medicaid program. He discussed the charts provided for enrollment by month, monthly changes in enrollment and HEDIS quality measures for children and adolescent's access to primary care physicians. For more detailed information, see Item 3c in the board packet.

ITEM 4 / ABD CARE COORDINATION UPDATE

Andrew Cohen, Pacific Health Policy Group

Mr. Cohen gave a presentation on House Bill 1566 Aged, Blind and Disabled (ABD) care coordination model which included background as well as information on the process (RFI, timelines, stakeholder meetings, cost, etc.). For more detailed information, see Item 4 in the board packet.

ITEM 5 / 8TH ANNUAL TRIBAL CONSULTATION MEETING AND SFY 2015 TRIBAL GOVERNMENT RELATIONS REPORT

Dana Miller, Tribal Government Relations Director

Ms. Miller presented information regarding the 2015 Tribal Consultation meeting which included tribal consultation policy, tribes involved, meeting structure and outcomes. For more detailed information, see Item 5 in the board packet.

ITEM 6 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

ITEM 7 / CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE

Carrie Evans, Chairperson of State Plan Amendment Rate Committee

- a) Consideration and vote to implement a rate reduction in the amount of 3.00% to providers reimbursed on the Medicaid physician fee schedule and other payment methodologies. These changes have an estimated total dollar savings of \$25,917,478, of which \$8,343,579 is state savings in SFY2016. In SFY2017 these changes have an estimated total dollar savings of \$50,770,065, of which \$20,206,485 is state savings.

MOTION:

Vice-Chairman Armstrong moved for approval of item 7a as published.
The motion was seconded by Member Bryant.

FOR THE MOTION:

Chairman McFall, Member Case, Member Nuttle

ABSENT:

Member Robison, Member McVay

- b) Consideration and vote to implement a rate reduction in the amount of 3.00% to providers reimbursed for services under the Medically Fragile Waiver. This change has an estimated total dollar savings of \$21,335, of which \$8,323 is state savings in SFY2016. In SFY2017, this change has an estimated total dollar savings of \$128,009, of which \$50,947 is state savings.

MOTION: Member Nuttle moved for approval of item 7b as published. The motion was seconded by Vice-Chairman Armstrong.

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

ABSENT: Member Robison, Member McVay

- c) Consideration and Vote to reduce the reimbursement for deductibles and co-insurance for nursing facility Part A Medicare Crossover claims to 20%. This change has an estimated total dollar savings of \$6,130,523, of which \$2,391,517 is state savings in SFY2016. In SFY2017, this change has an estimated total dollar savings of \$12,017,673, of which \$4,783,034 is state savings.

MOTION: Member Case moved for approval of item 7c as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Nuttle

ABSENT: Member Robison, Member McVay

- d) Consideration and Vote to add two new codes (G0299 and G0300) for Direct Skilled Nursing Services provided under the Medically Fragile Waiver. This change has no budget impact.

MOTION: Member Case moved for approval of item 7d as published. The motion was seconded by Vice-Chairman Armstrong.

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

ABSENT: Member Robison, Member McVay

- e) Consideration and Vote to add two new codes (G0299 and G0300) for Direct Skilled Nursing Services provided under the ADvantage Waiver. This change has no budget impact.

MOTION: Member Nuttle moved for approval of item 7e as published. The motion was seconded by Vice-Chairman Armstrong.

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

ABSENT: Member Robison, Member McVay

- f) Consideration and Vote to add two new codes (G0299 and G0300) for Direct Skilled Nursing Services provided under Developmental Disabilities Services. This change has no budget impact.

MOTION: Member Bryant moved for approval of item 7f as published. The motion was seconded by Member Case.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Nuttle

ABSENT: Member Robison, Member McVay

- g) Consideration and Vote to add two new codes (81420 and 81507) for Non-Invasive Prenatal Testing (NIPT) for women with high-risk pregnancies. This change has an estimated total dollar cost of \$953,530, of which \$371,972 is state savings.

MOTION: Member Case moved for approval of item 7g as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Nuttle

ABSENT: Member Robison, Member McVay

- h) Consideration and Vote to add two new codes (99444 and 98969) for online telemedicine visits to be performed by a Physician, Physician Assistant, or Advanced Registered Nurse Practitioner. This change has no budget impact, with the potential for long-term savings.

MOTION: Member Nuttle moved for approval of item 7h as published. The motion was seconded by Vice-Chairman Armstrong.

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

ABSENT: Member Robison, Member McVay

ITEM 8a / CONSIDERATION AND VOTE UPON DECLARATION OF A COMPELLING PUBLIC INTEREST FOR THE PROMULGATION OF ALL EMERGENCY RULES IN ACTION ITEM EIGHT OF THIS AGENDA IN ACCORDANCE WITH 75 OKLA. STAT. § 253.

Tywanda Cox, Chief of Federal and State Policy

MOTION: Member Bryant moved for approval of all emergency rules in action item 8a as published. The motion was seconded by Member Nuttle.

FOR THE MOTION: Chairman McFall, Vice-Chairman Armstrong, Member Case

ABSENT: Member Robison, Member McVay

ITEM 8b.A / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT. THE AGENCY REQUESTS THE ADOPTION OF THE FOLLOWING EMERGENCY RULES:

- A. AMENDING Agency rules at OAC 317:35-17-5 and 317:30-5-763 to comply with federal regulation. The proposed changes adhere to the CMS conflict free case management requirements and changes adhere to Home and Community Based settings requirements for Medicaid Assisted Living Programs that are directly related to the Assisted Living Service Option in ADvantage program. There is no anticipated budget impact to comply with the federal regulation.

Budget Impact: Budget neutral

(Reference APA WF # 15-14A&B)

MOTION: Vice-Chairman Armstrong moved for approval of item 8b.A as published. The motion was seconded by Member Nuttle.

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

ABSENT: Member Robison, Member McVay

ITEM 9 / CONSIDERATION AND VOTE OF AUTHORITY FOR EXPENDITURE OF FUNDS FOR INSURE OKLAHOMA MULTIMEDIA MARKETING STAPLEGUN DESIGN, INC.

Vickie Kersey, Director of Fiscal Planning and Procurement

MOTION: Member Case moved for approval of item 9 as published. The motion was seconded by Vice-Chairman Armstrong.

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

ABSENT: Member Robison, Member McVay

ITEM 10 / CONSIDERATION AND VOTE UPON THE OKLAHOMA HEALTH CARE AUTHORITY BOARD MEETING DATES, TIMES AND LOCATIONS FOR CALENDAR YEAR 2016

Ed McFall, Chairman

MOTION: Vice-Chairman Armstrong moved for approval of item 10 as published. The motion was seconded by Member Nuttle.

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

ABSENT: Member Robison, Member McVay

ITEM 11 / ELECTION OF THE OKLAHOMA HEALTH CARE AUTHORITY 2015-2016 BOARD OFFICERS

MOTION: Vice-Chairman Armstrong moved for approval of Ed McFall remaining Chairman. The motion was seconded by Member Bryant.

FOR THE MOTION: Chairman McFall, Member Case, Member Nuttle

ABSENT: Member Robison, Member McVay

MOTION: Member Bryant moved for approval of Tony Armstrong remaining Vice-Chairman. The motion was seconded by Member Case.

FOR THE MOTION: Chairman McFall, Member Nuttle

ABSTAINED: Vice-Chairman Armstrong

ABSENT: Member Robison, Member McVay

ITEM 12 / NEW BUSINESS

There was no new business.

ITEM 13 / ADJOURNMENT

MOTION: Member Nuttle moved for approval for adjournment. The motion was seconded by Vice-Chairman Armstrong.

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

ABSENT: Member Robison, Member McVay

Meeting adjourned at 2:37 p.m., 12/10/2015

NEXT BOARD MEETING
January 14, 2016
Oklahoma Health Care Authority
OKC, OK

Lindsey Bateman
Board Secretary

Minutes Approved: _____

Initials: _____



FINANCIAL REPORT

For the Five Months Ended November 30, 2015
Submitted to the CEO & Board

- Revenues for OHCA through November, accounting for receivables, were **\$1,689,320,647** or **1.8% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$1,638,168,942** or **2.8% under** budget.
- The state dollar budget variance through November is a **positive \$15,890,852**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	11.4
Administration	1.6
Revenues:	
Drug Rebate	1.6
Taxes and Fees	1.9
Overpayments/Settlements	(.6)
Total FY 16 Variance	\$ 15.9

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 Five Month Period Ending November 30, 2015

REVENUES	FY16 Budget YTD	FY16 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 398,018,512	\$ 398,018,512	\$ -	0.0%
Federal Funds	1,002,931,141	967,357,994	(35,573,147)	(3.5)%
Tobacco Tax Collections	19,275,068	21,183,222	1,908,154	9.9%
Quality of Care Collections	32,213,877	31,724,757	(489,120)	(1.5)%
Prior Year Carryover	67,016,727	67,016,727	-	0.0%
Federal Deferral - Interest	127,676	127,676	-	0.0%
Drug Rebates	77,164,572	81,367,773	4,203,201	5.4%
Medical Refunds	15,880,849	14,452,318	(1,428,531)	(9.0)%
Supplemental Hospital Offset Payment Program	99,892,724	99,892,724	-	0.0%
Other Revenues	7,924,531	8,178,943	254,413	3.2%
TOTAL REVENUES	\$ 1,720,445,677	\$ 1,689,320,647	\$ (31,125,030)	(1.8)%
EXPENDITURES	FY16 Budget YTD	FY16 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 22,506,920	\$ 21,123,032	\$ 1,383,888	6.1%
ADMINISTRATION - CONTRACTS	\$ 39,679,333	\$ 37,035,803	\$ 2,643,530	6.7%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	17,866,029	16,485,687	1,380,342	7.7%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	379,699,685	368,294,205	11,405,480	3.0%
Behavioral Health	8,203,640	8,146,261	57,380	0.7%
Physicians	208,858,999	192,895,134	15,963,865	7.6%
Dentists	53,975,047	56,112,824	(2,137,777)	(4.0)%
Other Practitioners	14,286,879	17,408,436	(3,121,557)	(21.8)%
Home Health Care	8,434,930	8,263,249	171,681	2.0%
Lab & Radiology	31,684,131	25,643,666	6,040,464	19.1%
Medical Supplies	18,779,987	18,715,185	64,802	0.3%
Ambulatory/Clinics	56,419,019	51,917,504	4,501,515	8.0%
Prescription Drugs	214,116,070	211,778,938	2,337,132	1.1%
OHCA Therapeutic Foster Care	669,290	317,031	352,260	52.6%
<u>Other Payments:</u>				
Nursing Facilities	236,143,914	235,482,159	661,755	0.3%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	25,502,276	25,277,996	224,280	0.9%
Medicare Buy-In	55,730,856	56,588,101	(857,245)	(1.5)%
Transportation	30,363,948	27,300,399	3,063,549	10.1%
Money Follows the Person-OHCA	291,246	204,704	86,542	0.0%
Electronic Health Records-Incentive Payments	3,556,987	3,556,987	-	0.0%
Part D Phase-In Contribution	33,324,963	33,318,781	6,182	0.0%
Supplemental Hospital Offset Payment Program	220,924,319	220,924,319	-	0.0%
Telligen	4,157,200	1,378,543	2,778,657	66.8%
Total OHCA Medical Programs	1,622,989,413	1,580,010,107	42,979,306	2.6%
OHCA Non-Title XIX Medical Payments	9,158	-	9,158	0.0%
TOTAL OHCA	\$ 1,685,184,824	\$ 1,638,168,942	\$ 47,015,882	2.8%
REVENUES OVER/(UNDER) EXPENDITURES	\$ 35,260,852	\$ 51,151,704	\$ 15,890,852	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2016, For the Five Month Period Ending November 30, 2015

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 16,542,495	\$ 16,480,377	\$ -	\$ 56,808	\$ -	\$ 5,310	\$ -
Inpatient Acute Care	497,174,432	251,034,978	202,786	1,469,707	163,566,452	860,433	80,040,076
Outpatient Acute Care	162,055,068	114,810,882	17,335	1,581,737	44,277,323	1,367,791	-
Behavioral Health - Inpatient	21,929,174	4,875,375	-	112,724	12,309,757	-	4,631,318
Behavioral Health - Psychiatrist	4,041,673	3,270,886	-	-	770,787	-	-
Behavioral Health - Outpatient	11,778,250	-	-	-	-	-	11,778,250
Behaviorial Health-Health Home	8,209,265	-	-	-	-	-	8,209,265
Behavioral Health Facility- Rehab	94,699,038	-	-	-	-	30,008	94,699,038
Behavioral Health - Case Management	7,481,392	-	-	-	-	-	7,481,392
Behavioral Health - PRTF	34,269,987	-	-	-	-	-	34,269,987
Residential Behavioral Management	8,711,571	-	-	-	-	-	8,711,571
Targeted Case Management	27,107,928	-	-	-	-	-	27,107,928
Therapeutic Foster Care	317,031	317,031	-	-	-	-	-
Physicians	218,111,958	190,580,288	24,209	923,964	-	2,290,637	24,292,859
Dentists	56,118,066	56,108,335	-	5,242	-	4,489	-
Mid Level Practitioners	1,081,391	1,075,384	-	5,873	-	134	-
Other Practitioners	16,366,073	16,144,443	185,985	33,155	-	2,491	-
Home Health Care	8,265,265	8,258,714	-	2,016	-	4,535	-
Lab & Radiology	26,205,649	25,485,710	-	561,983	-	157,956	-
Medical Supplies	18,824,528	17,569,459	1,129,805	109,344	-	15,921	-
Clinic Services	51,817,498	48,888,772	-	264,504	-	65,707	2,598,514
Ambulatory Surgery Centers	3,017,173	2,956,372	-	54,149	-	6,652	-
Personal Care Services	5,423,187	-	-	-	-	-	5,423,187
Nursing Facilities	235,482,159	148,063,338	87,415,708	-	-	3,113	-
Transportation	27,234,535	26,117,521	1,100,370	-	-	16,644	-
GME/IME/DME	59,031,266	-	-	-	-	-	59,031,266
ICF/IID Private	25,277,996	20,649,094	4,628,902	-	-	-	-
ICF/IID Public	17,490,245	-	-	-	-	-	17,490,245
CMS Payments	89,906,882	89,611,795	295,087	-	-	-	-
Prescription Drugs	216,190,206	211,068,052	-	4,411,269	-	710,886	-
Miscellaneous Medical Payments	65,864	65,647	-	-	-	217	-
Home and Community Based Waiver	82,295,808	-	-	-	-	-	82,295,808
Homeward Bound Waiver	35,925,335	-	-	-	-	-	35,925,335
Money Follows the Person	2,873,736	204,704	-	-	-	-	2,669,032
In-Home Support Waiver	10,785,362	-	-	-	-	-	10,785,362
ADvantage Waiver	74,642,447	-	-	-	-	-	74,642,447
Family Planning/Family Planning Waiver	2,554,674	-	-	-	-	-	2,554,674
Premium Assistance*	18,714,124	-	-	18,714,124	-	-	-
Telligen	1,378,543	1,378,543	-	-	-	-	-
Electronic Health Records Incentive Payments	3,556,987	3,556,987	-	-	-	-	-
Total Medicaid Expenditures	\$ 2,202,954,260	\$ 1,258,572,684	\$ 95,000,187	\$ 28,306,599	\$ 220,924,319	\$ 5,542,925	\$ 594,637,554

* Includes \$18,589,481 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2016, For the Five Month Period Ending November 30, 2015

REVENUE	FY16 Actual YTD
Revenues from Other State Agencies	\$ 248,108,227
Federal Funds	367,808,239
TOTAL REVENUES	\$ 615,916,466
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 82,295,808
Money Follows the Person	2,669,032
Homeward Bound Waiver	35,925,335
In-Home Support Waivers	10,785,362
ADvantage Waiver	74,642,447
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	17,490,245
Personal Care	5,423,187
Residential Behavioral Management	6,654,932
Targeted Case Management	22,340,228
Total Department of Human Services	258,226,575
State Employees Physician Payment	
Physician Payments	24,292,859
Total State Employees Physician Payment	24,292,859
Education Payments	
Graduate Medical Education	24,915,759
Graduate Medical Education - Physicians Manpower Training Commission	1,867,191
Indirect Medical Education	32,248,316
Direct Medical Education	-
Total Education Payments	59,031,266
Office of Juvenile Affairs	
Targeted Case Management	1,283,400
Residential Behavioral Management	2,056,639
Total Office of Juvenile Affairs	3,340,039
Department of Mental Health	
Case Management	7,481,392
Inpatient Psychiatric Free-standing	4,631,318
Outpatient	11,778,250
Health Homes	8,209,265
Psychiatric Residential Treatment Facility	34,269,987
Rehabilitation Centers	94,699,038
Total Department of Mental Health	161,069,250
State Department of Health	
Children's First	853,070
Sooner Start	848,963
Early Intervention	2,148,822
Early and Periodic Screening, Diagnosis, and Treatment Clinic	1,001,965
Family Planning	33,283
Family Planning Waiver	2,518,407
Maternity Clinic	6,628
Total Department of Health	7,411,138
County Health Departments	
EPSDT Clinic	278,309
Family Planning Waiver	2,984
Total County Health Departments	281,293
State Department of Education	85,250
Public Schools	397,159
Medicare DRG Limit	74,500,000
Native American Tribal Agreements	462,649
Department of Corrections	423,826
JD McCarty	5,116,250
Total OSA Medicaid Programs	\$ 594,637,554
OSA Non-Medicaid Programs	\$ 28,976,871
Accounts Receivable from OSA	\$ 7,697,958

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2016, For the Five Month Period Ending November 30, 2015

REVENUES	FY 16 Revenue
SHOPP Assessment Fee	\$ 99,679,223
Federal Draws	136,213,508
Interest	63,710
Penalties	149,791
State Appropriations	(15,100,000)
TOTAL REVENUES	\$ 221,006,231

EXPENDITURES	Quarter	Quarter	FY 16 Expenditures
	7/1/15 - 9/30/15	10/1/15 - 12/31/15	
Program Costs:			
Hospital - Inpatient Care	83,225,354	80,341,099	\$ 163,566,452
Hospital -Outpatient Care	22,465,442	21,811,881	44,277,323
Psychiatric Facilities-Inpatient	6,265,547	6,044,210	12,309,757
Rehabilitation Facilities-Inpatient	392,213	378,574	770,787
Total OHCA Program Costs	112,348,555	108,575,764	\$ 220,924,319

Total Expenditures	\$ 220,924,319
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CASH BALANCE	\$ 81,912
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OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2016, For the Five Month Period Ending November 30, 2015

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 31,706,745	\$ 31,706,745
Interest Earned	18,012	18,012
TOTAL REVENUES	\$ 31,724,757	\$ 31,724,757

EXPENDITURES	FY 16 Total \$ YTD	FY 16 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 85,903,933	\$ 32,832,483	
Eyeglasses and Dentures	113,455	43,363	
Personal Allowance Increase	1,398,320	534,438	
Coverage for Durable Medical Equipment and Supplies	1,129,805	431,811	
Coverage of Qualified Medicare Beneficiary	430,315	164,466	
Part D Phase-In	295,087	112,782	
ICF/IID Rate Adjustment	2,184,946	835,086	
Acute Services ICF/IID	2,443,956	934,080	
Non-emergency Transportation - Soonerride	1,100,370	420,562	
Total Program Costs	\$ 95,000,187	\$ 36,309,071	\$ 36,309,071
Administration			
OHCA Administration Costs	\$ 216,434	\$ 108,217	
DHS-Ombudsmen	-	-	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 216,434	\$ 108,217	\$ 108,217
Total Quality of Care Fee Costs	\$ 95,216,621	\$ 36,417,288	
TOTAL STATE SHARE OF COSTS			\$ 36,417,288

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.

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

Fund 245: Health Employee and Economy Improvement Act Revolving Fund
SFY 2016, For the Five Month Period Ending November 30, 2015

REVENUES	FY 15 Carryover	FY 16 Revenue	Total Revenue
Prior Year Balance	\$ 27,746,235	\$ -	\$ 1,498,834
State Appropriations	(25,000,000)	-	-
Tobacco Tax Collections	-	17,423,108	17,423,108
Interest Income	-	96,616	96,616
Federal Draws	235,637	12,278,471	12,278,471
TOTAL REVENUES	\$ 2,981,872	\$ 29,798,196	\$ 31,297,030

EXPENDITURES	FY 15 Expenditures	FY 16 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 18,589,481	\$ 18,589,481
College Students		124,643	47,639
Individual Plan			
SoonerCare Choice		\$ 54,378	\$ 20,783
Inpatient Hospital		1,469,707	561,722
Outpatient Hospital		1,560,213	596,313
BH - Inpatient Services-DRG		110,153	42,101
BH -Psychiatrist		-	-
Physicians		908,875	347,372
Dentists		4,485	1,714
Mid Level Practitioner		5,839	2,232
Other Practitioners		32,684	12,492
Home Health		2,016	771
Lab and Radiology		552,978	211,348
Medical Supplies		104,294	39,861
Clinic Services		260,583	99,595
Ambulatory Surgery Center		54,149	20,696
Prescription Drugs		4,346,983	1,661,417
Miscellaneous Medical		-	-
Premiums Collected		-	(183,227)
Total Individual Plan		\$ 9,467,336	\$ 3,435,189
College Students-Service Costs		\$ 125,137	\$ 45,024
Total OHCA Program Costs		\$ 28,306,598	\$ 22,117,333
Administrative Costs			
Salaries	\$ 73,467	\$ 893,844	\$ 967,311
Operating Costs	60,069	376,269	436,338
Health Dept-Postponing	-	-	-
Contract - HP	1,349,503	1,937,047	3,286,550
Total Administrative Costs	\$ 1,483,038	\$ 3,207,160	\$ 4,690,199
Total Expenditures			\$ 26,807,532
NET CASH BALANCE	\$ 1,498,834		\$ 4,489,498

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
SFY 2016, For the Five Month Period Ending November 30, 2015**

REVENUES	FY 16 Revenue	State Share
Tobacco Tax Collections	\$ 347,609	\$ 347,609
TOTAL REVENUES	\$ 347,609	\$ 347,609

EXPENDITURES	FY 16 Total \$ YTD	FY 16 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 5,310	\$ 932	
Inpatient Hospital	860,433	151,092	
Outpatient Hospital	1,367,791	240,184	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	3,113	547	
Physicians	2,290,637	402,236	
Dentists	4,489	788	
Mid-level Practitioner	134	24	
Other Practitioners	2,491	437	
Home Health	4,535	796	
Lab & Radiology	157,956	27,737	
Medical Supplies	15,921	2,796	
Clinic Services	65,707	11,538	
Ambulatory Surgery Center	6,652	1,168	
Prescription Drugs	710,886	124,832	
Transportation	16,644	2,923	
Miscellaneous Medical	217	38	
Total OHCA Program Costs	\$ 5,512,917	\$ 968,068	
OSA DMHSAS Rehab	\$ 30,008	\$ 7,919	
Total Medicaid Program Costs	\$ 5,542,925	\$ 975,987	
TOTAL STATE SHARE OF COSTS			\$ 975,987

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 January 14, 2016 (November 2015 Data)

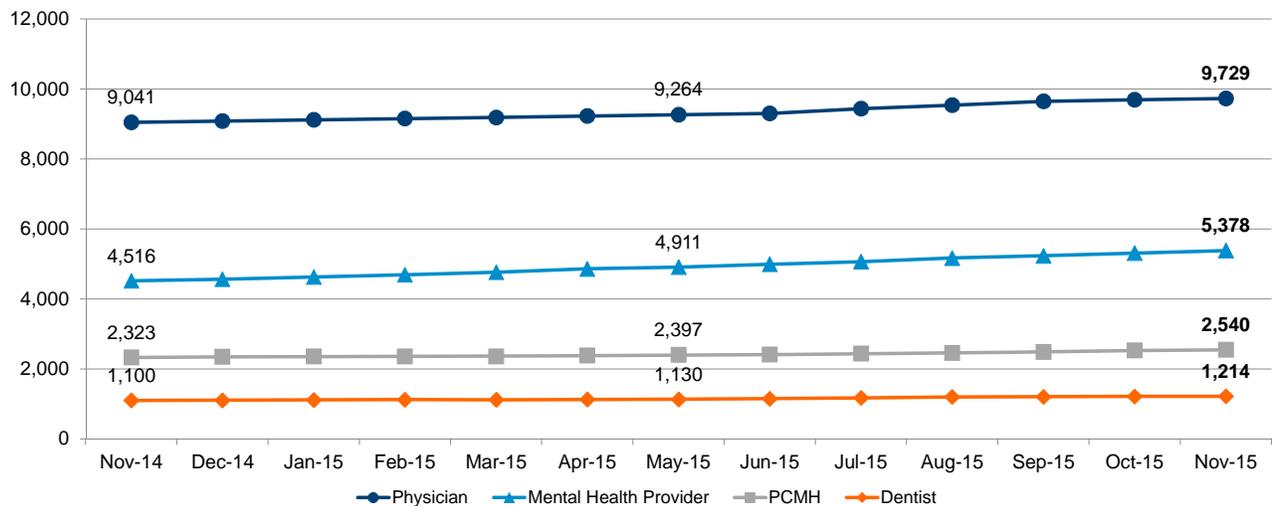
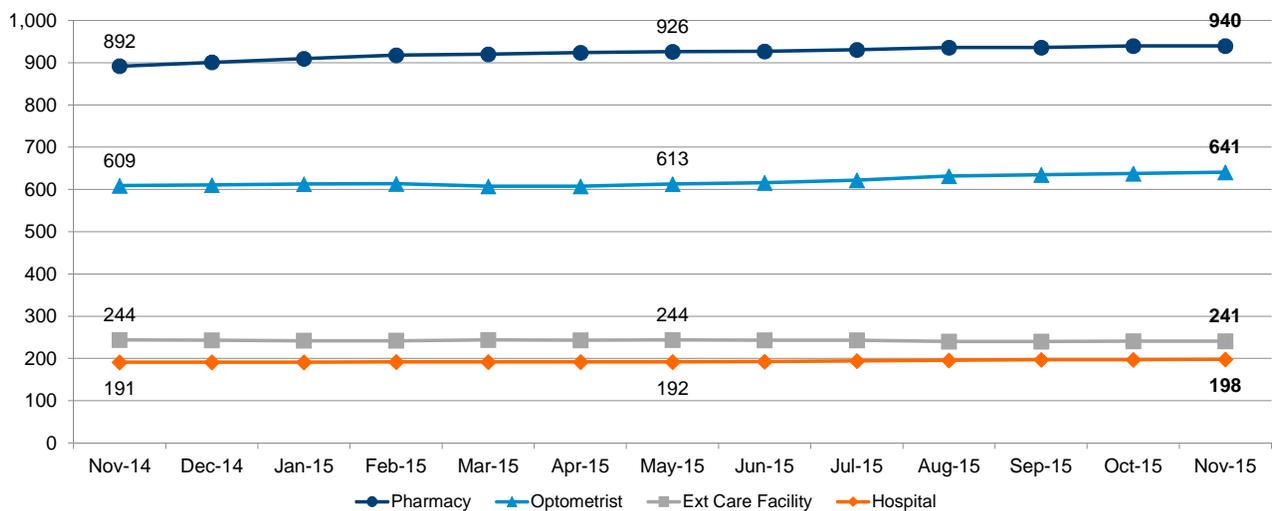
SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System			Enrollment November 2016	Children November 2016	Adults November 2016	Enrollment Change	Total Expenditures November	PMPM November 2016	Forecasted Nov 2016 Trend PMPM
SoonerCare Choice Patient-Centered Medical Home			531,672	437,309	94,363	-3,108	\$136,857,284		
	<i>Lower Cost</i>	<i>(Children/Parents; Other)</i>	487,809	423,439	64,370	-2,941	\$95,118,382	\$195	\$213
	<i>Higher Cost</i>	<i>(Aged, Blind or Disabled; TEFFRA; BCC & HCBS Waiver)</i>	43,863	13,870	29,993	-167	\$41,738,902	\$952	\$962
SoonerCare Traditional			237,909	91,249	146,660	1,832	\$186,207,935		
	<i>Lower Cost</i>	<i>(Children/Parents; Other)</i>	126,510	86,139	40,371	1,633	\$46,200,068	\$365	\$377
	<i>Higher Cost</i>	<i>(Aged, Blind or Disabled; TEFFRA; BCC & HCBS Waiver)</i>	111,399	5,110	106,289	199	\$140,007,867	\$1,257	\$1,268
SoonerPlan			38,327	2,943	35,384	-146	\$307,937	\$8	\$8
Insure Oklahoma			18,152	510	17,642	714	\$5,572,126		
	<i>Employer-Sponsored Insurance</i>		14,274	334	13,940	756	\$3,809,836	\$267	\$279
	<i>Individual Plan</i>		3,878	176	3,702	-42	\$1,762,291	\$454	\$451
TOTAL			826,060	532,011	294,049	-708	\$328,945,283		

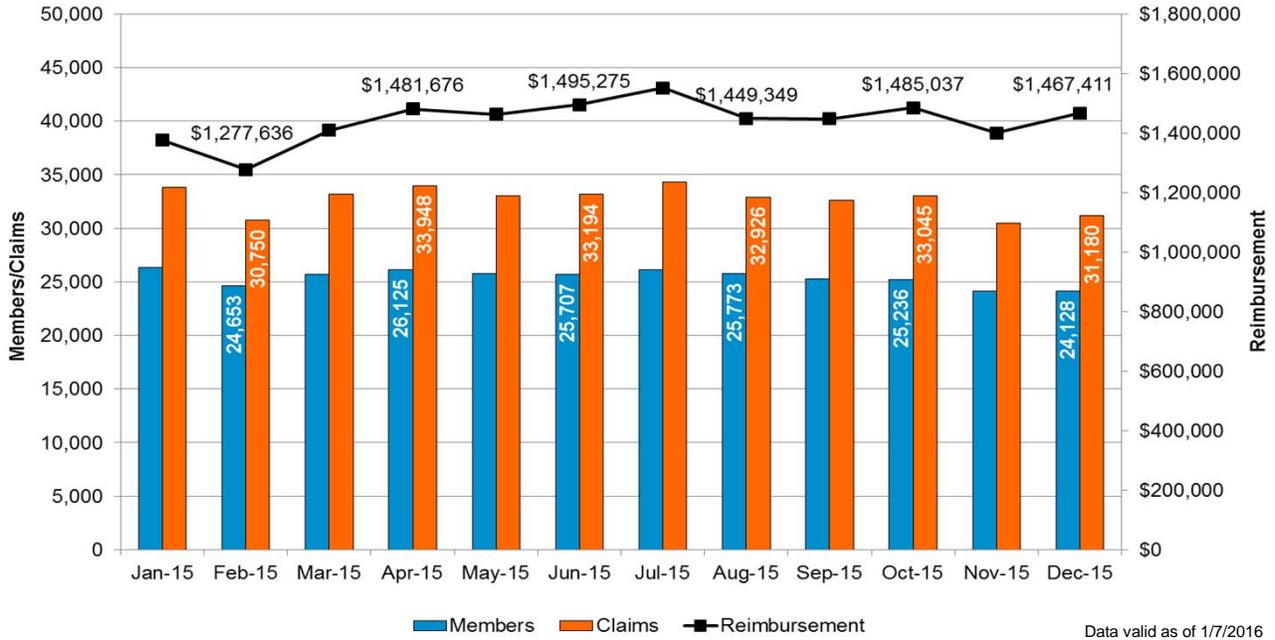
Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents.

IN-STATE CONTRACTED PROVIDERS

Total In-State Providers: 34,008 (+239) (In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)



Opioid Analgesics (Adults 19-65) - CY 2015



Data valid as of 1/7/2016

Monthly Average	Members	Claims	Reimbursement
	25,413	32,716	\$ 1,441,984

SOONERCARE PAIN MANAGEMENT PROGRAM

1. Provider toolkit
2. Practice facilitation
3. Substance use resource specialists

TOOLKIT CONTENTS

- Treatment protocols
- Oklahoma Opioid Prescribing Guidelines
- Office visit forms
- Patient handouts
- Monitoring recommendations
- Additional resources

CONTINUING WORK/ADDITIONS TO GUIDELINES

1. CME
2. Involvement of other agencies
 - a. Oklahoma State Plan guideline recommendations
 - b. Possible endorsement of toolkit and guidelines
3. Electronic health records

CONTACT INFORMATION

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- Website
 - www.okhca.org/painmanagement



JANUARY 14TH, 2016 OHCA BOARD MEETING

- Bills
 - 1,732 measures were carried over from the 2015 legislative session
 - 2,413 bills and joint resolutions were requested for the 2016 legislative session

- Upcoming legislative dates
 - Thursday, January 21, 2016
 - Deadline for introduction of bills
 - Monday, February 1, 2016
 - 55th Legislature convenes for 2nd Regular Session
 - Governor Fallin will give her State of the State address.
 - Tuesday, February 2, 2016
 - OHCA will present budget request at House Appropriations and Budget Health Subcommittee.

- Impacts to OHCA appropriations
 - Budget shortfall for remainder of SFY16 is approximately \$157 million
 - Budget shortfall for SFY17 is projected to be \$900.8 million

Submitted to the C.E.O. and Board on January 14, 2016

**AUTHORITY FOR EXPENDITURE OF FUNDS
External Quality Review Organization (EQRO)**

BACKGROUND

OHCA is seeking a Contractor to perform External Quality Review services as required by 42 CFR §438 Subpart E, which will support and supplement the quality improvement efforts currently performed by the QA/QI SoonerCare Compliance Unit.

External quality review means the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to health care services furnished to SoonerCare (Medicaid) recipients.

SCOPE OF WORK

The activities to be conducted by the EQRO are as follows:

- Retrospective review on paid hospital inpatient and outpatient observation claims to determine medical necessity and appropriateness;
- Quality interventions and education – a peer review function to identify medical providers who have provided substandard care in SoonerCare programs, educate these providers, and closely monitor their care delivery; and,
- Member satisfaction surveys to assist OHCA in improving the delivery of managed care;
- Conduct quality assessment and performance improvement reports at the time of contract award resulting from HB 1566.

CONTRACT PERIOD

Date of award through June 30, 2016 with annual options to renew through June 30, 2021.

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Will be awarded through competitive bidding conducted by OHCA
- Federal matching percentage is 75%
- Estimated contract amounts:

	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21	Total
Federal \$	\$75,000	\$1,050,000	\$1,071,000	\$1,092,000	\$1,113,750	\$1,135,500	\$5,537,250
State \$	\$25,000	\$350,000	\$357,000	\$364,000	\$371,250	\$375,500	\$1,845,750
Total	\$100,000	\$1,400,000	\$1,428,000	\$1,456,000	\$1,485,000	\$1,514,000	\$7,383,000

RECOMMENDATION

- Board approval to procure the services discussed above.

Submitted to the C.E.O. and Board on January 14, 2016

**AUTHORITY FOR EXPENDITURE OF FUNDS
Information Technology Security Services Contract**

BACKGROUND

OHCA is seeking a Contractor to perform Information Technology Security Services to support and supplement the IT security services efforts currently performed by the Infrastructure, Software and Support Units.

IT security is gaining a higher profile in light of recent corporate and government failures, and States are being required to meet increased regulations from multiple oversight organizations; not all requirements are compatible or comparable. To meet the challenges of providing strong yet flexible security, OHCA is seeking a contractor to further develop IT governance within OHCA and incorporating the requirements of external oversight and contractors.

SCOPE OF WORK

The IT Security Services contractor shall assist OHCA with the following:

- Determine the most secure method to implement Medicaid Information Technology Architecture (MITA) and MMIS Remediation requirements as defined in 42 CFR Part 433 Subpart C. This requirement decreases siloes of custom IT system builds across the Medicaid Enterprise and increases the use of modular systems that can be used by multiple entities, thus reducing the costs of information technology;
- Complete required documentation, including:
 - The Center for Medicare & Medicaid Services (CMS) Minimum Acceptable Risk Standards for Exchanges (MARS-E) Security Assessment version 2.0;
 - The HIPAA Risk Analysis Requirements in 45 C.F.R 164.302-318; and,
 - The Office of Management and Enterprise Services (OMES) Security Assessment requirements;
- Develop a plan for Security Governance based on the existing available resources. OHCA’s goal is to work toward the understanding that security must be implemented throughout the organization as a coherent system of integrated security components including products, personnel, training, processes, policies, etc.;

CONTRACT PERIOD

Date of award through June 30, 2016 with annual options to renew through June 30, 2021.

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Will be awarded through release from a non-mandatory statewide contract available through OMES
- Federal matching percentage is 90%
- Estimated contract amounts:

	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21	Total
Federal \$	\$225,000	\$450,000	\$450,000	\$450,000	\$450,000	\$450,000	\$2,475,000
State \$	\$25,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$275,000
Total	\$250,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$2,750,000

RECOMMENDATION

- Board approval to procure the services discussed above.

Pharmacy item (a)				
Ibrance®	Palbociclib	HER2 negative, ER positive, metastatic 1st line	capsule	
Pharmacy item (b)				
Oralair®	Grass Pollens Allergen Extract	Oral allergy immunotherapy	Tablet	
Pharmacy item c				
Omidria®	Phenylephrine/ Ketorolac	Used during cataract surgery	Injection	
Pharmacy item (d)				
Daraprim®	Pyrimethamine	Toxoplasmosis - recent price increase	Tablet	from \$13.50 to \$750 per tablet
Pharmacy item e				
Movantik™	Naloxegol	Opioid induced constipation	Tablet	
Viberzi™	Eluxadoline	Irritable bowel syndrome with diarrhea (IBS-D)	Tablet	
Xifaxan®	Rifaximin	Traveler's diarrhea, hepatic encephalopathy, IBS-D	Tablet	
Pharmacy item (f)				
Keveyis™	Dichlorphenamide	hypo or hyperkalemic periodic paralysis	Tablet	
Pharmacy item (g)				
Cayston®	Aztreonam	Treatment for Cystic Fibrosis	inhalation	
Kitabis™ Pak	Tobramycin	Treatment for Cystic Fibrosis	inhalation	
Pharmacy item (h)				
Tetracycline	Tetracycline	Anti-infective with recent price increase	Capsule	<\$20 to ~\$300/rx
Minocycline	Minocycline	Anti-infective with recent price increase	Tablet	\$17 for cap vs \$100 for tablets
Ofloxacin	Ofloxacin	Anti-infective with recent price increase	Tablet	16x more than similar
Moxifloxacin	Moxifloxacin	Anti-infective with recent price increase	Tablet	16x more than similar
Ciprofloxacin	Ciprofloxacin	Anti-infective with recent price increase	Tablet	Certain strengths \$\$\$

(a) Prior Authorize Ibrance® (Palbociclib)

Ibrance® (Palbociclib) Approval Criteria:

1. An FDA approved diagnosis of metastatic breast cancer for first-line use only; and
2. Member must be estrogen receptor (ER)-positive; and
3. Member must have negative expression of Human Epidermal Receptor Type 2 (HER2); and
4. Ibrance® must be used in combination with letrozole (for postmenopausal women only).

(b) Prior Authorize Oralair® (Sweet Vernal, Orchard, Perennial Rye, Timothy, & Kentucky Blue Grass Mixed Pollens Allergen Extract)

The Drug Utilization Review Board recommends prior authorization of Oralair® (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract) with the following criteria:

Oralair® (Sweet Vernal, Orchard, Perennial Rye, Timothy, & Kentucky Blue Grass Mixed Pollens Allergen Extract) Approval Criteria:

1. Member must be 10 years of age or older; and
2. Member must have a positive skin test or in vitro testing for pollen specific IgE antibodies to one of the five grass pollens contained in Oralair®; and
3. Member must not have severe uncontrolled asthma; and
4. Member must have failed conservative attempts to control allergic rhinitis; and
5. Member must have failed pharmacological agents used to control allergies including the following (dates and duration of trials must be indicated on the prior authorization request):
 - a. **Antihistamines:** Trials of two different products for 14 days each during a previous season; and
 - b. **Montelukast:** One 14-day trial during a previous season in combination with an antihistamine; and
 - c. **Nasal steroids:** Trials of two different products for 21 days each during a previous season; and
6. Treatment must begin greater than or equal to 16 weeks prior to the start of the grass pollen season (October 15th) and continue throughout the season; and
7. The first dose must be given in the physician's office, and the member must be observed for at least 30 minutes post dose; and
8. A quantity limit of one tablet daily will apply; and
9. Initial approvals will be for the duration of six months of therapy to include 16 weeks prior to the season and continue throughout the season; and
10. Member must not be allergic to other allergens for which they are receiving treatment via subcutaneous immunotherapy also known as "allergy shots"; and
11. Member or family member must be trained in the use of an auto-injectable epinephrine device and have such a device available for use at home; and

12. Prescriber must be an allergist, immunologist, or be an advanced care practitioner with a supervising physician that is an allergist or immunologist.

(c) Prior Authorize Omidria® (Phenylephrine/ Ketorolac) Injection

The Drug Utilization Review Board recommends the prior authorization of Omidria® (phenylephrine/ketorolac) with the following criteria:

Omidria® (Phenylephrine/Ketorolac) Approval Criteria:

1. An FDA approved diagnosis of preventing intraoperative miosis and reducing postoperative pain in patients undergoing cataract surgery or intraocular lens replacement; and
2. Prescriber must be an ophthalmologist.

(d) Prior Authorize Daraprim® (Pyrimethamine)

The Drug Utilization Review Board recommends the prior authorization of Daraprim® (pyrimethamine) with the following criteria:

Daraprim® (Pyrimethamine) Approval Criteria:

1. An FDA approved indication for the treatment of toxoplasmosis; or
2. An FDA approved indication for the treatment of susceptible strains of acute malaria; and
3. Member must take Daraprim® concomitantly with a sulfonamide; and
4. Approval length will be based on recommended dosing regimen specific to the member's diagnosis.

(e) Prior Authorize Movantik™ (Naloxegol), Viberzi™ (Eluxadoline), and Xifaxan® (Rifaximin)

The Drug Utilization Review Board recommends the following:

1. The prior authorization of Movantik™ (naloxegol)
2. The prior authorization of Viberzi™ (eluxadoline)
3. The prior authorization of Xifaxan® (rifaximin)

New proposed criteria specific to each medication is as follows:

Movantik™ (Naloxegol) Approval Criteria:

1. An FDA approved diagnosis of opioid-induced constipation (OIC) in members 18 years of age or older with chronic, non-cancer pain who are currently on chronic opioid therapy; and
2. Member must not have known or suspected gastrointestinal obstruction; and

3. Documentation of the underlying cause of chronic pain, or reason why member is on chronic opioid therapy; and
4. Documented and updated colon screening for members greater than 50 years of age; and
5. Documentation of hydration attempts and trials of at least three different types of products that failed to relieve constipation. Trials must be within the past 90 days. Products may be OTC or prescription (does not include fiber or stool softeners); and
 - a. One of the three trials must be polyethylene glycol 3350 (PEG-3350); and
 - b. Members with an oncology-related diagnosis are exempt from the trial requirements; and
6. Approval will initially be for 12 weeks of therapy. Further approval may be granted if prescriber documents member is responding well to treatment.
7. Movantik™ must be discontinued if treatment with the opioid pain medication is also discontinued.
8. A quantity limit of 30 tablets for a 30 day supply will apply.

Viberzi™ (Eluxadoline) Approval Criteria:

1. An FDA approved diagnosis of irritable bowel syndrome with diarrhea (IBS-D); and
2. Member must be 18 years of age or older; and
3. Documentation of trials of two of the following three medications that failed to relieve diarrhea: loperamide, dicyclomine, or diphenoxylate/atropine (each trial should be for at least 10-14 consecutive days at the recommended dosing). Trials must be within the past 90 days. Documentation should be provided including dates, dosing, and reason for trial failure.
4. Approval will initially be for 12 weeks of therapy. Further approval may be granted if prescriber documents member is responding well to treatment.
5. A quantity limit of 60 tablets for a 30 day supply will apply.

Xifaxan® (Rifaximin) 200mg Approval Criteria:

1. An FDA approved diagnosis of traveler's diarrhea (TD); and
2. Member must be 12 years of age or older; and
3. TD must be due to noninvasive strains of *Escherichia coli*; and
4. A patient-specific, clinically significant reason why the member cannot use a fluoroquinolone antibiotic (e.g., ciprofloxacin, levofloxacin) must be provided.
5. A quantity limit of 9 tablets for a 3 day supply will apply.

Xifaxan® (Rifaximin) 550mg Approval Criteria:

1. An FDA approved indication for the reduction in risk of overt hepatic encephalopathy (HE) recurrence; or
2. An FDA approved diagnosis of irritable bowel syndrome with diarrhea (IBS-D); and
 - a. For the diagnosis of IBS-D: Documentation of trials of two of the following three medications that failed to relieve diarrhea: loperamide, dicyclomine, or diphenoxylate/atropine (each trial should be for at least 10-14 consecutive days at the recommended dosing). Trials must be within the past 90 days.

Documentation should be provided including dates, dosing, and reason for trial failure; and

- b. For the diagnosis of IBS-D: Member must be 18 years of age or older.
3. A quantity limit of 60 tablets for a 30 day supply will apply. Patients with the diagnosis of IBS-D needing 42 tablets for a 14-day treatment regimen (550mg three times daily for 14 days) will be approved for a quantity limit override upon meeting Xifaxan® approval criteria. Patients with IBS-D who experience a recurrence of symptoms can be retreated up to two times with the same dosage regimen (550mg three times daily for 14 days).

(f) Prior Authorize Keveyis™ (Dichlorphenamide)

The Drug Utilization Review Board recommends the prior authorization of Keveyis™ (dichlorphenamide) with the following criteria:

Keveyis™ (Dichlorphenamide) Approval Criteria:

1. An FDA approved indication for the treatment of primary hyperkalemic periodic paralysis, primary hypokalemic periodic paralysis, or related variants; and
2. Prescriber documentation that all non-pharmacological treatments failed including the following:
 - a. Hyperkalemic periodic paralysis:
 - i. Acute attacks can be aborted with sugar or mild exercise
 - ii. Avoiding foods rich in potassium
 - iii. Avoiding fasting
 - iv. High-carbohydrate diet
 - v. Avoiding strenuous activity
 - vi. Avoiding prolonged cold exposure
 - b. Hypokalemic periodic paralysis:
 - i. Low-carbohydrate diet (avoiding carbohydrate loading)
 - ii. Avoiding vigorous exercise (some mild attacks can be aborted by low level exercise)
3. Prescriber documentation of frequent and severe attacks requiring pharmacological treatment (at least one attack per week but no more than three attacks per day); and
4. A four-week trial within the last 90 days of acetazolamide in combination with
 - a. Spironolactone or triamterene in hypokalemic periodic paralysis; or
 - b. Hydrochlorothiazide in hyperkalemic periodic paralysis
5. A quantity limit of four tablets per day will apply.
6. Initial approvals will be for the duration of three months after which time compliance will be required for continued approval. Additionally, for continuation the prescriber must include information regarding reduced frequency or severity of attacks.

(g) Prior Authorize Cayston® (Aztreonam Inhalation) and Kitabis™ Pak (Tobramycin Inhalation)

The Drug Utilization Review Board recommends the addition of Kitabis™ Pak (tobramycin inhalation) and Cayston® (aztreonam) to the inhaled tobramycin and Pulmozyme® (Dornase Alfa) category. Current criteria for this category will apply.

Inhaled Tobramycin Products (Bethkis®, Tobi®, Tobi® Podhaler™, and Kitabis™ Pak), Pulmozyme® (Dornase Alfa), & Cayston® (Aztreonam) Approval Criteria:

1. Use of inhaled tobramycin products, Pulmozyme® (dornase alfa), and Cayston® (aztreonam) is reserved for members who have a diagnosis of cystic fibrosis.
 - a. These medications will not require a prior authorization and claims will pay at the point of sale if member has a reported diagnosis of cystic fibrosis within the past 12 months of claims history.
 - b. If the member does not have a reported diagnosis, a manual prior authorization will be required for coverage consideration.
2. Use of inhaled tobramycin products and Cayston® (aztreonam) is restricted to 28 days of therapy per every 56 days to ensure cycles of 28 days on therapy followed by 28 days off therapy.
 - a. Use outside of this recommended regimen may be considered for coverage via a manual prior authorization submission with a patient-specific, clinically significant reason why the member would need treatment outside of the FDA approved dosing.
 - b. Pharmacies should process the prescription claim with a 56 day supply.

(h) Prior Authorize Tetracycline Capsules, Minocycline Tablets, Ofloxacin Tablets, Moxifloxacin Tablets, & Ciprofloxacin Tablets

The Drug Utilization Review Board recommends the following changes to the tetracycline antibiotics category:

1. Remove the prior authorization on doxycycline monohydrate immediate-release capsules and tablets except on the 75mg capsules, 150mg capsules, and the 150mg tablets.
2. Prior authorize tetracycline 250mg and 500mg capsules with the following criteria:

Tetracycline 250mg and 500mg Oral Capsules Approval Criteria:

- a. Approval requires a patient-specific, clinically significant reason why the member requires tetracycline and cannot use doxycycline or minocycline capsules and/or other cost effective therapeutic equivalent medication(s).
3. Prior authorize minocycline immediate-release tablets with the following criteria:

Minocycline Tablets Approval Criteria:

- a. Approval requires a patient-specific, clinically significant reason why the member requires the immediate-release tablet formulation and cannot use the immediate-release capsule formulation and/or other cost effective therapeutic equivalent medication(s).

Additionally, the Drug Utilization Review Board recommends the following changes to the fluoroquinolone antibiotics category:

1. Place an age restriction of six years and younger on levofloxacin 25mg/mL oral solution, ciprofloxacin 250mg/mL oral suspension, and ciprofloxacin 500mg/mL oral suspension. Members older than six years of age would require a patient-specific, clinically significant reason why the oral tablet formulations cannot be used.
2. Prior authorize ofloxacin 400mg and moxifloxacin 400mg tablets with the following criteria:

Ofloxacin 400mg and Moxifloxacin 400mg Oral Tablets Approval Criteria:

- a. Approval requires a patient-specific, clinically significant reason why the member cannot use ciprofloxacin tablets, levofloxacin tablets, and/or other cost effective therapeutic equivalent medication(s).
3. Prior authorize ciprofloxacin 100mg tablets with the following criteria:

Ciprofloxacin 100mg Oral Tablets Approval Criteria:

- a. Approval requires a patient-specific, clinically significant reason why the member cannot use alternative strengths of ciprofloxacin tablets or levofloxacin tablets and/or other cost effective therapeutic equivalent medication(s).
4. Prior authorize ciprofloxacin 500mg and 1000mg extended-release tablets with the following criteria:

Ciprofloxacin 500mg and 1000mg Extended-Release Tablets Approval Criteria:

- a. Approval requires a patient-specific, clinically significant reason why the member cannot use the immediate-release formulation of ciprofloxacin tablets, levofloxacin tablets, and/or other cost effective therapeutic equivalent medication(s).