Compilation of Tribal Comments on Drug Utilization Review under the SUPPORT Act

Number	Source	Comment	State Response
1	SCF	*"Overall, we support the changes and have had these practices in place for some time."*	The Department appreciates the feedback and support for this effort.
2	SCF	*"We would like to ask for a specific expansion of section 7141 regarding infections associated with illicit drug use. A high percentage of pregnant women who have a history of illicit drug use have a higher incidence of Hepatitis C. Given that it is common for pregnant women to not want to admit this history, it would be beneficial for Medicaid to pay for screening all pregnant women for Hepatitis C."*	This state plan amendment pertains specifically to pharmacy drug utilization review in section 4.26. Medical screenings are outside the scope of this specific amendment. However, the Department appreciates the feedback and will take your comments under consideration within other program areas.
3	SCF	*Concern was raised with respect to the potential data and reporting burden that could be placed on providers due to limited resources and the desire to ensure it does not interfere with delivering care.*	The reporting requirements outlined in the SUPPORT Act are related to the activities of the Department's drug utilization review functions. The Department intends to minimize burden on providers so as to promote time for patient care activities. The Department recognizes that reporting alone is insufficient for influencing practice change. Therefore, the Department recognizes that outreach to providers will be necessary when trends are observed both prospectively and retrospectively. The Department is committed to finding ways to minimize administrative burden on health care professionals while promoting patient safety and positive patient health outcomes. An example of this is the utilization of pharmacist-level overrides for specific drug-drug interaction safety edits, rather than a more administratively complex prior authorization process.

4	ANHB	*"In our October 15 meeting we also discussed override codes for the new safety edits, and whether pharmacists should be given broader authority to override the prior authorization requirement for regimens exceeding the cumulative morphine milligram equivalent (MME) threshold, and not only for individuals who are receiving hospice or palliative care or treatment for cancer, or who are residents of long-term care facilities. Prior authorization is not required by the SUPPORT Act, and therefore this safety edit is not necessary for State compliance with the federally-mandated DUR claims review limitations. Further, and as we discussed, prior authorization requirements impose additional workload requirements and costs on providers and pharmacists and can delay getting medications to patients who legitimately need them. We recognize that the initial threshold of 300 MME per day is well above the State's long-term goal of 90 MME per day, and that very few patients in the State currently exceed the 300 MME threshold. We also understand that neither the MME threshold number nor the prior authorization requirement will be stated in the SPA, meaning that they can be modified by the Department in the future without further amending the State Plan. For these reasons, we agree it is not necessary at this stage to authorize pharmacists to override the 300 MME safety edit. But we respectfully request that, as the threshold is reduced over time, the Department be open to further discussion and tribal consultation on whether pharmacists should be empowered to override the limits at the point of sale."*	Thank you for your comments. In balancing the level of criticality of the various components of the SUPPORT Act and sound clinical practice, there are specific safety edits - such as high MME regimens and opioid-benzodiazepine interactions which carry significant risk of patient morbidity and mortality - that warrant additional clinical justification beyond a pharmacist-level override. The Department believes at this time that the level of administrative burden is commensurate to the risks. As the Department continues to track and trend prescribing, the Drug Utilization Review Committee will retain the authority to re-evaluate and modify approaches accordingly. At this time, the Department believes the proposed step down approach will allow prescribers and patients time to evaluate their existing patients' regimens and work with them to safely taper to lower MME thresholds. Since tribal members may seek and obtain care outside of the THO, these safety edits are in place uniformly across all practice sites to minimize polyprescriber/polypharmacy. Prior authorization at these levels are essential to determine medical necessity. Pharmacists filling opioid prescriptions for patients who have a pre-determined established medical necessity - such as oncology, hospice, or palliative care - may continue to use pharmacist-level overrides that have been in place for many years. A Clinical Call Center is available 24 hours a day/7 days a week for pharmacists and prescribers to contact if a patient has an urgent need. The Call Center is augmented by an electronic Prior Authorization platform to facilitate timely reviews. The Department encourages prescribers to include an appropriate diagnosis code on opioid prescriptions and for pharmacists to include this information on submitted opioid claims.

5	ANHB	*Concern was expressed with respect to the timing of the notification of tribal consultation occurring less than 30-days from the quarter (Oct 1) within which the state plan amendment was to go into effect. The THOs cite that the implementation decisions were made during a meeting in Apr and should have been noticed more timely.* *The THOs request that tribal health leaders specifically be notified at least 30 days in advance of the effective date of all new requirements that will significantly impact the operation and workload of tribal health organizations, regardless of whether they require a State Plan Amendment and formal consultation.*	The Department appreciates this feedback and is committed to working with tribal entities to identify enhanced communication mechanisms to disseminate public information to Tribal Health leaders to augment current methods because of the importance of reaching front-line staff. A notice of the proposed changes was disseminated via a Remittance Advice message posting Aug 26, posted to the Alaska Medicaid Pharmacy Notices website Aug 30, and communicated in the September newsletter 30 days prior to implementation. Alaska Medicaid Drug Utilization Review Committee meetings, covered under Section 4.26 of the state plan, are publicly noticed with agendas via the Online Public Notice site and the Department's Drug Utilization Review website (http://dhss.alaska.gov/dhcs/Pages/pdl/drugutilizb_pdl.aspx) prior to each meeting in Sep, Nov, Jan, and Apr of each state fiscal year and the public, including health care professionals, are invited to attend and provide feedback. The Department invites and encourages Tribal Health professionals to participate in the Drug Utilization Review Committee.

ANHB	Alaska Native Health Board
ANTHC	Alaska Native Tribal Health Consortium
APIA	Aleutian Pribilof Islands Association
ASNA	Arctic Slope Native Association
BBAHC	Bristol Bay Area Health Corporation
CATG	Council of Athabascan Tribal Governments
Chug	Chugachmiut
CRNA	Copper River Native Association
EAT	Eastern Aleutian Tribes
KANA	Kodiak Area Native Association
KIC	Ketchikan Indian Community
KIT	Kenaitze Indian Tribe
Maniilaq	Maniilaq Association
MIC	Metlakatla Indian Community
NSHC	Norton Sound Health Corporation
SCF	Southcentral Foundation
SEARHC	Southeast Alaska Regional Health Consortium
TCC	Tanana Chiefs Conference
YKHC	Yukon Kuskokwim Health Corporation
Multiple	more than one THO made similar comment