



# **Florida Medicaid Prescribed Drug Service Spending Control Initiatives**

**For the Quarter  
October 1, 2015 through  
December 31, 2015**

*Report to the Florida Legislature  
December 2017*



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## **Purpose of Report**

Per section 409.912, Florida Statutes (F.S.), the Agency for Health Care Administration (Agency) shall submit quarterly reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives which must include, but need not be limited to, the progress made in implementing this subsection and its effect on Florida Medicaid prescribed drug expenditures. This report includes data for the second quarter of state fiscal year (SFY) 2015-2016, October 1, 2015 through December 31, 2015.

## Executive Summary

### Medicaid Fee-for-Service Pharmacy

Since August 2014, the majority of Florida Medicaid recipients are enrolled in Medicaid Managed Medical Assistance (MMA) health care plans which are responsible for all facets of recipient care including reimbursement for the Medicaid pharmacy benefit. This report includes data and information pertaining to the Florida Medicaid fee-for-service (FFS) population and does not include any information on the pharmacy benefit related to Medicaid MMA plans.

Most of the Florida Medicaid recipients in FFS are dually eligible for Medicaid and Medicare so Medicare pays the pharmacy benefits, have Medically Needy coverage, or are enrolled for special services (e.g., family planning) and are receiving services and benefits that are specific to their unique needs. The nature of the Medicaid FFS pharmacy population means that the costs and utilization patterns seen in FFS pharmacy will be different from Medicaid MMA enrollees and Medicaid recipients as a whole.

### FFS Caseload and Retail Prescription Costs

During the second quarter of SFY 2015-2016, 716,835 FFS pharmacy claims were reimbursed totaling \$123.8 million (prior to manufacturer rebates). The number of users averaged 71,770 per month while total claims averaged 238,945 per month and the amount paid averaged just under \$41.3 million per month during the quarter. The average number of claims per user was 3.3 claims per user, per month. During the second quarter, 10.5 percent of eligible recipients used the pharmacy benefit in a given month. Finally, during the quarter 19.7 percent of claims reimbursed were for brand drug products, which accounted for 86.4 percent of total expenditures before rebates.

### FFS Pharmacy Cost Controls

Florida has several pharmacy cost control measures in place for the Medicaid FFS population which have proven effective at controlling costs. Specific spending control measures in place for the FFS population include:

- Pharmacy Rebates – Pharmaceutical manufacturer rebate revenue paid to the state is a significant offset to the retail cost of prescription reimbursement. The program continues to negotiate agreements for manufacturers to provide supplemental rebates, in addition to federally required rebates, for their brand drug products. During the second quarter of SFY 2015-2016, the average retail price for a prescription reimbursed under FFS was \$172.68. After accounting for rebates received from manufacturers based on their federal rebate agreements, the average amount reimbursed per prescription was \$75.24. The average amount reimbursed during the quarter after taking into account both federal rebates and state supplemental rebates was \$72.12.
- Medicaid Pharmaceutical and Therapeutics (P&T) Committee – Created by section 409.91195, F.S., the P&T Committee makes recommendations to the Agency for the purpose of developing and maintaining the Florida Medicaid Preferred Drug List (PDL). The committee reviews all drug classes included on the PDL every 12 months, and may recommend additions to and deletions from the PDL, so that the PDL provides for medically appropriate drug therapies for Medicaid patients which can in turn achieve cost savings. The committee may also recommend prior authorization protocols for any Medicaid-covered prescribed drugs to ensure compliance with clinical guidelines, for indications not approved in labeling, and for prevention of potential overuse, misuse, or abuse.

- Prior Authorization – Authorization prior to reimbursement for certain drugs in specific circumstances continues. Age related prior authorization has been established for certain drugs to ensure safe and appropriate prescribing. During the second quarter of SFY 2015-2016, the Agency's contracted FFS prescription benefit manager vendor, Magellan Medicaid Administration (Magellan), processed 11,282 prior authorization claims, or almost 123 prior authorization requests per day.
- University of Florida Medication Therapy Management Communication and Care Center (MTMCCC) – Through a contract with MTMCCC, trained pharmacists conduct comprehensive prescribed drug case management, which involves direct patient contact if the patient chooses to participate. This statewide Medication Therapy Management program can help resolve medication-related and health-related problems, optimize medication use for improved patient outcomes, and promote patient self-management of medication and disease states. This, in turn, helps reduce clinical risk and lowers prescribed drug costs to the Florida Medicaid program including reducing the rate of inappropriate spending on Medicaid prescription drugs.
- Behavioral Health Prescribing Best Practice Guidelines – As part of the requirements of section 409.912, F.S., Medicaid contracts with the Florida Mental Health Institute (FMHI) at the University of South Florida to develop and disseminate best practice guidelines for behavioral health drug therapy. FMHI recommendations relate to the specific needs of adults and children, coordination of care for behavioral health drug therapy management, improved patient and provider education, compliance with drug therapies, and improved outcomes.

## Medicaid Fee-for-Service Pharmacy

This report details expenditures and prescribing patterns for the Florida Medicaid Prescribed Drug Service for Florida’s fee-for-service (FFS) Medicaid population. The report also provides detail on several spending control initiatives in Medicaid FFS Pharmacy.

In Florida Medicaid, most recipients have been enrolled in health plans since 2014. The plans have responsibility for virtually all of the medical care needs of their enrollees, including the Medicaid pharmacy benefit. Pharmacy claims reimbursed by health plans are not included in this report.

The following populations are excluded from enrollment in Medicaid health plans and will continue to receive pharmacy benefits under FFS:

- Family Planning Waiver
- Emergency Services for Aliens
- Women eligible for Medicaid because they have Breast or Cervical Cancer
- Medically Needy

In addition, the following populations have the option of enrolling in health plan but may choose to remain in FFS:

- Medicaid recipients who have other creditable health care coverage, excluding Medicare
- Persons eligible for refugee assistance
- Medicaid recipients who are residents of a developmental disability center
- Medicaid recipients enrolled in the developmental disabilities home and community-based services waiver or Medicaid recipients waiting for waiver services
- Children receiving services in a prescribed pediatric extended care center
- Medicaid recipients residing in a group home facility licensed under chapter 393.

### Florida Medicaid FFS Pharmacy Caseload and Expenditures

Table 1 shows the SFY 2015-16 appropriations for FFS pharmacy services along with the caseload and expenditures from the previous SFY. This comparison represents a snapshot of expectations for FFS pharmacy services at the beginning of the current fiscal year compared to the same point in the previous fiscal year. This comparison provides an illustration of how these services were expected to evolve from one year to the next as well as providing the estimates for utilization and expenditures for the current fiscal year for pharmacy services. A comparison of actual utilization and expenditures to these estimates is provided later in this section. Unless otherwise noted, totals are based on the appropriations estimates from the Social Services Estimating Conference (SSEC) immediately prior to the legislative session that established appropriations for the particular fiscal year.

**Table 1 – FFS Pharmacy Services Appropriations SFY 2014-2015 and SFY 2015-2016**

Prescribed Medicine	SFY 2014-2015 Actuals*	SFY 2015-2016 Appropriations	Expected % Change from SFY2014-15
Medicaid Caseload	502,218	426,225	-15%
Medicaid Prescriptions Per Month	508,844	397,023	-22%
Medicaid Unit Cost	\$92.15	\$95.65	4%
Medicaid Total Annual Cost	\$562,675,211	\$455,690,758	-19%

*Source: \*SFY2014-15 Actuals reflects actual expenditure and caseload estimates from the year-end close-out reports. Initial appropriation estimates for FY2014-15 were calculated without accounting for Statewide Medicaid Managed Care (SMMC) and the actuals provide a more accurate reflection of the current situation in Medicaid. SFY 2015-2016 Appropriation data are from the 2015 SSEC General Appropriations Act estimates.*

Based on appropriations estimates from the SSEC, it was anticipated that caseload, number of prescriptions per month, and total annual cost would all decrease over SFY 2014-2015 levels. Florida Medicaid FFS pharmacy caseload was expected to fall approximately 15 percent while the average number of prescriptions per month was expected to drop by almost 22 percent. The average price per prescription was expected to rise by almost 4 percent. Even with the expected increase in average price per prescription, with the significant drop in caseload and number of prescriptions, the total cost of FFS pharmacy claims was expected to fall by almost 20 percent during the year. Table 2 compares the actual second quarter utilization and expenditures with the fiscal year appropriations.

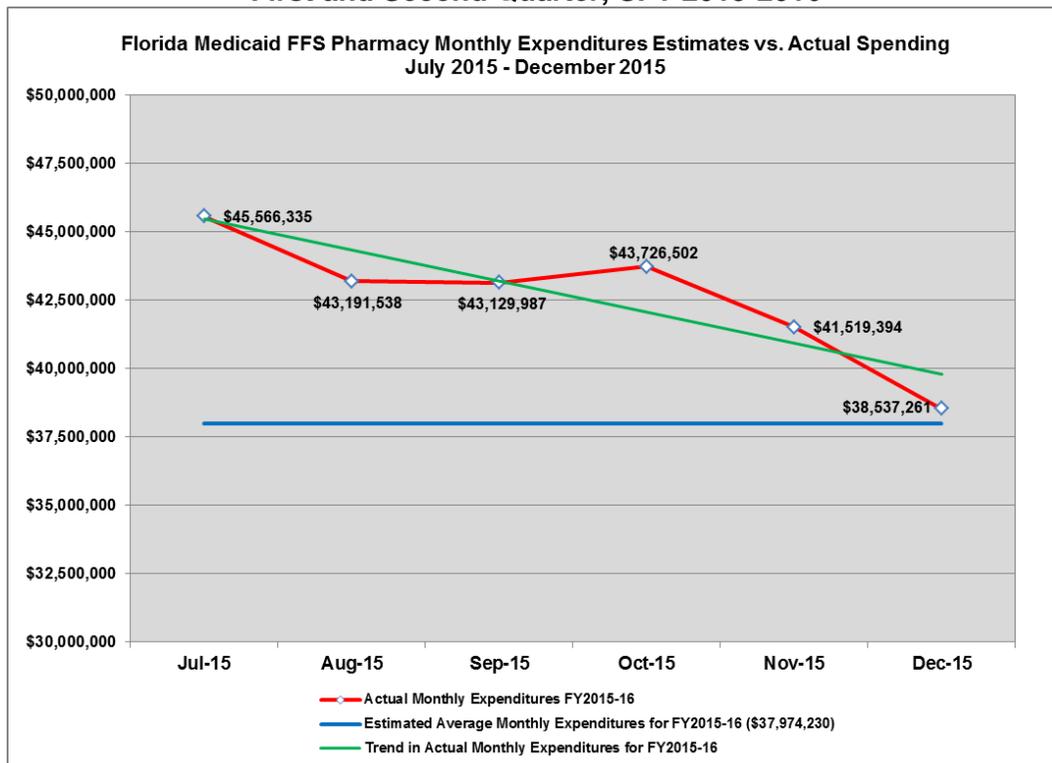
**Table 2 – FFS Pharmacy Services Expenditures and Utilization Estimates vs. Actual Second Quarter, SFY 2015-2016**

Prescribed Medicine	SFY 2015-2016 Appropriations	Q2 SFY 2015-16 Actual	% Difference Actual vs. Appropriations
Average Caseload (Member Months)	426,225	649,329	52%
Average Prescriptions Per Month	397,023	238,945	-40%
Average Paid/Claim	\$95.65	\$172.68	81%
Average Total Cost Per Month	\$37,974,230	\$41,261,053	9%

Source: SFY 2015-2016 Appropriation data are from the 2015 SSEC General Appropriations Act Estimates. Actual data are reported in the Florida Pharmacy Report Card, Magellan Health Services, Inc., September 2016.

During the second quarter of SFY 2015-2016, the average caseload was 52 percent higher than appropriation estimates. The average number of prescriptions per month was more than 40 percent below estimates, average amount paid per claim (prior to rebates) was almost 81 percent higher, and the average total cost per month was almost 9 percent higher than estimated. Figure 1 shows the actual FFS pharmacy expenditures for the first two quarters of SFY 2015-2016 compared to the appropriation estimates.

**Figure 1 – Florida Medicaid FFS Pharmacy Expenditures Appropriations vs. Actual Spending First and Second Quarter, SFY 2015-2016**



Source: Average expected expenditures are calculated from the 2015 SSEC Appropriation estimates. Actual expenditures are reported in the Florida Pharmacy Report Card, Magellan Health Services, Inc., September 2016

## Claims Details

### FFS Caseload and Retail Prescription Costs

Table 3A shows the monthly totals for Medicaid FFS caseload, total pharmacy benefit users, total claims, and cost of claims for the second quarter of SFY 2015-2016. Table 3B shows the second quarter averages and totals, as well as the fiscal year averages and totals for each category. During the quarter, a total of 716,835 pharmacy claims were reimbursed with a total of \$123,783,158 paid. This equates to an average of 238,945 claims and an average of \$41,261,053 paid per month. The number of users averaged 71,770 per month. There was a downward trend in all metrics over the quarter except for the average caseload which, on average, trended upward over the quarter. During the second quarter, an average of 11.1 percent of eligible recipients used the pharmacy benefit in a given month.

**Table 3A – Monthly Caseload, Users, Claims, and Retail Prescription Costs, Medicaid FFS Pharmacy Second Quarter, SFY 2015-2016**

Metric	October 2015	November 2015	December 2015
Member-Months	645,017	656,759	646,211
Users	77,497	71,574	66,239
Claims	260,211	239,912	216,712
Paid	\$43,726,502	\$41,519,394	\$38,537,261
Claims/User	3.4	3.4	3.3
Percent Users	12.0%	10.9%	10.3%

*Source: Florida Pharmacy Report Card, Magellan Health Services, Inc., September 2016*

Total caseload for the first two quarters of SFY 2015-2016 was almost 3.9 million member months for an average of 647,538 per month for the year. A total of almost 1.5 million claims were paid, or 249,022 per month, averaging just over \$42.6 million per month. During the first six months of SFY 2015-2016 an average 11.5 percent of eligible recipients used the pharmacy benefit in a given month and averaged 3.4 claims per user.

**Table 3B – Average and Total Caseload, Users, Claims, and Retail Prescription Costs, Medicaid FFS Pharmacy Second Quarter and Total Fiscal Year, SFY2015-2016**

Metric	Q2 SFY 2015-2016 Average	Q2 SFY 2015-2016 Total	SFY 2015-2016 YTD Average	SFY 2015-2016 YTD Total
Member-Months	649,329	1,947,987	647,538	3,885,229
Users	71,770	215,310	74,355	446,129
Claims	238,945	716,835	249,022	1,494,130
Paid	\$41,261,053	\$123,783,158	\$42,611,836	\$255,671,018
Claims/User	3.3	3.3 Avg	3.4	3.4 Avg
Percent Users	11.1%	11.1% Avg	11.5%	11.5% Avg

*Source: Florida Pharmacy Report Card, Magellan Health Services, Inc., September 2016*

### Brand and Generic Drug Costs and Utilization

Generic utilization plays a significant role in controlling pharmacy costs. During the second quarter, the generic utilization rate was over 75 percent (see Table 4A and 4B; Figure 2). Generic utilization coupled with the extensive application of manufacturer rebates (see Table 5) and ongoing, detailed review of

the Florida Medicaid Preferred Drug List (PDL) to consider removal of products when lower-cost, equally effective alternatives are available, helps maintain efficiency in the Florida Medicaid prescribed drug services. Table 4A details monthly metrics related to efficient utilization of generic products, the average cost of a brand and a generic prescription, the number of brand and generic prescriptions reimbursed, and the total amounts reimbursed for drug claims for the second quarter of SFY 2015-2016. Table 4B details the average and totals for same metrics for the second quarter overall as well as the fiscal year.

**Table 4A – Utilization and Payments by Prescription Drug Type, Medicaid FFS Pharmacy  
Second Quarter, SFY 2015-2016**

Metric	October 2015	November 2015	December 2015
Generic Utilization	75.5%	75.2%	75.4%
Brand Paid/Claim	\$741.59	\$752.97	\$792.72
Generic Paid/Claim	\$26.73	\$26.98	\$27.19
Non-Drug/Comp Paid/Claim	\$70.02	\$78.22	\$61.06
Brand Claims	50,646	47,412	42,153
Generic Claims	196,475	180,282	163,455
Non-Drug Claims	13	12	8
Compound Claims	13,077	12,206	11,096
Brand Paid	\$37,558,695	\$35,699,999	\$33,415,568
Generic Paid	\$5,251,194	\$4,863,760	\$4,443,736
Non-Drug Paid	\$3,180	\$2,949	\$3,373
Compound Paid	\$913,433	\$952,687	\$674,584

Source: Florida Pharmacy Report Card, Magellan Health Services, Inc., September 2016.

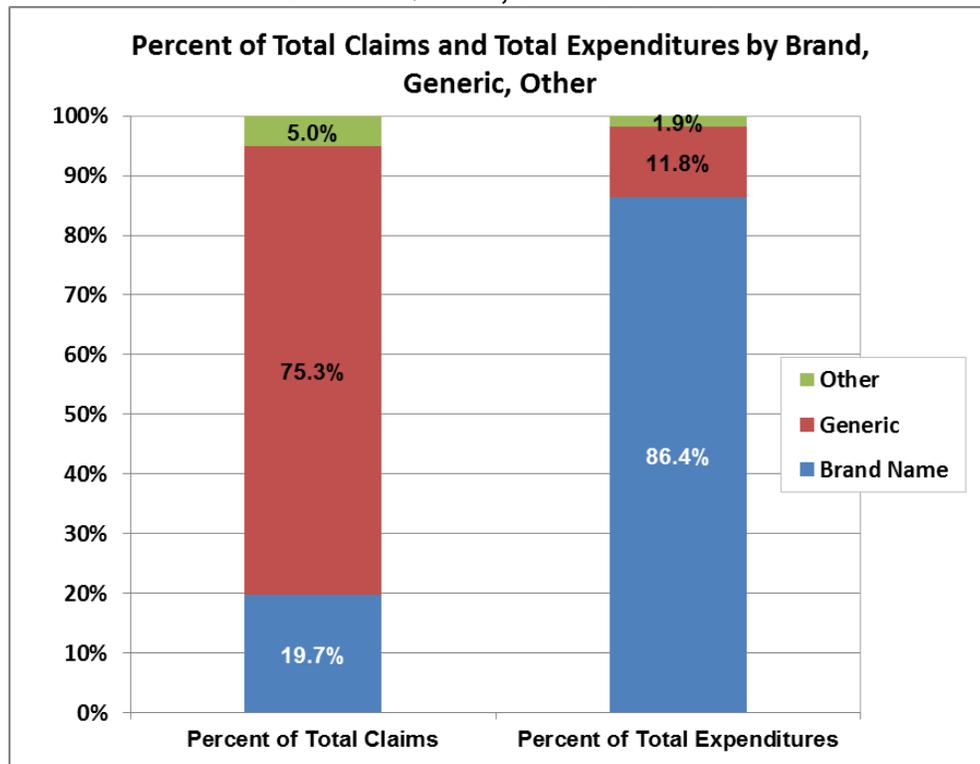
**Table 4B – Average and Total Utilization and Payments by Prescription Drug Type,  
Medicaid FFS Pharmacy  
Second Quarter and Total Fiscal Year, SFY2015-2016**

Metric	Q2 SFY 2015-2016 Average	Q2 SFY 2015-2016 Total	SFY 2015-2016 Annual Average	SFY 2015-2016 Annual Total
Generic Utilization	75.4%	75.4%	75.3%	75.3%
Brand Paid/Claim	\$760.81	\$760.81	\$749.44	\$749.44
Generic Paid/Claim	\$26.95	\$26.95	\$26.76	\$26.76
Non-Drug/Comp Paid/Claim	\$70.04	\$70.04	\$63.92	\$63.92
Brand Claims	46,737	140,211	49,100	294,597
Generic Claims	180,071	540,212	187,438	1,124,629
Non-Drug Claims	11	33	13	77
Compound Claims	12,126	36,379	12,471	74,827
Brand Paid	\$35,558,087	\$106,674,262	\$36,797,107	\$220,782,645
Generic Paid	\$4,852,897	\$14,558,690	\$5,016,736	\$30,100,414
Non-Drug Paid	\$3,167	\$9,502	\$3,047	\$18,283
Compound Paid	\$846,901	\$2,540,704	\$794,946	\$4,769,677

The average paid per claim for a brand name prescription during the second quarter was \$760.81 for 140,211 total prescriptions and the average paid per claim for a generic prescription was \$26.95 for 540,212 total prescriptions. This means that during the second quarter of SFY 2015-2016, while 19.6 percent of claims reimbursed were for brand drug products, these prescriptions accounted for 86.2 percent of total expenditures prior to rebates. The primary cost drivers for drug prices are usually

attributable to higher priced and newly introduced drugs (compared to established drugs with generic alternatives).

**Figure 2 – Florida Medicaid FFS Pharmacy Brand Name versus Generic Utilization and Expenditures  
Second Quarter, SFY 2015-2016**



Source: Calculated based on data provided in the Florida Pharmacy Report Card, Magellan Health Services, Inc., September 2016

### Manufacturer Rebates Reduce Net Cost of Drugs to State

Pharmaceutical manufacturer rebate revenue paid to the state is a significant offset to the retail cost of prescription reimbursement. Florida Medicaid continues to negotiate agreements for manufacturers to provide supplemental rebates, in addition to federally required rebates, for their brand drug products. These rebates reduce the total retail cost of reimbursement to community pharmacy providers and allow prescribers more choices of preferred products within therapeutic classes on the Florida Medicaid PDL.

The impact of rebates on overall pharmacy costs can be seen in Table 5. The top row of figures in the table reports the overall average retail reimbursement paid for a prescription claim, prior to any rebates received from manufacturers. The “Net Paid/Claim” row is the reimbursed amount less rebates received from manufacturers based on their federal rebate agreements. The row titled “Net Net Paid/Claims” shows the reimbursed amount net of federal and state supplemental rebates paid back to the state by pharmaceutical manufacturers. Reimbursement amounts are shown per Claim; per user, per month (PUPM), and per member (i.e., eligible recipient), per month (PMPM).

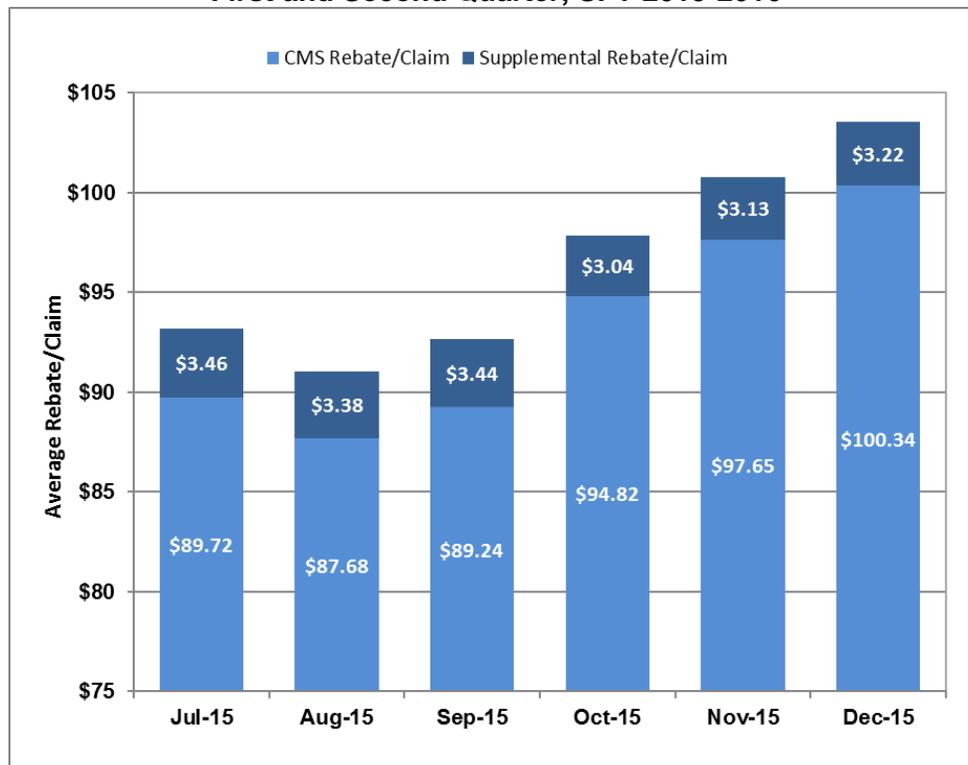
**Table 5 – Paid, Net Paid, and Net Net Paid Per Claim, Medicaid FFS Pharmacy By Month, Second Quarter and Total Fiscal Year, SFY 2015-2016**

Metric	October 2015	November 2015	December 2015	Q2 SFY 2015-2016	SFY 2015-2016 Total
Paid/Claim	\$168.04	\$173.06	\$177.83	\$172.68	\$171.12
Net Paid/Claim	\$73.22	\$75.41	\$77.49	\$75.24	\$78.13
Net Net Paid/Claim	\$70.18	\$72.28	\$74.27	\$72.12	\$74.84
Paid PUPM	\$564.23	\$580.09	\$581.79	\$574.91	\$573.09
Net Paid PUPM	\$245.86	\$252.77	\$253.51	\$250.51	\$261.66
Net Net Paid PUPM	\$235.65	\$242.27	\$242.98	\$240.10	\$250.66
Paid PMPM	\$67.79	\$63.22	\$59.64	\$63.54	\$65.81
Net Paid PMPM	\$29.54	\$27.55	\$25.99	\$27.69	\$30.05
Net Net Paid PMPM	\$28.31	\$26.40	\$24.91	\$26.54	\$28.78

Source: Florida Pharmacy Report Card, Magellan Health Services, Inc., January 2016

Figure 3 illustrates the amount of the average federally required and supplemental rebates received per prescription. The calculated average percentage of total pharmacy expenditures attributable to rebates is 56.4 percent of total expenditures during the second quarter for CMS rebates and 1.8 percent for supplemental rebates. Combined rebates equal 58.2 percent of total prescription costs.

**Figure 3 – Rebates Per Claim, Medicaid FFS Pharmacy First and Second Quarter, SFY 2015-2016**

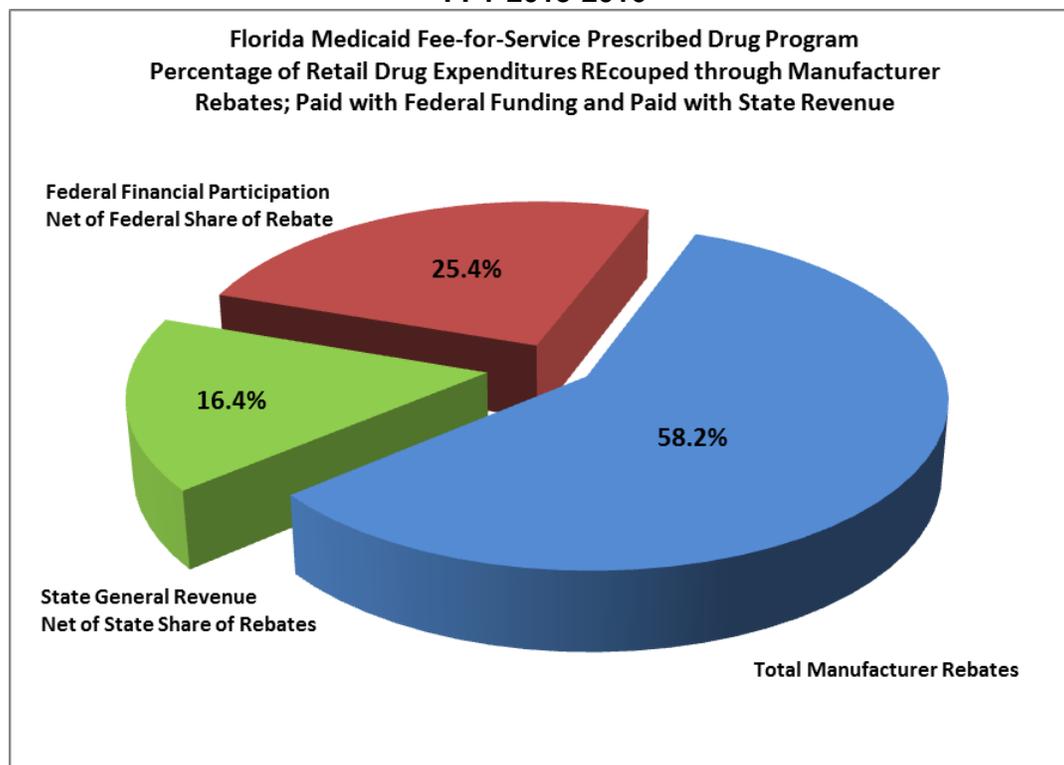


Rebate percentages are estimates based on pharmacy caseload.

Source: Florida Pharmacy Report Card, Magellan Health Services, Inc., September 2016

Figure 4 shows the distribution of the final cost of a prescription drug between the state, the federal government, and the manufacturers' rebates. It illustrates the percentage of state general revenue dollars required for the state to offer the Florida Medicaid FFS drug benefit after federal matching funds and manufacturer rebate revenue are received. State general revenue accounts for only 16.4 percent of the total retail cost of FFS pharmacy services.

**Figure 4 – Estimated Percentage of Final Costs by Payer, Florida Medicaid FFS Pharmacy FFY 2015-2016**



Source: Calculated from rebate information provided in Florida Pharmacy Report Card, Magellan Health Services, Inc., September 2016  
Federal Financial Participation Rates reported by <http://aspe.hhs.gov>

## Florida Medicaid FFS Prescribed Drug Services Ongoing Cost Controls

### Cost-Effective Florida Medicaid PDL

The Florida Medicaid PDL continues to produce significant savings of pharmacy costs since its implementation as a mandatory component of the Florida Medicaid program in 2005. The savings are achieved two ways: 1) through efficient prescribing protocols (including cost avoidance through prior authorization and step therapy); and, 2) through the State Supplemental Rebate Program (negotiated cash rebates from manufacturers relating to placement on the PDL).

### PDL Adherence – PDL Products Share of Florida Medicaid Market

Through aggressively negotiating supplemental rebates and favorable net pricing, the Florida Medicaid prescribed drug service is able to maintain an array of choices for prescribers within each therapeutic class on the Florida Medicaid PDL. Approval for reimbursement of prescriptions for products not on the PDL may be obtained through prior authorization. According to Magellan’s PDL Compliance Report (March 2016), during the second quarter of SFY 2015-2016, PDL products represented 96.6 percent of prescriptions reimbursed by Florida Medicaid for FFS recipients and 81.5 percent of the total amount reimbursed.

The percentage of drugs prescribed on PDL remained consistent, as did the percentage of total FFS pharmacy reimbursement attributable to PDL drugs.

### Prior Authorization of Specific Drugs

As in all states’ Medicaid programs, authorization prior to reimbursement for certain drugs in specific circumstances continues. Response to prior authorization (PA) requests is immediate through automatic claim system edits or by the Florida Medicaid fiscal agent’s Pharmacy Benefits Manager (Magellan). These requests are handled within 24 hours. Requests are either approved, denied, or can

result in a change in therapy. During the second quarter of SFY 2015-2016, Florida received a total of 11,282 PA requests through the call center, an average of just under 123 per day, and 3,761 per month.

The following chart details metrics related to PA requests received during the second quarter of SFY 2015-2016. There has been a generally downward trend in total requests since the start of the previous state fiscal year reflecting a stabilization in the Florida Medicaid FFS recipient population since the Statewide Medicaid Managed Care (SMMC) transition in August 2014.

**Table 6A – Pharmacy Florida Medicaid FFS Prior Authorization Requests  
Second Quarter, SFY 2015-2016**

Metric	October 2015	November 2015	December 2015
Total PA Requests	3,939	3,541	3,802
Average Per Day	127.1	118.0	122.6
Total PA Requests Approved	3,504	3,207	3,407
% PA Requests Approved	89.0%	90.6%	89.6%

Source: Magellan Medicaid Administration, September 2016

**Table 6B – Average Florida Medicaid FFS Pharmacy Prior Authorization Requests  
Second Quarter and Total Fiscal Year, SFY 2015-2016**

Metric	Q2 SFY 2015-2016 Average	Q2 SFY 2015-2016 Total	SFY 2015-2016 Annual Average	SFY 2015-2016 Annual Total
Total PA Requests	3,761	11,282	3,857	23,141
Average Per Day	122.6	122.6	125.8	125.8
Total PA Requests Approved	3,373	10,118	3,475	20,851
% PA Requests Approved	89.7%	89.7%	90.1%	90.1%

Source: Magellan Medicaid Administration, September 2016

### Rebate Collection Productivity

Molina Medicaid Solutions, the rebate collection contractor, performs follow-up on all unpaid or disputed invoices. In their report dated January 28, 2016, they show that as of December 31, 2015, they had achieved an overall collection percentage of 99 percent of FFS invoiced rebates from manufacturers for the second quarter of SFY 2015-2016. Nonpaying manufacturers are reported to federal CMS. The contractor continues to refer providers who cannot or will not reverse billing errors and rebill correctly to the Agency’s Bureau of Medicaid Program Integrity.

## Medication Management

### Medication Therapy Management

Section 409.912, F.S., requires that the Agency implement a Medicaid prescription drug management system. The management system is required to rely on cooperation between physicians and pharmacists to determine appropriate practice patterns and clinical guidelines to improve the prescribing, dispensing, and use of drugs in the Florida Medicaid program. Further, the drug management system had to be designed to improve the quality of care and prescribing practices based on best practice guidelines, improve patient adherence to medication plans, reduce clinical risk, and lower prescribed drug costs and the rate of inappropriate spending on Florida Medicaid prescription drugs.

The statewide Medication Therapy Management (MTM) program provides interventions that help improve prescribing, dispensing, and medication usage for recipients through population-based

strategies. Participating pharmacists are trained to deliver detailed medication reviews and improve coordination of medical care for patients. In April 2011, the MTM program transitioned to a patient-centered review process in which recipients may choose to speak directly via telephone with pharmacists who have real-time access to the patients' drug profiles and medical claim histories. Feedback from recipients who chose to participate has been measurably positive, and their self-reported understanding of and compliance with their drug therapies has improved. The reviews are now performed through the University of Florida Medication Therapy Management Call Center.

### **Behavioral Pharmacy Management Program**

The Florida Medicaid Drug Therapy Management program for behavioral health was created by the Florida Legislature in 2005. Its purpose as stated in section 409.912, F.S., is to accomplish all of the following:

- Improve the quality of behavioral health drug prescribing
- Improve patient adherence
- Reduce clinical risk
- Lower costs

The Agency contracted with the Florida Mental Health Institute (FMHI) at the University of South Florida to implement this program. Initially, the focus was to slow the escalation of expenditures on mental health prescriptions. The focus of the program has broadened to include quality and safety issues, and separate specific recommendations for children and adults.

### **Report Conclusion**

This concludes the report of the Florida Medicaid Prescribed Drug Services Spending Control Initiatives for the second quarter of SFY 2015-2016.

Additional information related to Florida Medicaid's pharmacy services is available on the Florida Medicaid Pharmacy Policy webpage at:

[http://ahca.myflorida.com/Medicaid/Policy\\_and\\_Quality/Policy/pharmacy\\_policy/index.shtml](http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/pharmacy_policy/index.shtml)