1024 DRUG UTILIZATION REVIEW

REVISION DATE: 3/27/2024
REVIEW DATE: 6/27/2023
EFFECTIVE DATE: July 13, 2022
REFERENCES: 42 CFR Part 457, 42 CFR Part 438, 42 U.S.C 1396r-8 and A.A.C. R9-22-209, 42 USC 1396A(OO), Social Security Act Section 1927 (g) Drug Use Review, AHCCCS Contract, AMPM 310-FF, AMPM 310-V, AMPM 1024.

PURPOSE

This policy outlines the AdSS's responsibility for developing and implementing a Drug Utilization Review (DUR) process that includes retrospective, concurrent and prospective drug utilization edits.

DEFINITIONS

1. "Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Division, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care, including beneficiary practices that result in unnecessary cost to the Division.

2. "Drug Utilization Review" or "DUR" means a systematic, ongoing review of the prescribing, dispensing, and use of medications. The purpose is to assure efficacious, clinically appropriate, safe, and cost-effective drug therapy to improve Member health status and quality of care.

3. "Exclusive Pharmacy" means an individual pharmacy, which is chosen by the Member or assigned by the AdSS to provide all medically necessary Federal and State reimbursable drugs to the Member.

4. "Exclusive Provider" means an individual provider, which is chosen by the Member or assigned by the AdSS to provide all medically necessary Federal and State reimbursable drugs to the Member.

5. "Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person, including any act that constitutes Fraud under applicable

State or Federal law.

6. "Prescription Drugs" means prescription medications prescribed by an Arizona Health Care Cost Containment System (AHCCCS) registered qualified practitioner as a pharmacy benefit, based on medical necessity, and in compliance with Federal and State laws.

7. "Waste" means over-utilization or inappropriate utilization of services, misuse of resources, or practices that result in unnecessary costs to the Medicaid Program.

POLICY

A. DRUG UTILIZATION REVIEW REQUIREMENTS

1. The AdSS shall report the following to the Division:
    a. Concurrent Drug Utilization Review (DUR);
    b. Opioid monitoring;
    c. Antipsychotic prescribing in children; and

d. Identification of Fraud, Waste, and Abuse by either DDD Members or health care practitioners.

2. The AdSS shall perform DUR to ensure that Members are receiving medications appropriately with limited adverse drug reactions.

3. The AdSS shall perform DUR that consists of retrospective, concurrent and prospective DUR.

4. The AdSS shall use Arizona Health Care Cost Containment System (AHCCCS) Prior Authorization (PA) clinical guidelines.

5. The AdSS shall base opioid monitoring per Federal regulations.

B. CONCURRENT UTILIZATION REVIEW

1. The AdSS shall implement a concurrent DUR process that occurs between the pharmacies and Pharmacy Benefits Manager's (PBM) electronic DUR system at the Point of Sale (POS).

2. The AdSS shall provide concurrent DUR edits that include:

a. Preferred and non-preferred Federally and State reimbursable drugs prior to dispensing;

b. Drug-drug interactions;

c. Excessive doses;

d. High and suboptimal doses;

e. Over and underutilization;

f. Drug-pregnancy precautions;

g. Drug-disease interactions;

h. Duplicate therapy; and

i. Drug-age precautions.

C. RETROSPECTIVE UTILIZATION REVIEW

1. The AdSS shall implement a retrospective DUR process to detect aberrant prescribing practice patterns, pharmacy dispensing patterns and medication administration patterns to prevent inappropriate use, misuse, or Waste.

2. The AdSS shall perform retrospective utilization reviews to

evaluate the following edits:

a. Clinical appropriateness, use and misuse;

b. Appropriate generic use;

c. Drug-drug interactions;

d. Drug-disease contraindications;

e. Aberrant drug doses;

f. Inappropriate treatment duration;

g. Member utilization for over and underutilization;

h. Prescriber clinician prescriptive ordering and practice patterns; and

i. Pharmacy dispensing patterns.

D. PROSPECTIVE UTILIZATION REVIEW

1. The AdSS shall implement a prospective DUR process that promotes positive health outcomes using PA to ensure clinically effective medications are prescribed in the most cost-efficient manner.

2. The AdSS shall require the PBM to enable prospective DUR edits during the adjudication of a claim for the following:
    a. Drug-allergy interactions;
    b. Drug-disease contraindications;
    c. Therapeutic interchange;
    d. Generic substitution;
    e. Incorrect drug doses;
    f. Inappropriate duration of drug therapy;
    g. Medication Abuse or misuse; and
    h. Medications preferred on the AHCCCS Drug List.

E. PRIOR AUTHORIZATION (PA) CLINICAL GUIDELINES

The AdSS shall utilize the AHCCCS PA guidelines for any medications that require PA, have quantity limits or step therapy requirements or are non-preferred medications.

F. PROVIDER EDUCATIONAL INTERVENTIONS

The AdSS shall have educational interventions based on evaluations of practice patterns focused on drug therapy outcomes with the aim of improving safety, prescribing practices and therapeutic outcomes and ensuring the interventions improve quality of care.

G. EXCLUSIVE PHARMACY OR EXCLUSIVE PROVIDER PROGRAM

1. The AdSS shall report Members assigned to an Exclusive Pharmacy or Exclusive Provider, or both on form AMPM 1024 Attachment A.

2. The AdSS shall provide AMPM 1024 Attachment A to the Division as a quarterly deliverable when aberrant pharmacy or aberrant provider utilization is identified.

H. OPIOID UTILIZATION

1. The AdSS shall perform DUR activities as part of Federal Opioid Legislation, and report to the Division in accordance with the Centers for Medicare and Medicaid Services (CMS) DUR

requirements as specified in the Contract for the following:

a. Opioid utilization and concomitant use of benzodiazepines;

b. Opioid utilization and concomitant use of antipsychotics;

c. Buprenorphine utilization and concomitant use of opioids;

d. 7-day limits for opioid naïve adults;

e. 5-day limits for opioid naïve minors;

f. 50 Morphine Equivalent Daily Dose (MEDD) limits for opioid naïve Members;

g. Member utilization when the cumulative current utilization of opioids is a MEDD of greater than 90;

h. Antipsychotic prescribing for children; and

i. Fraud, Waste and Abuse by Members, pharmacies, and prescribing clinicians.

2. The AdSS shall exclude Members with a diagnosis of cancer, in hospice or palliative care from opioid safety edits and utilization

management limitations associated with opioids.

Signature of Chief Medical Officer: Anthony Dekker (Mar 21, 2024 09:29 PDT)

Anthony Dekker, D.O.