1024 DRUG UTILIZATION REVIEW

REVISION DATE: MM/DD/YYYY
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. ~~This policy applies to the Division's Administrative Services s~~Subcontractors ~~(AdSS). This includes the~~ This policy outlines the Administrative Services Subcontractors (AdSS) responsibility for developing and implementing an integrated system related to Drug Utilization Review (DUR). ~~and having policies and procedures for retrospective, concurrent and prospective~~ DUR processes, prior authorization clinical guidelines coverage criteria and the processes for DUR programs. Reporting shall be provided to the Division as requested for concurrent DUR as well opioid monitoring, antipsychotic

~~prescribing in children and identification of Fraud, Waste, and Abuse by either DDD mMembers or health care practitioners.~~

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 ~~m~~Member health status and quality of care.

3. "Exclusive Pharmacy" means an individual pharmacy, which is chosen by the ~~m~~Member or assigned by the Contractor to provide all medically necessary F~~f~~ederal~~ly~~ and State

reimbursable ~~pharmaceuticals~~ drugs to the ~~m~~Member.

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

~~4.~~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.

~~5.~~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 ~~s~~State laws. ~~as specified in 42 U.S.C 1396r-8 and A.A.C. R9-22-209.~~

~~6.~~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 ~~when requested~~:

   a. **Concurrent Drug Utilization Review (DUR);**

   b. **Opioid monitoring;**

   c. **Antipsychotic prescribing in children; and**

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

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

3. The AdSS shall perform DUR ~~Drug utilization~~ that consists of retrospective, concurrent and prospective DUR~~utilization review~~.

~~per AMPM 1024.~~

4. The AdSS shall use ~~C~~coverage ~~criteria or~~ Arizona Health Care Cost Containment System (AHCCCS) Prior Authorization (PA) clinical guidelines. ~~should be based per on AMPM 310-V.~~

5. The AdSS shall base ~~O~~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).** ~~**The** AdSS shall implement manage a concurrent review program that occurs during the dispensing process by using Point-of-Sale (POS) edits between network pharmacies and Pharmacy Benefit Managers (PBM) electronic DUR system.~~

2. The AdSS shall provide ~~C~~concurrent DUR edits that include: ~~but are not limited to:~~

   a. Preferred and non-preferred ~~f~~Federally and ~~s~~State

reimbursable drugs prior to dispensing;

b. Drug-drug interactions;

c. Excessive doses;

d. High and suboptimal doses~~dosages~~;

e. Over and underutilization;

f. Drug-pregnancy precautions;

g. Drug-disease interactions;

h. Duplicate therapy; and

~~f.~~i. Drug-age precautions.

C. RETROSPECTIVE UTILIZATION REVIEW

1. **The** AdSS shall implement ~~develop~~ a retrospective DUR ~~Drug utilization review~~ 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: ~~Retrospective Utilization Reviews include but are not limited to the following:~~

   a. Clinical appropriateness, use and misuse;

   b. Appropriate generic use;

   c. Drug-drug interactions;

   d. Drug-disease contraindications;

   e. Aberrant drug doses ~~dosages~~;

   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 ~~develop~~ a prospective DUR ~~utilization review~~ process that ~~shall~~ promotes positive health outcomes using ~~Prior Authorization criteria (~~PA~~)~~ to ensure clinically effective medications are ~~used~~ prescribed in the most cost-efficient manner. ~~and the Arizona Health Care Cost Containment System (AHCCCS) Preferred Drugs are utilized as specified in AMPM Policy 310-V.~~

2. The AdSS shall require the PBM to enable prospective DUR edits during the adjudication of a claim for the following:~~The AdSS shall perform prospective utilization review edits include but are not limited to the following:~~

   a. Drug-allergy interactions;

   b. Drug-disease contraindications;

   c. Therapeutic interchange;

   d. Generic substitution;

   e. Incorrect drug doses ~~dosage~~;

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 ~~**CRITERIA COVERAGE**~~

~~1.~~ 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. ~~**The**~~ ~~AdSS shall comply with AHCCCS prior authorization clinical guidelines.utilization coverage criteria or prior authorization clinical guidelines based on medical necessity, and scientific evidence and standards of practice that includes:, but is not limited to,~~

~~a. Peer-reviewed medical literature,~~

~~b. Outcomes research data,~~

~~c. Official compendia, or~~

f. ~~Published practice guidelines developed by an~~

~~evidence-based process~~.

F. PROVIDER EDUCATIONAL INTERVENTIONS

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

G. EXCLUSIVE PHARMACY OR EXCLUSIVE PROVIDER ~~PRESCRIBER~~ PROGRAM

~~1.~~ ~~Members are assigned~~ The AdSS shall assign Members ~~to an exclusive pharmacy and/or prescriber when aberrant pharmacy utilization is identified. Aberrant utilization of controlled and non-controlled substances is evaluated as specified in AMPM 310-FF.~~

1. The AdSS shall report Members ~~Once members are~~ assigned to an Exclusive Pharmacy ~~and/~~or Exclusive Provider ~~prescriber~~, or

both ~~the member is reported~~ on form AMPM 1024 Attachment A.

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

H. OPIOID UTILIZATION

1. ~~As part of Federal Opioid Legislation, t~~The AdSS shall perform ~~develop~~ 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 ~~around~~ the following:

a. Opioid utilization and concomitant use of benzodiazepines;

~~a.~~b. Opioid utilization and concomitant use of antipsychotics; ~~and will report to the Division when requested.~~

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 is required to implement automated processes to monitor and report the following:~~

~~a. Opioid safety edits at the POS including: Point-of-Sale. These include, but are not limited to:~~

~~i. 7-day limits for opioid naïve adults;~~

~~ii. 5-day limits for opioid naïve minors;~~

~~50 Morphine Equivalent Daily Dose (MEDD) limits for opioid naïve mMembers; and~~

~~iii. Buprenorphine and opioid utilization.~~

~~b. Buprenorphine and opioid utilization;~~

~~c. Member utilization when the cumulative current utilization of opioids is a Morphine Equivalent Daily Dose (MEDD) of greater than 90;~~

~~d. Members with concurrent use of an opioid(s) in conjunction with benzodiazepines and/or antipsychotics;~~

~~e. Antipsychotic prescribing for children; and~~

~~f.~~a. ~~Fraud, Waste and Abuse by enrolled m~~Members, ~~pharmacies, and prescribing clinicians.~~

2. The AdSS shall exclude Members with a diagnosis of cancer, in hospice or palliative care ~~are excluded~~ from opioid safety edits and utilization management limitations associated with opioids.

Signature of Chief Medical Officer: