1024 DRUG UTILIZATION REVIEW

REVISION DATE: 3/27/2024
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EFFECTIVE DATE: July 13, 2022
REFERENCES: 42 CFR Part 457, 42 CFR Part 438, 42 U.S.C 1396r-8, 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 Division's responsibility for the oversight of the Drug Utilization Review (DUR) process that includes retrospective, concurrent and prospective drug utilization edits developed and implemented by the Administrative Services Subcontractors (AdSS).

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 program, 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 Program.

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 Division 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 Division 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 Division shall require reporting for the following:
   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 Division shall require DUR is performed to ensure that Members are receiving medications appropriately with limited adverse drug reactions.

3. The Division shall require DUR that consists of retrospective, concurrent and prospective DUR.

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

5. The Division shall require opioid monitoring based per Federal regulations.

B. CONCURRENT UTILIZATION REVIEW

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

2. The Division shall require 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 Division shall require a retrospective DUR process is implemented to detect aberrant prescribing practice patterns, pharmacy dispensing patterns and medication administration patterns to prevent inappropriate use, misuse, or Waste.

2. The Division shall require retrospective DUR reviews are performed 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 Division shall require the prospective DUR process be implemented to promote positive health outcomes using PA clinical guidelines to ensure clinically effective medications are prescribed in the most cost-efficient manner.

2. The Division shall require prospective DUR edits during the adjudication of a claim be enabled by the PBM 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 Division shall require AHCCCS PA guidelines be utilized for any medications that require PA or are non-preferred medications.

F. PROVIDER EDUCATIONAL INTERVENTIONS

The Division shall require 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 Division shall require Members that are assigned to an Exclusive Pharmacy or Exclusive Provider, or both are reported on form AMPM 1024 Attachment A.

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

H. OPIOID UTILIZATION

1. The Division shall require DUR activities be performed as part of Federal Opioid Legislation, and reported to AHCCCS 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 Division shall require Members with a diagnosis of cancer, in hospice or palliative care be excluded from opioid safety edits and utilization management limitations associated with opioids.

I. DIVISION OVERSIGHT

1. The Division shall oversee the AdSS utilizing the following methods to ensure compliance with policy:
   a. Annual Operational Review of each AdSS;
   b. Review and analyze deliverable reports submitted by the AdSS; and
   c. Conduct oversight meetings with the AdSS for the purpose of:
      i. Reviewing compliance,
      ii. Addressing concerns with access to care or other quality of care concerns,
      iii. Discussing systemic issues, and
      iv. Providing direction or support to the AdSS as necessary.

Signature of Chief Medical Officer: Anthony Dekker (Mar 21, 2024 09:31 PDT)
Anthony Dekker, D.O.