

### **310-FF Drug Utilization and Review and Monitoring**

REVISION DATE: 09/30/2020

EFFECTIVE DATE: October 1, 2019

REFERENCES: AMPM 1020; AMPM 910; AMPM 310-V; AMPM 310-FF; AMPM 520

This policy sets forth how the Division aims for members to receive clinically appropriate prescriptions. These activities include drug utilization review and the monitoring of controlled and non-controlled medication use.

#### **Definitions**

- A. Controlled Substance - Drugs and other substances that are defined as controlled substances under the Controlled Substance Act (CSA).
- B. CSPMP - Arizona State Board of Pharmacy Controlled Substance Prescription Monitoring Program.
- C. Drug Diversion - Redirection of prescription drugs for illicit purposes.
- D. Exclusive Pharmacy - Individual pharmacy, which is chosen by the member or assigned by the Administrative Delegated Subcontractor Services (AdSS) to provide all medically necessary federally reimbursable pharmaceuticals to the member.

#### **I. Drug Utilization Review**

- A. The Division delegates most of these activities to subcontracted health plans (see AdSS Medical Policy Manual Policy 310-FF Drug Utilization Review and Monitoring).
- B. The Division monitors AdSS health plans and PBM for compliance with these requirements at quarterly joint meetings with PBM and AdSS; reports at the Division Health Plan Medical Director meeting, Quality Management/Performance Improvement Committee (QMPI) and Medical Management Committee (MM); and during an annual Operational Review of each AdSS.
- C. Refer to AdSS Medical Policy Manual Policy 310-FF Drug Utilization Review and Monitoring for complete detail of areas delegated to the AdSS with monitoring by the Division.
- D. The Division collaborates with the AdSS and PBM for prescriber education when the AdSS or PBM identifies prescribing practice patterns or drug therapy outcomes based on utilization patterns that risk optimal safety are inconsistent with evidence-based prescribing practices or do not result in desired therapeutic outcomes. The AdSS maintains a summary of the educational interventions used and an assessment of the effect of these educational interventions on the quality of care.
- E. The Division monitors medication errors through its review of incidents and quality of care referrals. When concerning trends are noted, the Division implements initiatives to decrease medication errors in order to improve member

safety.

- F. The Division performs Retrospective Drug Utilization Review processes to detect aberrant use and/or claims payment related to medication administration patterns to prevent inappropriate use, misuse, or waste.
- G. The Division monitors members taking antipsychotic medication (per national guidelines) by:
  - 1. Monitoring metabolic parameters for lithium, valproic acid, carbamazepine;
  - 2. Renal function, liver function, thyroid function, glucose metabolism, screening for metabolic syndrome and involuntary movement disorders;
  - 3. Provision of medication titration according to, drug class requirements and appropriate standards of care.

## **II. Monitoring Requirements**

- A. The Division delegates most of these activities to subcontracted health plans (see AdSS Medical Policy Manual policy 310-FF Drug Utilization Review and Monitoring).
- B. The Division monitors controlled and non-controlled medications at quarterly meetings with its Pharmacy Benefits Manager (PBM) with reporting at the Division Health Plan Medical Director meeting, QMPI and MM. This monitoring includes, but is not limited to, the evaluation of prescription use by members, prescribing patterns by clinicians and dispensing by pharmacies. Drug use data identifies high-risk members and providers who may facilitate drug diversion. The monitoring requirements are to determine potential misuse of the drugs used in the following therapeutic classes:
  - 1. Atypical Antipsychotics,
  - 2. Benzodiazepines,
  - 3. Hypnotics,
  - 4. Muscle Relaxants,
  - 5. Opioids, and
  - 6. Stimulants.
- C. The Division uses the following resources, when available, for their monitoring activities:
  - 1. Prescription claims data,
  - 2. CSPMP,
  - 3. Indian Health Service (IHS) and Tribal 638 pharmacy data,
  - 4. RBHA/TRBHA prescription claims data, and

5. Other pertinent data.
- D. The Division evaluates the prescription claims data, at a minimum, quarterly, to identify:
1. Medications filled prior to the calculated days-supply,
  2. Number of prescribing clinicians,
  3. Number of different pharmacies used by the member, and
  4. Other potential indicators of medication misuse.

### **III. Minimum Intervention Requirements**

The Division requires the following interventions to ensure members receive the appropriate medication, dosage, quantity, and frequency:

- A. Provider education in accordance to AMPM Policy 310-V delegated to the AdSS.
- B. Point-of-Sale (POS) safety edits and quantity limits delegated to the AdSS.
- C. Care/case management collaboration between the Division and the AdSS.
- D. Referral to, or coordination of care with, a behavioral health service provider(s) or other appropriate specialist in collaboration between the Division and the AdSS.
- E. The Division requires assignment by the AdSS of members who meet any of the evaluation parameters in Table 1 to an exclusive pharmacy, in accordance with 42 CFR 431.54, for a minimum 12-month period except for the following members. The AdSS may assign members who meet these parameters to a single prescriber in addition to the assignment to an exclusive pharmacy. Members with one or more of the following conditions must not be subject to the intervention requirements described in subsections A through D:
  1. Treatment for an active oncology diagnosis,
  2. Receiving hospice care, or
  3. Residing in a skilled nursing facility or intermediate care facility.

Table 1 Program Evaluation Criteria

EVALUATION PARAMETER	MINIMUM CRITERIA FOR INITIATING INTERVENTIONS
OVERUTILIZATION	<p>Member used the following in a three-month time period:</p> <ul style="list-style-type: none"> <li>≥ Four prescribers; and</li> <li>≥ Four different abuse potential drugs; and</li> <li>≥ Four Pharmacies.</li> </ul> <p style="text-align: center;">OR</p> <p>Member has received 12 or more prescriptions of the medications listed in Minimum Monitoring Requirements in the past 3 months.</p>
FRAUD	Member has presented a forged or altered prescription to the pharmacy.

- F. A member who is assigned to an exclusive pharmacy and/or an exclusive prescriber by the AdSS for 12 months must be provided a written notice detailing the factual and legal based for the restriction. This restriction must be treated as an "action" pursuant to A.A.C. R9-43-202 and A.A.C. R9-34-302. The written notice must inform the member of the opportunity to file an appeal and the timeframes and process for doing so as described in A.A.C. Title 9, Chapter 34, Articles 2 and 3. Neither the Division nor the AdSS shall implement the restriction before providing the member notice and opportunity for a hearing. If the member has filed an appeal, no restriction shall be imposed until:
1. Director's Decision has affirmed the restriction,
  2. The member has voluntarily withdrawn the appeal or request for hearing, or
  3. The member fails to file an appeal or request for hearing in a timely manner.
- G. At the end of the designated time period, the AdSS must review the member's prescription and other utilization data to determine whether the intervention will be continued or discontinued. The AdSS must notify the member in writing of the decision to continue or discontinue the assignment of the pharmacy and/or provider. If the decision is to continue the assignment, the AdSS is required to include instructions for the appeals/fair hearing process in the notification letter to the member.
- H. The intervention of assigning an exclusive pharmacy and/or provider does not apply to emergency services furnished to the member. The AdSS must ensure

that the member has reasonable access to services covered by the Division of Developmental Disabilities (Division), taking into account the geographic location and reasonable travel time. The AdSS must provide specific instructions to the member, the assigned exclusive pharmacy and/or exclusive provider, and their Pharmacy Benefit Manager (PBM), on how to address the following:

1. Emergencies defined as medical services provided for the treatment of an emergency medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:
  - a. Placing the member's health in serious jeopardy,
  - b. Serious impairment to bodily functions, or
  - c. Serious dysfunction of any bodily organ or part,
2. The medication is out-of-stock at the exclusive pharmacy, or
3. The exclusive pharmacy is closed.

#### **IV. Reporting Requirements**

- A. Identified cases of member deaths due to medication poisoning/overdose or toxic substances must be referred to the Division's Quality Management staff for research and review. Mortality Review is reviewed at the Division's QOC Workgroup.
- B. The AdSS must report all suspected fraud, waste, and abuse (FWA) to the appropriate entity, and copy the Division as specified in Section F3, Contractor Chart of Deliverables. FWA reports are reviewed that the Division's Health Plan Oversight Committee.
- C. The AdSS must report to the Division, as specified in the Section F3, Contractor Chart of Deliverables, the number of members on that day that are assigned to an exclusive pharmacy and/or single prescriber, due to excessive use of prescriptive medications (narcotics and non-narcotics).
- D. The AdSS are also required to report to the Division as specified in the Section F3, Contractor Chart of Deliverables, when the AdSS have additional changes and implements additional interventions and more restrictive parameters as noted in this policy.
- E. The Division will work with all appropriate entities regarding the implementation of the interventions outlines above on an as-needed basis.