POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	**DOCUMENT NAME:** Drug Utilization Review
PAGE: 1 of 5	**REPLACES DOCUMENT:**
APPROVED DATE: 04/07	**RETIRED:**
EFFECTIVE DATE: 04/07	**REVIEWED DATE:** 07/07, 08/08, 02/09, 02/10, 02/11, 02/12, 02/13, 04/14, 08/14, 08/15, 08/16, 11/16, 01/18
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** OH.PHAR.04

SCOPE:
Centene Corporate Pharmacy Solutions, Centene Corporate Pharmacy and Therapeutics Committee, Health Plan Pharmacy Departments, Health Plan Pharmacy and Therapeutics Committees, and Pharmacy Benefit Manager.

PURPOSE:
To define the process of Centene Health Plan Drug Utilization Review (DUR).

POLICY:
The standard prospective and retrospective DUR programs utilize clinical standards, criteria, protocols and procedures established by the mutual agreement of the Centene Corporate Pharmacy and Therapeutics Committee, Health Plan Pharmacy Departments, and Envolve Pharmacy Solutions, and in accordance with applicable state and federal requirements and NCQA standards. The DUR program is submitted for review and approval to the Centene Corporate and Health Plan Pharmacy and Therapeutics Committees annually. The DUR program is designed to alert prescribers and/or dispensing pharmacists by identifying overuse, underuse, inappropriate or medically unnecessary care, and to address safety concerns associated with specific drugs, including the potential for drug interactions. The DUR program also functions to identify opportunities to improve the quality of care for patients including adherence to prescribed therapy and improvements in the medication regimen consistent with the patient's diagnoses or conditions. The results of any retrospective DUR programs may also be used to initiate additional claims review and analysis at the health plans. In addition, follow-up studies may be performed to assess the impact and outcomes of retrospective DUR interventions.

PROCEDURE:
Selection of DUR Projects: DUR projects are initiated from review of current clinical literature and monthly trends in utilization that may prompt the need for further analysis and the potential need for an intervention. The DUR projects are carefully chosen to maintain a high level quality of care for members by intervening with prescribers and dispensing pharmacists to reduce potential inappropriate prescribing or promote improved drug therapy based on recognized standards of care. Data generated from prescriber responses is used to modify and improve the DUR projects as well as report outcome data to determine the effectiveness of the projects.

PROCESS:
Plan pharmacists are notified by the contracted Pharmacy Benefit Manager, either monthly or quarterly (dependent on the clinical intent of the DUR initiative), of members identified as meeting the requirements for a potential DUR intervention. If deemed appropriate, communications are initiated to providers by phone, fax or via intervention letters. Faxes and

intervention letters may include patient prescription profiles for prescribers to review along with outcome checklists to monitor practitioner response. In most cases a brief but definitive provider communication is sent notifying prescribers of potential concerns or suggestions for improved therapy, while offering providers further detail upon request. Interventions are documented in the care management application.

Prospective DUR Guidelines: Prospective DUR functions are provided at the point-of-sale (POS) and include real-time messaging that can affect dispensing. A compiled database provided by Medispan will generate electronic alerts to dispensing pharmacies via standard POS messaging when potential drug conflicts exist. In most cases, a passive notification is used that is meant to augment the dispensing pharmacy's internal DUR dispensing application and to avoid interruption or delays in drug therapy.

PASSIVE DUR POS MESSAGING	
Drug-Related Problem	**Related Concurrent DUR Alert**
Medication Overuse Medication Underuse	
Non-compliance	- Poor adherence/Failure to receive medication - Underuse precaution
Subtherapeutic dosage	- Low dose alert - Insufficient duration alert
Adverse Drug Events (ADE)	
Drug interaction	- Drug-food interaction - Drug-alcohol interaction

In some cases (such as the pregnancy contraindications below), system edits may require the dispensing pharmacist to override the edit confirming that the issue of concern has been addressed. The prospective DUR system edits use predetermined standards which are based upon the peer-reviewed medical literature and references such as DrugDex, Clinical Pharmacology and American Hospital Formulary Service Drug Information.

DUR REJECTIONS	
Drug-Related Problem	**Related Concurrent DUR Alert**
Medication Overuse	
Overdose/toxicity	- Overuse precaution - Therapeutic duplication
Improper drug selection	- Drug-age precaution - Drug-pregnancy alert

	- Drug-gender alert
Adverse Drug Events (ADE)	
Drug interaction	- Drug-drug interaction (significant)

Retrospective DUR Guidelines: All standard retrospective DUR programs adhere to current standards of drug based screening elements for medications that have limited clinical documentation supporting combination use, carry high risk warnings for concomitant drug therapy, identify overuse, identify underuse or sub-therapeutic dosing of medication, suggest possible fraud and abuse potential or offer other opportunities to improve patient care.

Goals: Standard retrospective drug utilization review goals include:

- Improve prescribing practices by educating prescribers on current practice standards and guidelines and by making recommendations to improve medication therapy.
- Alert prescribers to potential problems, such as drug interactions, drug non-adherence, overutilization, multiple prescribers, and therapeutic duplication with the dual objectives to provide a high quality drug benefit and impact overall drug utilization.
- Educate and communicate to prescribers on the safety, efficacy and pharmacoeconomics of drugs placed on the Preferred Drug List (PDL).
- Identify areas of abuse, misuse or fraud by prescribers or members.
- Improve adherence with essential medications to treat chronic diseases such as diabetes, hypertension, hyperlipidemia, heart failure and asthma.

Patient Specific Review: The plan pharmacist performs an ongoing evaluation of prescription claims to review claims history for potential therapeutic issues using plan specific pharmacy claims data provided by the Pharmacy Benefit Manager. The plan pharmacist reviews the monthly claims data to look for patient or drug specific claims information that may indicate inappropriate pharmacy benefit utilization or patient safety concerns. The plan pharmacist may refer members to case management nurses for member intervention.

REFERENCES: N/A

ATTACHMENTS: N/A

DEFINITIONS: N/A

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PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** OH.PHAR.04

REVISION LOG

REVISION	DATE
Removed "completed in accordance with Centene Health Plan's Utilization Management/Quality Management Work Plan" and inserted "delegated to the pharmacy benefit manager (PBM) utilizing the standards, criteria, protocols and procedures established by Centene, and in accordance with applicable State and federal requirements and NCQA standards. The DUR program has been established and administered in accordance with Centene Health Plan's Utilization Management/Quality Management Work Plan" in the "Policy" section.	06/07
Inserted "in conjunction with the PBM" in the "Pregnancy/Drugs Contraindicated in Pregnancy" section.	06/07
Removed "The plan pharmacist, in conjunction with" in the "Drug-Drug/Disease State Interactions" section.	06/07
Deleted "Outliers will receive a person visit from the clinical pharmacist and/or plan medical director" from the "Patient Specific Review" section.	06/07
Made the following changes in the "Excessive Cost Prescription Claims" section: change $500 to $1,500, added "finding are forwarded to the PBM for pharmacy outreach", deleted "generate summary reports and", and deleted "Drugs that are routinely billed incorrectly are monitored on a quarterly basis. All claims for the product under review are scanned. Claims billed with incorrect quantities are reviewed and reversed".	06/07
Inserted the following sentence to the "Policy" section, "Each DUR project topic is selected and approved by the Health Plan prior to delegation to the PBM for completion."	07/07
Inserted "chosen by the Health Plan" in the "Selection of DUR Projects" section.	07/07
The DUR program is delegated to US Script while working with Corporate Pharmacy and the Health Plans. US Script has completely revamped their DUR process. They are rolling out new DUR projects for each quarter of 2008. The new US Script DUR Program required substantial rewording of CC.PHAR.04 to align with the new process. Moving forward the DUR P&P will be updated at the end of each calendar year to reflect the upcoming DUR programs.	08/08
Complete reworking of the document to integrate the policies and procedures in place at the Health Plans with those at US Script.	02/09
Included the current US Script Retrospective 2009 DUR Schedule in the PROCESS section.	02/09
Revisions completed at this time were made to address clerical errors, align with	02/10

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NCQA standards and language, and represent the work processes in place at both the Plan level and at US Script.	
Teratogenic edit clarified. Other clerical changes made.	02/11
No changes.	02/12
Removed the term "CCMS" and replaced with the more general term "care management application".	02/13
Made changes to the table regarding which DUR situations would trigger a passive DUR alert versus which would cause a reject causing a call to USS.	02/14
No changes necessary at this time.	08/14
Updated to remove the term Corporate Pharmacy Solutions from policy.	08/15
Annual Review	08/16
Changed US Script to Envolve Pharmacy Solutions	11/16
Removed United States Pharmacopoeia Drug Information and Facts and Comparisons as references and added DrugDex	01/18

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

SR. V.P. Medical Affairs or Chief Medical Officer: Approval on file

NOTE: The electronic approval is retained in Compliance 360.