POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	**DOCUMENT NAME:** Drug Utilization Review
PAGE: 1 of 6	**REPLACES DOCUMENT:**
APPROVED DATE: 11/12	**RETIRED:**
EFFECTIVE DATE: 11/12, 2/1/2015	**REVIEWED DATE:** 10/13; 4/14; 11/14, 10/15, 09/16, 1/17; 4/17; 01/18, 01/19; 10/19; 01/20; 101/20
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.PHAR.04

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SCOPE:
Centene Corporate Pharmacy Solutions, Centene Corporate Pharmacy and Therapeutics Committee, Louisiana Healthcare Connections (LHCC) Pharmacy Department, Louisiana Healthcare Connections Pharmacy and Therapeutics Committee, Louisiana Department of Health (LDH) Drug Utilization Review (DUR) Board and Pharmacy Benefit Manager.

PURPOSE:
To define the process of Louisiana Healthcare Connections Drug Utilization Review (DUR). Per Louisiana Department of Health (LDH) contract requirement, section 6.3.7, LHCC shall maintain a drug utilization review (DUR) program to assure that outpatient drugs are appropriate, medically necessary, and are not likely to result in adverse medical results in accordance with Section 1927 (g) of the Social Security Act. DUR (prospective, retrospective and educational) standards established by LHCC shall be consistent with those same standards established by LDH.

LHCC shall follow the safety edits and claims review requirements as specified by the state to comply with the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. LHCC shall follow the states specifications for permitted exclusions from all of the opioid review activities.

POLICY:

1. LHCC shall include review of Mental Health drugs in its prospective, retrospective and educational DUR program.
2. DUR standards shall encourage proper drug utilization by ensuring maximum compliance, minimizing potential fraud and abuse, and take into consideration both the quality and cost of the pharmacy benefit.
3. LHCC shall provide for a DUR program that contains the following components:
   - Prospective DUR program
   - Retrospective DUR program
   - Educational DUR program

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4. DUR initiatives directed by LDH shall be implemented as directed or with written LDH approval of alternative programming reaching the same outcomes. DUR initiatives not or incorrectly implemented may result in monetary penalties of $250 per claim until identified, then $5,000 daily until programming is corrected and implemented.

PROSPECTIVE DUR

1~~4~~. LHCC shall provide for a review of drug therapy at Point of Sale (POS) before each prescription is given to the recipient. Screening should be performed for potential drug problems due to therapeutic duplication, drug-disease, contraindications, drug-drug interactions, duration of therapy, and clinical misuse. The following parameters should be screened at POS. Inappropriate therapy should trigger edits and each edit should have its own separate denial code and description including, but not limited to: early refill, duration of therapy, therapeutic duplication, pregnancy precaution, quantity limit (excluding opioids), quantity limit for long-acting opioids, quantity limit for short acting opioids, diagnosis code required on selected agents, drug interactions, age limit, and dose limits. Reporting capabilities shall exist for these denial codes. **LHCC shall align their coding of NCPDP compliant POS edits and overrides with LDH. Prior authorization is not an acceptable method to override certain POS edits.**

~~**LHCC will need to report data on edits to the Department on a semi-annual basis prior to the submission date requirement of the DUR Annual Report.**~~

2~~5~~. Pharmacy claims processing shall be capable of capturing diagnosis codes at the POS and utilizing codes in the adjudication process at POS. Denial of pharmacy claims could be triggered by an inappropriate diagnosis code or the absence of a diagnosis code. **LHCC shall allow pharmacist overrides on selected POS denials as instructed by LDH. Pharmacist overrides shall utilize NCPDP established standards.**

3~~6~~. LHCC should assure the pharmacist offers to counsel the patient or caregiver. A log of receipt of prescription and the offer to counsel by the pharmacist shall be incorporated into LHCC policy.

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~~4~~7. LHCC shall follow prospective safety edits for opioids including early, duplicate and quantity limits, as specified by the state, to comply with the SUPPORT Act.

~~5~~8. LHCC shall follow maximum daily morphine milligram equivalents (MME) prospective safety edits as specified by the state, to comply with the SUPPORT Act.

~~6~~9. LHCC shall follow the states' clinical authorization criteria for monitoring and managing the appropriate use of antipsychotic medications by children enrolled under the State plan, in order to comply with the SUPPORT Act.

7.~~10~~ Early refill edit on controlled drugs shall be set at 90% used.

RETROSPECTIVE DUR PROGRAM

1~~1~~. LHCC**, in conjunction with LDH,** ~~-~~shall provide for the ongoing periodic examination of claims data to identify patterns of gross overuse, abuse, potential fraud, and inappropriate or medically unnecessary care among prescribers, pharmacist, or recipients.

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~~1~~2. Claims review must be assessed against predetermined standards while monitoring for therapeutic appropriateness. Prescribers and pharmacist should be contacted via an electronic portal or other electronic means if possible. Facsimile and mail will suffice in some instances. **LHCC shall follow retrospective criteria approved at the DUR Board meeting. Retrospective DUR initiatives shall be implemented monthly as directed by LDH pharmacy. LDH approved enrollee profiles shall be sent to providers with the retrospective letters. Additional retrospective DUR initiatives may be implemented by LHCC when previously approved by LDH.**

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~~**At a minimum, LHCC shall incorporate all of LDH's DUR retrospective initiatives. Retrospective DUR initiatives shall be implemented monthly as directed by LDH pharmacy.**~~

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~~1~~3. LHCC shall follow retrospective automated claim reviews of opioid and benzodiazepines concurrent fill review and opioid and antipsychotic concurrent fill reviews on an annual basis, in order to comply with the SUPPORT Act.

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EDUCATIONAL DUR PROCESS

1~~4~~. LHCC shall provide active and ongoing educational outreach programs to educate and inform prescribers and pharmacists on common drug therapy programs with the aim of improving prescribing and/or dispensing practices. The frequency of patterns of abuse and gross overutilization or inappropriate or unnecessary care among prescribers, pharmacist and recipients should be identified.

2~~15~~. LHCC should educate prescribers, pharmacists and members on therapeutic appropriateness when overutilization or underutilization occurs and other clinical initiatives. LHCC will use current clinical guidelines and national recommendations to alert prescribers and pharmacists of pertinent clinical data. Clinical outcomes shall be monitored by LHCC and reported to LDH on a periodic basis established by LDH.

PROCESS:

1. LDH shall review and approve the LHCC's DUR policy and procedures, the standards included therein, and any revisions. At a minimum, the DUR program must include all LDH DUR initiatives. LHCC shall submit new initiatives to LDH for prior approval at least forty-five (45) days in advance of the proposed effective date.

2. LHCC shall provide a detailed description of its DUR program annually to LDH in the CMS template for the DUR annual report. The annual report shall ensure the requirements of 1927(g) of the Act are being met by LHCC DUR program. The annual report to the state will be due thirty (30) calendar days after CMS provides the link.

3~~1~~. LDH will send LHCC specific prospective and retrospective DUR criteria to implement after the state Medicaid DUR Board has reviewed and approved proposed criteria. LHCC and Fee for Service (FFS) Medicaid

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Program will implement new and revised DUR criteria as voted on by the Medicaid DUR Board.

42. The prospective and retrospective DUR initiatives will be presented to the LHCC P&T committee for informational purposes.
53. LHCC will receive the educational DUR material from Corporate Pharmacy. The educational DUR initiatives will be presented to the LHCC P&T committee for review and approval.
64. The educational DUR material will be posted on LHCC website to allow review by prescribers, pharmacists or members.

REFERENCES:

~~**MCO Contract Amendment 11 Section 6.3.7.3.3**~~**Louisiana Medicaid Managed Care Organization Statement of Work Section 6.3.7**

MCO Contract Amendment ~~**18 Section 6.3.7**~~**1**

MCO Contract Amendment 2

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ATTACHMENTS:

DEFINITIONS:

REVISION LOG

REVISION	DATE
Removed the term "CCMS" and replaced with the more general term "Care Management application". Removed Attachment A: 2012 Program	10/13
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. Removed Attachment B: 2013 Program	4/14
LA Procurement 2015 Policy Update	11/14
Changed Corporate Pharmacy Department to "Corporate Pharmacy Solutions Group" in Scope section	10/15
Changed DHH to LDH	09/16
Changed US Script to Envolve Pharmacy Solutions.	1/17

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EPS Compliance updates: Removed Envolve Pharmacy Solutions name from scope and other obligations and replaced with Pharmacy Benefit Manager, Removed Pregnancy Drug Contraindication paragraph, Replaced Cenpatico with Envolve People Care	4/17
Removed United States Pharmacopoeia Drug Information and Facts and Comparisons as references and added DrugDex; added language for DUR requirements from the State.	1/18
Changed PBM system (legacy US Script) to claims processing system. EPS now uses RxClaim and RxAdvance. Changed Medispan to "nationally recognized drug compendia (Medispan or First Data Bank)". RxClaim uses Medispan and RxAdvance uses FDB. Updated the Pregnancy section to reflect the current process and remove the old PBM system process. Added product type to header.	01/19
Updated language to be in compliance with MCO contract Amendment 18 Clarified language referring to educational DUR	10/19
Corporate Annual Review: No changes deemed necessary	01/20
Updated current references	**11/20**
Updated language to be in compliance with Contract Amendment #1, Contract Amendment #2, and Emergency Contract	

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to a physical signature.

Pharmacy & Therapeutics Committee: Approval on file

Director, Pharmacy: Approval on file

Chief Medical Officer: Approval on file