Humana Pharmacy Solutions.	**Policy**	
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Subject: Patient Safety Retrospective Drug Utilization Review (DUR)		Page **1** of **9**
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Introduction

The Drug Utilization Review (DUR) program is structured as a series of separate programs; Prospective, Concurrent and Retrospective. They may be used individually or in combination to form an optimum screening environment.

This policy governs the **Retrospective** portion of the DUR program.

Scope

Drug Utilization Review (DUR) program is designed to advance therapeutic outcomes and improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate, medically necessary, and that they are not likely to cause adverse medical outcomes.

The scope of the Retrospective DUR Program focuses on implementing interventions to increase appropriate medication use regarding three (3) calls to action:

1. Add medication – when treatment is suboptimal
2. Discontinue medication – when treatment is inappropriate/likely to cause harm
3. Modify medication dose – when a medication is overdosed or underdosed/likely to cause harm

Definitions

- ADE: Adverse Drug Events
- CDUR: Concurrent Drug Utilization Review
- CFS: Clinical Formulary Strategies
- CGX: Clinical Guidance Alert
- CMS: Centers for Medicare and Medicaid Services
- DDI: Drug-drug Interaction
- DPT: Duplicate Therapy
- DUR: Drug Utilization Review
- LOB: Line of Business
- P&T: Pharmacy and Therapeutics Committee

- PA: Prior Authorization
- PAC: Pharmacy Analytics & Consulting
- POS: Point of Sale
- PQA: Pharmacy Quality Alliance
- PS: Patient Safety
- OMS: Overutilization Management System
- RDUR: Retrospective DUR
- SME: Subject Matter Expert
- SNRIs: Serotonin and Norepinephrine Reuptake Inhibitors
- SSRIs: Selective Serotonin Reuptake Inhibitors

Program Content

Retrospective reviews are conducted periodically through examination of claims data and other databases, if made available, to identify patterns of inappropriate or medically unnecessary care among enrollees.

Retrospective DUR is performed *after* a drug is dispensed, warns when a potential problem has occurred, it is useful for detecting patterns (e.g. over and underutilization), may assist in cost reduction when medically appropriate and is useful for designing targets for intervention and has a corrective action.

Retrospective DUR program will be utilized as an educational and informative tool for prescribers.

DUR Overview

Initiatives are intended to occur in one or more of the following intervals: Adhoc, daily, weekly, monthly, or quarterly. These initiatives are also designed in collaboration with pharmacy analytics and consulting and/or through clinical rules developed through Transcend Insights clinical engine.

1. The Transcend Insights clinical engine has claims run through daily to identify outlined opportunities to prevent adverse drug events. The clinical rules utilized include several aspects of drug safety concerns, including overutilization, dose optimization, behavioral health, and changes in medication therapy.

2. Clinical criteria or regulatory guidelines (EX: Overutilization Monitoring system (OMS) and/or Acumen reports) are reviewed on a daily, weekly, monthly or ad-hoc basis, based on requirements.
3. Retrospective initiatives include, but are not limited to:
    a. Antipsychotic use in persons with Dementia
    b. Concurrent Use of Opioids and Benzodiazepines
    c. Drug-Drug Interactions (DDI)
    d. Medication Adherence (Diabetes Medications, Hypertension, Cholesterol (Statins), and (HIV/AIDS (Antiretroviral (ARVs))
    e. Opioid Overutilization (OHD, OMP, OHDMP, Narcotics Overutilization)
    f. Statin use in Persons with Diabetes (SUPD)
    g. Polypharmacy of CNS Medications
    h. Sub-Optimal Medication Dosing
    i. Antipsychotic and Antidepressant Adherence
4. Any identified outliers for the regulatory guidelines (Ex: Overutilization Monitoring System (OMS)) are reviewed and an action plan is created with the appropriate area for implementation and correction of the issue/concern. After the analysis and resolution of the concern, a corrective action plan is submitted to CMS within the thirty-day (30) follow-up period.
5. Quarterly, claims are examined for potential intervention opportunities. Areas reviewed are drug/drug interactions, drug/disease interactions, overuse (early refill), age/gender related contraindications, drug-allergy contraindications, preferred products, duplicate therapy monitoring, minimum and maximum dosage ranges, step therapy protocol and maximum daily consumption.
6. If a potential opportunity is discovered, intervention letters are sent to any impacted providers who ordered a drug relevant to the identified opportunity. An intervention consists of an informational letter to the prescriber, a response form for the prescriber to complete and return via fax, and a patient report. We also encourage impacted providers to coordinate any changes in medication therapy with member's primary care physician in order to establish a co-ordination-of–care plan.

7. Interventions may also be in the form of provider newsletter, fax-blast to pharmacies or providers, Web Postings, and/or a change in policy.
8. Data on prescribed drugs is collected and processed into a profile to identify patterns of inappropriate drug therapy for later corrective intervention. The focus of the profile may be the physician, the pharmacist, the patient, drug class(s) or disease state management.
9. In many cases, therapy may be complete, but the information may be helpful in avoiding future incidences of an ADE. The logic [*therapeutic or utilization criteria*] of the program focuses on intervention for higher risk drug related problems. The specific drug related problem, patients' age, number of physicians and pharmacists involved, and additional drugs are used to calculate risk. Therapeutic criteria:
    a. Drug-drug interactions - This criterion will identify members who are receiving two or more drugs that, when taken together, can cause unpredictable or less desirable effects.
    b. Drug-disease interactions - This criterion will identify members who are receiving drugs that may worsen or precipitate medical conditions.
    c. Utilization Criteria: -
        i. Overutilization - This criterion identifies members who receive drugs at excessive dosage levels or for inappropriate amounts of time. These patients may be at an elevated risk for adverse drug events (ADE) and drug induced medical conditions.
        ii. Underutilization - This criterion identifies members who may be noncompliant with their maintenance medications. Noncompliance places the member at unnecessary risk for increased morbidity/mortality.
10. The general purpose of communications is to provide information on the findings of, and to solicit feedback on the identified issue as related to the Retrospective DUR initiatives. These communications also can assist in the coordination with a member's primary care provider and specific condition provider for transparency of member's care.
11. Retrospective DUR supports concurrent DUR, which relies on the dispensing pharmacist to contact prescribers about an identified drug-related problem.

12. Effective monitoring for the prevention and detection of fraud, waste and abuse will be managed through a retrospective analysis of prescription claims data. This analysis will be used for the following purposes:
    a. Identify prescriptions filled by particular enrollees
    b. Identify the number of prescriptions filled for suspect classes of drugs
    c. Identify possible therapeutic abuse or illegal activity by enrollees and or prescribers
    d. Identify possible doctor shopping schemes.
    e. Identify script mills (i.e., identify and evaluate travel distance between physician provider and dispensing pharmacy if greater than normal distances traveled based on patient locale)

Campaign Methodology

Clinical initiatives or campaigns are selected based on one (1) or more of the four (4) areas; Regulatory, Patient Safety, Quality and Cost Savings. Regulatory Compliance is mandated by CMS or State initiatives driven by guidance concerning member safety, quality, or cost savings.

The areas of focus for Retrospective DUR in the current plan year will include, but are not limited to: Opioid Overutilization and Pain Management, and Behavioral Health. Several initiatives will be explored based on these two (2) focuses.

1. Opioid Overutilization and Pain Management
    a. Reduce opioid overutilization/ inappropriate use
    b. Prevent adverse drug events
    c. Improve opioid use disorder treatment
2. Behavioral Health
    a. Prevent adverse drug events
    b. Encourage optimal use/ adherence

Retrospective campaigns are developed and implemented through Planning, Design/development, Implementation and Evaluation.

1. Planning:

a. Develop Campaign initiative

i. Claims are reviewed to identify patterns of inappropriate or medically unnecessary care by condition, specific drug or groups of drugs.

ii. In addition to claim review, input may be received from the following: Adverse Drug Event Review, Pharmacy analytics, Medication Error Reporting, Regulatory requirements (e.g. CMS, NCQA, HEDIS, URAC, State etc.) and Clinical Interventions. The DUR Team will identify internal and external benchmark measures and outcomes.

b. Request Data

i. Analyze and Evaluate data to determine opportunities

ii. Quantify opportunities for impact

iii. Determine the course of action of the intervention

2. Design and Develop: The DUR team will collaborate with Clinical Leads/SMEs for the following:

a. Development of the clinical criteria with pharmacy analytics team and/or clinical rule in the Transcend Insight engine based on data analysis.

b. Obtain alignment of Initiative goals including but not limited to targeted population, exclusions, type of communication, call to action of communications, timing of initiative, etc.

c. Documentation of requirements and sign off with pharmacy analytics partners.

d. Communications to fully articulate the call to action of initiative

e. Data collection tools with Conduent database for provider response tracking purposes.

f. Alignment with pharmacy analytics team for outcomes and reporting of operational and clinical metrics.

3. Implementation

a. Upon evaluation of the collected data, profiles will be generated and reviewed by the DUR team for clinical importance based on the

established criteria and the appropriate intervention will be implemented.

b. Data will be submitted to the DUR Provider Tracking database for tracking and outcomes, monitoring and measures.

4. Evaluation and Analyze

a. Analysis of the collected data (returned profiles from targeted physicians/member profiles) will be completed and aggregate reports prepared.

b. The DUR Team will compare this aggregate data to the established internal and external benchmark and outcomes for additional evaluation and or intervention.

c. Findings and Conclusions will be formulated and presented to the P&T Committee.

d. The P&T Committee may identify additional improvement opportunities, if any.

e. If additional opportunities are identified or requested, the DUR Team will re-evaluate, develop and implement a revised DUR strategy.

Governance

Humana will provide clinical representation for both internal and external committees/ boards.

1. Humana will participate in external Pharmacy & Therapeutics (P&T) committees as required by regulatory needs by CMS. Humana will also participate in any Drug Utilization Review Boards as required by regulatory needs.

2. Humana's internal P&T Committee has a responsibility to review and make decisions about the appropriate use of drugs, biologics, and select non-drug pharmacy related products. This charge may be relevant in many contexts including but not limited to:

- Clinical Edits
- Drug Utilization Review
- Consumer Programs

- Contracting
- Networks

Clinical decisions will be reviewed and approved by Humana's Pharmacy & Therapeutics (P&T) Committee, as needed. All clinical policies and procedures are reviewed and approved by the P&T Committee on an annual basis. Humana's P&T Committee is available to provide clinical oversight, guidance and approval for pharmacy clinical programs and formulary decisions before implementation. Criteria for prior authorization and step therapy programs are available upon request to members and practitioners at no cost. Pharmacy Coverage policies are made available, either verbally or in writing, to practitioners and members upon request. The process to obtain the criteria is communicated annually in the provider newsletter and in the formulary guides available on Humana.com.

Date	Revision Description	Author
12-14-11	Annual Review	Phyllis Brooks
12-13-12	Annual Review	Phyllis Brooks
06-13-13	Updates for review in regulation changes	Phyllis Brooks
07-23-14	Annual Review	Phyllis Brooks
07-23-15	Annual Review	Phyllis Brooks
07-13-17	Annual Review	Phyllis Brooks
05-03-18	Updates for regulatory changes	Phyllis Brooks
05-16-19	Annual Review	Phyllis Brooks
02-20-20	Updated for 2020	Becca Wray/ Anita Desai-Naik
08-18-21	Updated care co-ordination verbiage for Medicaid compliance, updated process and roles and responsibilities	Laura Grant/Anita Desai-Naik

Approver	*Title and/or Role*	*Date Approved*	*Method of Approval*
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Jay McKnight	Director, HPS, Clinical Strategies	07-23-15	Electronic
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Jay McKnight	Director, HPS, Clinical Strategies	05-16-19	Electronic
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Lauren Esterly	Associate Vice President, Clinical Pharmacy HPS Patient Safety Programs	12-15-21	P&P Process Electronic