

**1024 – DRUG UTILIZATION REVIEW**

EFFECTIVE DATES: 10/01/21

APPROVAL DATES: 06/01/21

**I. PURPOSE**

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy specifies requirements for the Contractor and FFS Programs to develop an integrated process or system related to the Drug Utilization Review. The Contractor is responsible for adhering to all requirements for medical management as specified in Contract, Policy, 42 CFR Part 457, and 42 CFR Part 438.

**II. DEFINITIONS**

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

**III. POLICY****REQUIREMENTS FOR DRUG UTILIZATION REVIEW**

The Contractor and Division of Fee-For-Service Management (DFSM) shall develop and implement a system, including policies and procedures for retrospective, concurrent and prospective processes, coverage criteria and processes for their Drug Utilization Review (DUR) programs.

1. Criteria coverage for decisions shall be based on medical necessity, be clearly documented and based on the scientific evidence and standards of practice that include, but are not limited to, peer-reviewed medical literature, outcomes research data, official compendia, or published practice guidelines developed by an evidence-based process.
2. The Contractor and DFSM shall manage a DUR program through the point-of-sale edits used by network pharmacies and the Pharmacy Benefit Manager's (PBM) electronic DUR system. The DUR system, at minimum, shall be able to identify and address the following areas of concurrent review that includes, but is not limited to:
  - a. Preferred and non-preferred federally and state reimbursable drugs prior to dispensing,
  - b. Drug-drug interactions,
  - c. Excessive doses,
  - d. High and suboptimal dosages,
  - e. Over and under utilization,

- f. Drug-pregnancy precautions,
  - g. Drug-disease interactions,
  - h. Duplicate therapy, and
  - i. Drug-age precautions.
3. The Prospective Review Process shall promote positive health outcomes through the use of Prior Authorization (PA) to ensure clinically effective medications are used in the most cost-efficient manner and the AHCCCS Preferred Drugs are utilized as specified in AMPM Policy 310-V. Prospective Utilization Review edits include but are not limited to the following:
  - a. Drug-allergy interactions,
  - b. Drug-disease contraindications,
  - c. Therapeutic interchange,
  - d. Generic substitution,
  - e. Incorrect drug dosage,
  - f. Inappropriate duration of drug therapy,
  - g. Medication abuse/misuse, and
  - h. Agents preferred on the AHCCCS Drug List.
4. The Retrospective Drug Utilization Review process shall be completed to detect aberrant prescribing practice patterns, pharmacy dispensing patterns and medication administration patterns to prevent inappropriate use, misuse or waste. Retrospective Utilization Reviews include but are not limited to the following:
  - a. Clinical appropriateness, use and misuse,
  - b. Appropriate generic use,
  - c. Drug-drug interactions,
  - d. Drug-disease contraindications,
  - e. Aberrant drug dosages,
  - f. Inappropriate treatment duration,
  - g. Member utilization for over and underutilization,
  - h. Prescriber clinician prescriptive ordering and practice patterns, and
  - i. Pharmacy dispensing patterns.
5. The CHP Contractor shall develop tracking and trending specific to CHP members being prescribed psychotropic medications. If providers are found to be prescribing four or more concurrent psychotropic medications to CHP members, CHP shall conduct a comprehensive chart review for each CHP member. The chart reviews shall be completed by a subject matter expert (board eligible or certified child and adolescent psychiatrist).
6. The Contractor shall evaluate prescribing practice patterns on drug therapy outcomes based on utilization patterns with the aim of improving safety, prescribing practices and therapeutic outcomes. The program shall include a summary of the educational interventions used and an assessment of the effect of these educational interventions on the quality of care.

7. The Contractor shall assign members to an exclusive pharmacy or prescriber as specified in AMPM Policy 310-FF. The Contractor shall report, as specified in Contract, members assigned to an exclusive pharmacy, provider or both utilizing AMPM Policy 1024, Attachment A, and prior to implementing changes to Contractor's Interventions and Parameters exclusive pharmacy and/or single prescriber process. The Contractor shall also provide prescribing clinician and dispensing pharmacy aberrant utilization.
  
8. The Contractor shall perform DUR as required for the Federal Opioid Legislation (42 USC 1396A(OO)) and report DUR activities to AHCCCS in accordance with CMS DUR requirements as specified in Contract. AHCCCS and its Contractors shall implement automated processes to monitor the following:
  - a. Opioid safety edits at the Point-of-Sale,
  - b. Member utilization when the cumulative current utilization of opioid(s) is a Morphine Equivalent Daily Dose (MEDD) of greater than 90,
  - c. Members with concurrent use of an opioid(s) in conjunction with benzodiazepine(s) and/or antipsychotic(s),
  - d. Antipsychotic prescribing for children, and
  - e. Fraud, waste and abuse by enrolled members, pharmacies and prescribing clinicians.