

1024 – DRUG UTILIZATION REVIEW

EFFECTIVE DATES: 10/01/21, 05/16/23, 10/02/25

APPROVAL DATES: 06/01/21, 05/11/23, 07/03/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), the Tribal ALTCS, the TRBHA; and all FFS populations, excluding the Federal Emergency Services Program (FESP). (For FESP, 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. In addition, it specifies the minimum requirements to ensure members receive clinically appropriate prescriptions. These requirements are also referred to as interventions.

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

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy

III. POLICY

A. REQUIREMENTS FOR DRUG UTILIZATION REVIEW

The Contractor and AHCCCS Administration for FFS Programs, 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. The Criteria for coverage 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:
 - a. Peer-reviewed medical literature,
 - b. Outcomes research data,
 - c. Official compendia, or
 - d. Published practice guidelines developed by an evidence-based process.

2. The Contractor and the AHCCCS Administration for FFS, shall manage a DUR program through the point-of-sale edits used by network pharmacies and the Pharmacy Benefit Manager's (PBMs) 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. The 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 or AHCCCS Administration for FFS members 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 or AHCCCS Administration for FFS members shall perform DUR as required for the Federal Opioid Legislation [42 USC 1396A(oo)]. The Contractor shall report DUR activities to AHCCCS in accordance with Centers for Medicare and Medicaid Services (CMS) DUR requirements as specified in Contract. AHCCCS Administration for FFS members and its Contractors shall implement automated processes to monitor the following:
 - a. Opioid safety edits at the Point-of-Sale,
 - b. The member utilization when the cumulative current utilization of opioid(s) is a Morphine Equivalent Daily Dose (MEDD) of greater than 90 Morphine Milligram Equivalents (MME),
 - c. The 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.

B. MINIMUM MONITORING REQUIREMENTS

The Contractor and the AHCCCS Administration for FFS are required to monitor controlled and non-controlled medications on an ongoing basis. Monitoring shall include, at a minimum, the evaluation of prescription utilization by members, prescribing patterns by clinicians and dispensing by pharmacies. Drug utilization data shall be used to identify and screen high-risk members and providers who may facilitate drug diversion.

The Contractor and AHCCCS Administration for FFS shall at a minimum be:

1. Monitoring the requirements to determine potential misuse of the drugs used in the following therapeutic classes this list includes:
 - a. Atypical Antipsychotics,
 - b. Benzodiazepines,
 - c. Hypnotics,
 - d. Muscle Relaxants,
 - e. Opioids, and
 - f. Stimulants.
2. Utilizing the following resources, when available, for their monitoring activities:
 - a. Prescription claims data,
 - b. Arizona State Board of Pharmacy,
 - c. Controlled Substance Prescription Monitoring Program (CSPMP),
 - d. Indian Health Service (IHS) and Tribal 638 pharmacy data,
 - e. The ACC-RBHA prescription claims data, and
 - f. Other pertinent data.
3. Evaluation of the prescription claims data at a minimum, quarterly, to identify:
 - a. Medications filled prior to the calculated days-supply,
 - b. Number of prescribing clinicians,
 - c. Number of different pharmacies utilized by the member, and
 - d. Other potential indicators of medication misuse.

C. MINIMUM INTERVENTION REQUIREMENTS

The Contractors and the AHCCCS Administration for FFS shall implement interventions to ensure members receive the appropriate medication, dosage, quantity, and frequency. Contractors may implement additional interventions and more restrictive parameters for #4 below. Minimum interventions required include:

1. Point-of-Sale (POS) safety edits and quantity limits.
2. Care/case management.
3. Referral to, or coordination of care with, a behavioral health service provider(s) or other appropriate specialist.
4. Assignment of members who meet any of the evaluation parameters in Table 1 to an exclusive pharmacy, in accordance with 42 CFR 431.54, for up to a 12-month period except for the members in a.- c. below. The Contractors may assign members who meet these parameters to a single prescriber in addition to the assignment to an exclusive pharmacy. The members with one or more of the following conditions shall not be subject to the intervention requirements described in Section C. # 1-4:
 - a. Members in treatment for an active oncology diagnosis,
 - b. Members receiving hospice care, or
 - c. Members residing in a Skilled Nursing Facility (SNF).

TABLE 1: PROGRAM EVALUATION CRITERIA

EVALUATION PARAMETER	MINIMUM CRITERIA FOR INITIATING INTERVENTIONS
OVER-UTILIZATION	<p>The member utilized the following in a three month time period: ≥ Four prescribers; and ≥ Four different abuse potential drugs; and ≥ Four pharmacies.</p> <p style="text-align: center;">OR</p> <p>The member has received 12 or more prescriptions of the medications listed in section in the past three months.</p> <p style="text-align: center;">OR</p> <p>The member presenting to Emergency Department (ED) for Overdose (OD).</p>
FRAUD	<p>The member has presented a forged or altered prescription to the pharmacy.</p>

5. A member who is assigned to an exclusive pharmacy and/or an exclusive prescriber for up to 12 months shall be provided a written notice detailing the factual and legal bases for the restriction. This restriction shall be treated as an “action” pursuant to AAC R9-34-202 and AAC R9-34-302. The notice shall inform the member of the opportunity to file an appeal for a state fair hearing and the timeframes and process for doing so as described in AAC Title 9, Chapter 34, Articles 2 or 3. Neither AHCCCS nor the Contractor shall implement the restriction before providing the member notice and opportunity for a hearing. If the member has filed an appeal for a State fair hearing, no restriction shall be imposed until:
 - a. The Director’s decision has affirmed the restriction,
 - b. The member has voluntarily withdrawn the appeal or request for hearing, or
 - c. The member fails to file an appeal for a State fair hearing in a timely manner. The Contractors and the AHCCCS Administration for FFS members shall utilize Attachment B.
6. At the end of the designated time period, the Contractor shall review the member’s prescription and other utilization data to determine whether the intervention will be continued or removed. The Contractor shall 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 Contractor shall include instructions for the appeals/fair hearing process in the notification letter to the member.
7. The intervention of assigning an exclusive pharmacy and/or provider does not apply to emergency services furnished to the member. The Contractor shall ensure that the member has reasonable access to AHCCCS covered services, considering the geographic location and reasonable travel time. The Contractors shall 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:
 - a. Emergencies defined as medical services provided for non-FES members 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:
 - i. Placing the member’s health in serious jeopardy,
 - ii. Serious impairment to bodily functions, or
 - iii. Serious dysfunction of any bodily organ or part.
 - b. The medication is out-of-stock at the exclusive pharmacy, or
 - c. The exclusive pharmacy is closed.
8. The Contractor shall engage members who experience an OD during any encounter, including interactions with first responders, Emergency Department (ED) visits, or other medical or community-based facilities to provide Substance Use Disorder (SUD) education and treatment options:
 - a. The Contractor shall contact members upon receipt of notification within 48 hours of the ED or other facility OD incident, and
 - b. The Contractor shall educate members that have presented in an OD status at the ED or other facility on how to obtain naloxone at the pharmacy under the standing order.

D. REPORTING REQUIREMENTS

1. The Contractor shall identify cases of member deaths due to medication poisoning/OD or toxic substances must be referred to the Contractor's quality management staff for research and review. Providers serving FFS members shall provide notification of cases involving member deaths through the submission of Incident, Accident, and Death (IAD) reports to AHCCCS through the AHCCCS Quality Management System Portal (AHCCCS QM Portal) no later than 24 hours after discovery, as specified in AMPM Policy 830.
2. The Contractor and provider serving FFS members shall report all suspected Fraud, Waste, and Abuse (FWA) to the appropriate entity.
3. The Contractor shall submit to AHCCCS Attachment A, as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverables. The report includes members assigned to a pharmacy and/or prescribing clinician and the number of members which on the date of the report are assigned to using an exclusive pharmacy or prescriber/providers due to excessive use of prescriptive medications (narcotics and non-narcotics). The Contractor shall also provide prescribing clinician and dispensing pharmacy aberrant utilization.
4. The Contractor is also required to submit to AHCCCS Changes to Interventions and Parameters to Contractor's Exclusive Pharmacy and/or Single Prescriber Process as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverables, when the Contractor changes and implements additional interventions and more restrictive parameters.
5. The AHCCCS Administration will work with all appropriate entities regarding the implementation of the interventions outlined above on an as-needed basis.