

DRUG UTILIZATION REVIEW (DUR)

Program overview

DHCF – 2006

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DUR

- Legal basis
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- Definitions
- Board membership
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DUR: Legal Basis

- Federal law requires each state Medicaid program to develop a a DUR program, including establishing a DUR Board. DUR activities must include:
 - ✓ Retrospective DUR
 - ✓ Prospective DUR
 - ✓ Educational activities and interventions
- Omnibus Budget Reconciliation Act of 1990 (OBRA 90), 42 CFR Part 456 Utilization Control, subpart K— Drug Use Program and Electronic Claims Management System for Outpatient Drug Claims.
- Program must be effective by January 1993

DUR Board Responsibilities

- Review and make recommendations about predetermined standards for retrospective and prospective DUR criteria.
- Evaluate the use of predetermined standards concerning modification or elimination of existing standards or the addition of new ones.

DUR BOARD MEMBERSHIP

- At least one-third, but not more than 51 percent must be physicians.
- At least one-third must be pharmacists.
- The physicians and pharmacists must be actively practicing and licensed.

What is DUR?

- DUR is Drug Utilization Review. There are three required activities for DUR: Prospective and Retrospective as well as Educational Programs and Interventions.



DUR: Purpose

“To improve the quality of pharmaceutical care by insuring prescriptions are appropriate, medically necessary, and that they are not likely to result in adverse medical results.”

Prospective DUR

- Review of drug claims that have been verified as payable through the point of sale system.
- Since this review occurs prior to the dispensing of the drug, the primary audience for follow up is pharmacists.
- Some predetermined standards include:
 - ✓ Early refill.
 - ✓ Drug-Drug Interaction.
 - ✓ Overutilization.

What has Wisconsin Medicaid done with DUR?

- **Prospective DUR**
 - ✓ Improve the quality and cost effectiveness of drug use.
 - ✓ Verify prescriptions dispensed are appropriate, medically necessary and not likely to result in adverse drug events.
 - ✓ Verification occurs before the drug is dispensed.
 - ✓ Allows pharmacist an opportunity to perform patient counseling.

What has Wisconsin Medicaid done with DUR?

- **PROSPECTIVE DUR: Specific projects**
 - ✓ Review of pharmacy use of alerts with targeted letter interventions to outliers.*
 - ✓ Preparation of drug list for point of sale (POS) monitoring to avoid adverse drug reactions (ADE) – Drug/Drug; Drug/Diagnosis; etc.*
- *Educational programs and interventions developed as a result of prospective DUR reviews.

Retrospective DUR

- Monthly review of drug claims data for potential drug use problems.
- Since this review occurs after the drugs have been dispensed, the primary audience for follow up is the prescriber.
- Some predetermined standards include:
 - ✓ Overutilization
 - ✓ Therapeutic duplication
 - ✓ Additive Toxicity

What has Wisconsin Medicaid done with DUR?

- **Retrospective DUR**
 - Primary audience is the prescriber
 - Also provides for additional monitoring of appropriate prescribing
 - Detect fraud, abuse, overuse or medically unnecessary use of medication.
 - Recipient and prescriber targets are identified for educational intervention(s).

What has Wisconsin Medicaid done with DUR?

- Retrospective DUR projects:
 - Analysis of anti-emetic drug use
 - Off-label use of epileptic drugs
 - Asthma interventions
 - Post-MI intervention

These were educational programs and interventions developed as a result of retrospective DUR reviews.

DUR Board Responsibilities

- Educational programs – including interventions
 - ✓ Identify and develop educational topics to improve prescribing and dispensing practices.
 - ✓ Recommend appropriate interventions based on in-depth review of claims review of claims data
 - ✓ Periodically re-evaluate and modify interventions, if necessary

Educational Programs and Interventions

- Based on findings from reviews of Prospective and Retrospective DUR, the Board identifies and develops educational topics to improve prescribing and dispensing practices.

What has Wisconsin Medicaid done with DUR?

- **Recipient Lock-in**
 - Coordinate the provision of health care services for recipients who abuse or misuse Medicaid benefits
 - Improve the quality of care for the recipient and reduce unnecessary physician and pharmacy utilization
 - Allow recipient reasonable access to necessary Medicaid services

Recipient Lock-in: how it works

- Candidates for Lock-In come from referrals from retroDUR, physicians, pharmacists, and other health care providers
- Decision Support Tool is an automated process for identifying recipients for potential lock-in.
- 6 months of pharmacy claims and diagnosis data reviewed by pharmacist
- APS provides recommendations including:
 - Alert letter to physicians
 - Warning letter to recipient
 - Lock-In

Recipient Lock-in: how it works (con't)

- If the recipient is recommended for lock-in and Division of Health Care Financing (DHCF) agrees, then the recipient:
 - Receives letter of intent to lock-in
 - Letter explains restrictions to be applied
 - How to designate a physician and pharmacy
 - How to request a hearing – within 15 days
 - If recipient fails to designate providers the RLP may assign providers based on claims history

Recipient Lock-in: how it works (con't)

- **APS oversees coordination of care for 24 months of lock-in enrollment**
 - Monitor claims payment
 - Track physicians, pharmacies and referrals
 - Respond to provider and recipient inquiries
 - One month before recipient's scheduled release paid and denied pharmacy claims are reviewed for compliance with guidelines

DRUG UTILIZATION REVIEW

Annual Objectives

- SFY 2006
 - On the basis of paid claims analysis choose and complete two interventions to improve utilization of pharmacy benefit
 - Review current alerts that are monitored on a quarterly basis and recommend changes to improve monitoring results
 - Choose two newsletter topics based on subjects chosen by participating pharmacists

DRUG UTILIZATION REVIEW Staff

- Staff
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