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# ForwardHealth UPDATE

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## ACTIVATION OF NEW PROSPECTIVE DRUG UTILIZATION REVIEW ALERT—HIGH CUMULATIVE DOSE

This ForwardHealth Update announces the activation of the high cumulative dose (HC or high MME) prospective drug utilization review (DUR) alert, effective June 1, 2020. This Update also clarifies other DUR policies.

The activation of the HC prospective DUR alert is a result of analysis and recommendations to the DUR Board by the Wisconsin Department of Health Services and through the federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

### Overview of the SUPPORT for Patients and Communities Act

Aimed at reducing opioid use, the federal SUPPORT for Patients and Communities Act was signed into law in October 2018.

**AFFECTED PROGRAMS**
BadgerCare Plus, Medicaid, SeniorCare

**TO**
Pharmacies, HMOs and Other Managed Care Programs

**OPIOID RESOURCES**
- Guidance on Becoming an Opioid Treatment Provider
- Opioids: Summary Data Dashboard
- Dose of Reality
- Wisconsin Addiction Recovery Helpline

The information provided in this ForwardHealth Update is published in accordance with Omnibus Budget Reconciliation Act of 1990 and Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018.

WISCONSIN DEPARTMENT of HEALTH SERVICES

The SUPPORT for Patients and Communities Act includes provisions for the federal Medicaid program to help states such as Wisconsin with providing coverage and services (that is, treatment, prevention, recovery, and enforcement) for members who need treatment for substance use disorders and especially for those needing treatment for opioid use disorders. Section 1004 (pages 17–20) of the SUPPORT for Patients and Communities Act has provisions related to the DUR program. Included in Section 1004 of the SUPPORT for Patients and Communities Act is a requirement for state DUR programs to have in place a safety edit (prospective DUR alert) on the maximum daily morphine equivalents that can be prescribed for the treatment of chronic pain.

## High Cumulative Dose Alert

Effective June 1, 2020, the high cumulative dose (HC or high MME) prospective DUR alert will be activated when a drug being dispensed has a dose that is equal to or greater than 90 MME on the current claim.

**Effective June 1, 2020, the high cumulative dose (HC or high MME) prospective DUR alert will be activated when a drug being dispensed has a dose that is equal to or greater than 90 MME on the current claim.**

MMEs will be calculated based on the drug ingredient, strength, and the days' supply indicated on the noncompound drug claim. This is an approximation of the daily MME for the claim. This prospective DUR alert does not calculate a cumulative daily MME and does not consider other opioids the member may be taking. Buprenorphine products and all liquids, including methadone for medication-assisted therapy will be excluded from the prospective DUR alert. However, methadone for pain will be included in the prospective DUR alert.

Pharmacy providers are to perform an appropriate review and counseling of the member considering their overall medication use.

Pharmacy providers will not be required to respond to the HC prospective DUR alert. This prospective DUR alert will be informational only.

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## Prospective Drug Utilization Review Clarifications

### The Prospective Drug Utilization Review System

#### *Claims Reviewed by the Prospective Drug Utilization Review System*

Under the prospective DUR system, only reimbursable noncompound drug claims for BadgerCare Plus, Medicaid, and SeniorCare members submitted through the real-time pharmacy Point-of-Sale system are reviewed. Although paper claims and compound drug claims are not reviewed by the prospective DUR system, pharmacy providers are still required under provisions of the Omnibus Budget Reconciliation Act of 1990 to independently perform prospective DUR.

#### *Claims for Assisted Living Facility, Group Home, and Nursing Facility Members*

Noncompound drug claims submitted through the real-time pharmacy Point-of-Sale system for assisted living facility, group home, and nursing facility members are reviewed through the prospective DUR system. Providers are required to respond to all prospective DUR alerts for members in an assisted living facility, group home, or nursing facility, with the exception of insufficient quantity (NS or three-month supply), high cumulative dose (HC or high MME), and underuse precaution (LR or Late Refill). The assisted living facility, group home, or nursing facility pharmacist consultant is responsible for prospective DUR.

#### *Informational Prospective Drug Utilization Review Alerts*

Some prospective DUR alerts are informational. Informational prospective DUR alerts will be posted on the National Council for Prescription Drug Programs (NCPDP) real-time response but will not cause the claim to deny. These prospective DUR alerts are intended to provide the dispensing pharmacy with the DUR information without causing a claim denial. Insufficient quantity (NS or three-month supply) is a current informational prospective DUR alert. Of note, certain drugs monitored by the NS

Providers will see the following prospective DUR alert message on the claim when a high cumulative dose (HC or high MME) informational prospective DUR alert is activated:

Claim MME is xxxxx. Caution.

Consider naloxone for 50 MME or greater.

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prospective DUR alert are not informational and require the provider to contact the Drug Authorization and Policy Override (DAPO) Center to obtain an override. The high cumulative dose (HC or high MME) informational prospective DUR alert will be effective June 1, 2020.

### *Overriding Prospective Drug Utilization Review Alerts*

When a noncompound drug claim is processed for a drug that has the potential to cause problems for a member, BadgerCare Plus, Wisconsin Medicaid, or SeniorCare will return a prospective DUR alert to inform the pharmacy provider about the potential problem. The provider is then required to respond to the prospective DUR alert to obtain reimbursement. Providers are required to resubmit the claim and include information about the action taken and the resulting outcome.

When pharmacy providers submit noncompound drug claims or reversals with a response to a prospective DUR alert, at a minimum, the following fields are required:

- Reason for Service Code (NCPDP field 439-E4)
- Professional Service Code (NCPDP field 440-E5)
- Result of Service Code (NCPDP field 441-E6)

Prospective DUR allows pre-overrides if a drug in the member's claims history will activate an alert for a drug that will be dispensed from the same pharmacy. Providers may not pre-override claims for certain drugs for which the overuse precaution (Early Refill or ER) prospective DUR alert will activate.

When multiple prospective DUR alerts are returned on a claim, and one of the prospective DUR alerts is an informational alert, providers cannot override the prospective DUR alerts by responding solely to the informational prospective DUR alert. To override a prospective DUR alert, providers are required to respond to at least one prospective DUR alert other than an informational prospective DUR alert to obtain reimbursement.

For certain drugs, pharmacy providers are required to call the DAPO Center to obtain an override.

If providers receive a prospective DUR alert and subsequently receive an override through the DAPO Center, the prospective DUR alert override is not required on the resubmitted claim. If multiple prospective DUR alerts are received for a claim and an override from the DAPO Center is obtained for one

## CONTACT INFORMATION

- DAPO Center, 800-947-9627
- Provider Services, 800-947-9627

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prospective DUR alert, providers may be required to override the additional prospective DUR alerts, as appropriate.

Providers are strongly encouraged to contact their software vendors to ensure that they have access to these necessary fields. Providers may also refer to the ForwardHealth Payer Sheet: National Council for Prescription Drug Programs (NCPDP) Version D.0, P-00272, for information about NCPDP transactions.

## Edits and Audits

The claims processing system includes certain edits and audits. Edits check the validity of data on each individual claim. For example, a claim with an invalid National Drug Code will be denied with an edit. In contrast, audits review claim history. For example, if the same claim is filed at two different pharmacies on the same day, the claim at the second pharmacy will be denied with an audit.

Only payable claims that are not denied by an edit or audit are submitted to prospective DUR. Prospective DUR alerts inform providers of potential drug therapy problems.

## Prospective Drug Utilization Review Alerts

### *Overuse Precaution*

The overuse precaution (ER or Early Refill) prospective DUR alert for a claim is activated when the drug, drug strength, and dosage form on that claim matches the drug, drug strength, and dosage form on another claim in ForwardHealth claims history for which the threshold percentage of the days' supply remains on the prescription fill/refill. The prospective DUR alert will indicate the date that the drug can be refilled without activating the prospective DUR alert.

| DAYS' SUPPLY | THRESHOLD |
|---|---|
| 6–9 days' supply | 65% threshold |
| 10–34 days' supply | 80% threshold |
| 35–100 days' supply | 85% threshold |

All drugs will be subject to this prospective DUR alert, with the exception of:

- Drugs listed on the Quantity Limit Drugs and Diabetic Supplies data table.
- Drugs with a five days' supply or less.

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Pharmacy providers are required to respond to the prospective DUR alert to obtain reimbursement. ForwardHealth recommends that pharmacy providers document the reason for manual overrides of the ER prospective DUR alert.

For certain drugs monitored by the ER prospective DUR alert, pharmacy providers are required to call the DAPO Center to obtain an override. A comprehensive list of drugs monitored by the DAPO Center for the ER prospective DUR alert is available to providers on the Pharmacy provider-specific resources page of the ForwardHealth Portal. The thresholds described above also apply to ER prospective DUR alerts that must be overridden by the DAPO Center.

### *Early Refill Prospective Drug Utilization Review Overrides by the Drug Authorization and Policy Override Center*

Examples of when an ER override request may be approved through the DAPO Center include, but are not limited to, the following:

- The member has an appropriate medical need (for example, the member's medications were lost or stolen, the member has requested a vacation supply, or the member was involved in a natural disaster).
- The member has been taking too much of a medication because they misunderstood the directions for administration from the prescriber.
- The prescriber changed the directions for administration of the drug and did not inform the pharmacy provider.

Pharmacy providers should call prescribers to verify the directions for use or to determine whether or not the directions for use changed.

If the DAPO Center pharmacist determines that it is not appropriate to refill the drug early, the pharmacy may instruct the member to return to the pharmacy to pick up the refill after the proper threshold percentage of the days' supply has been taken. Providers may refer to NCPDP field 544-FY (DUR Free Text Message) to determine the date that the member may pick up the refill of a drug.

### *Insufficient Quantity*

The insufficient quantity (NS or three-month supply) prospective DUR alert is an informational prospective DUR alert that informs pharmacy providers that there is an opportunity to dispense a drug in a three-month supply. Certain drugs are required to be dispensed in a three-month supply, while other drugs

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are allowed to be dispensed in a three-month supply. Pharmacy providers are not required to respond to the informational NS prospective DUR alert.

For drugs that are required to be dispensed in a three-month supply, pharmacy providers are required to call the DAPO Center to obtain an override to dispense less than a three-month supply. Complete details about the three-month supply policy can be found in the Drugs With a Three-Month Supply Maximum topic (#1939) of the ForwardHealth Online Handbook.

### *Pregnancy Alert*

The pregnancy prospective DUR alert is activated when a drug being dispensed has a potentially dangerous effect on a pregnant member.

This prospective DUR alert is activated when all of the following conditions are met:

- The member is a woman between 12 and 60 years of age.
- ForwardHealth receives a medical or noncompound drug claim for the member that indicates pregnancy using a diagnosis code.
- A noncompound claim for a drug that possesses a clinical significance code of D, X, or 1 (as assigned by the Food and Drug Administration or First DataBank, Inc.) is submitted for the member.

| CLINICAL SIGNIFICANCE CODES | |
|---|---|
| D | There is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans. However, potential benefits may warrant the use of the drug in pregnant women despite potential risks if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective. This value is assigned by the Food and Drug Administration. |
| X | Studies in animals or humans have demonstrated fetal abnormalities and/or there is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience, and the risks involved in use of the drug in pregnant women clearly outweigh potential benefits. This value is assigned by the Food and Drug Administration. |
| 1 | There is no Food and Drug Administration rating, but the drug is contraindicated or not recommended; it may have animal and/or human studies or pre- or post-marketing information. This value is assigned by First DataBank, Inc. |

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The pregnancy diagnosis will be deactivated from a member's disease profile after 260 days or if an intervening diagnosis indicating delivery or other pregnancy termination is received on a claim.

### *Reported Disease*

The reported disease (MC or drug-disease contraindication) prospective DUR alert is activated when a drug being dispensed has a potentially dangerous interaction with a reported disease. Disease profiles are created for members using diagnosis information from medical, institutional, and noncompound drug claims. Diseases are assigned a duration of acute, chronic, or lifetime. Acute diseases remain in the member's disease profile for 120 days, chronic diseases remain for 200 days, and lifetime diseases remain permanently.

### *Therapeutic Duplication*

The therapeutic duplication prospective DUR alert is activated when a drug being dispensed has the same therapeutic benefit as a previously dispensed drug.

This prospective DUR alert is activated when all the following apply:

- A drug is present in claims history in the same therapeutic category as the drug being dispensed.
- The drugs have the same therapeutic category but have a different active ingredient.
- The dates of service of the two interacting drugs overlap.
- The history claim and the current claim must be from a different pharmacy and prescriber.

The message sent to the provider includes the drug name in claims history that is causing the prospective DUR alert. Refer to the table below for the therapeutic categories monitored for the therapeutic duplication prospective DUR alert.

| THERAPEUTIC CATEGORIES FOR DUPLICATION ALERT | |
|---|---|
| Anti-anxiety agents | Histamine H2 receptor inhibitors |
| Antidepressants | Hypoglycemics |
| Antihistamines | Narcotic analgesics |
| Antihypertensives | Nonsteroidal anti-inflammatory drugs (including cyclooxygenase-2 selective agents) |
| Antipsychotics | Oral contraceptives |
| Antithrombotics | Platelet aggregation inhibitors |

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| THERAPEUTIC CATEGORIES FOR DUPLICATION ALERT (CONT.) | |
|---|---|
| Barbiturates | Proton pump inhibitor drugs |
| Cardiovascular agents | Sedatives and hypnotics |
| Diuretics | Skeletal muscle relaxants |

### *Underuse Precaution*

The underuse precaution (LR or Late Refill) prospective DUR alert is activated when a drug being dispensed is being refilled less than what is recommended. The prospective DUR alert is returned on a claim when the drug being refilled exceeds 120 percent of the days' supply on the same drug in ForwardHealth claims history.

The number of days late is calculated as the days after the prescription should have been refilled. Claims in history must be for greater than or equal to 28 days' supply to be included in this prospective DUR alert.

Refer to the table below for the therapeutic categories monitored for the underuse precaution prospective DUR alert.

| THERAPEUTIC CATEGORIES FOR LATE REFILL ALERT | |
|---|---|
| Alzheimer's agents | Bipolar agents |
| Antiarrhythmics (including digitalis) | Chronic Obstructive Pulmonary Disease agents |
| Anticoagulants (except warfarin) | Diuretics (except loops) |
| Anticonvulsants | Glaucoma agents |
| Antidepressants | Hepatitis C agents |
| Antihyperglycemics (except insulin) | HIV antivirals |
| Antihyperlipidemics | Immunosuppressants |
| Antihypertensives | Platelet aggregation inhibitors |
| Antipsychotics | Thyroid hormones |
| Asthma controllers (except the beta adrenergic agents) | |

## Drug Utilization Review Chapter Reorganization in the ForwardHealth Online Handbook

Effective June 1, 2020, the content in the Drug Utilization Review chapter of the Pharmacy service area of the Online Handbook will be reorganized from 13 separate topics down to four. Refer to the Attachment of this Update for the new order of topics and the headings within each topic.

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## Information Regarding Managed Care Organizations

This Update contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are provided by the member's managed care organization.

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**This Update was issued on 05/18/2020 and information contained in this Update was incorporated into the Online Handbook on 06/01/2020.**

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

# ATTACHMENT
# Drug Utilization Review Chapter Reorganization in the ForwardHealth Online Handbook

Effective June 1, 2020, the content in the Drug Utilization Review chapter of the Pharmacy service area of the Online Handbook will be reorganized from 13 separate topics down to four. Refer to the table below for the new order of topics and the headings within each topic.

| REORDERED TOPICS IN THE DRUG UTILIZATION REVIEW CHAPTER OF THE PHARMACY SERVICE AREA |
|---|
| **Drug Utilization Review (new topic)** |
| • A Comprehensive Overview (formerly topic #1978)<br>• Edits and Audits (formerly topic #1981) |
| **Educational Programming (topic #1980)** |
| **Prospective Drug Utilization Review (new topic)** |
| • Prospective Drug Utilization Review System (formerly topic #1977)<br>• Alerts and Alert Hierarchy (formerly topic #1983)<br>• Informational Prospective DUR Alerts (new)<br>• Drug-Age Precaution (formerly topic #21177)<br>• Drug-Drug Interaction (formerly topic #12617)<br>• High Cumulative Dose (new)<br>• Insufficient Quantity (new)<br>• Overuse Precaution (formerly topic #12637)<br>• Pregnancy Alert (formerly topic #12620)<br>• Reported Disease (formerly topic #12618)<br>• Underuse Precaution (formerly topic #12659) |
| **Retrospective Drug Utilization Review (topic #1975)** |

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