

PHM – Pharmacy Medical Services Retrospective Drug Utilization Review

Purpose: Drug Utilization Review (DUR) is a Federal requirement. The Drug Utilization Review (DUR) program fulfills this requirement by looking at patterns of prescription drug use and performing educational initiatives to optimize patient outcomes and contain costs. The Drug Utilization Review (DUR) program consists of Drug Utilization Review (DUR) meetings of the Drug Utilization Review (DUR) Commission six times each year, evaluation of medication utilization trends, patient profile review, educational interventions to prescribers and pharmacies, follow-up with providers as necessary, evaluation of the impact of intervention and demonstration of annual savings in total outlays for prescription drugs as a result of Drug Utilization Review (DUR). Schedule Drug Utilization Review (DUR) meetings, provide public notice, create agenda and gather support documents/packets for the meeting. Distribution of patient profiles and meeting packets three weeks prior to the Drug Utilization Review (DUR) meeting to the Drug Utilization Review (DUR) commission. Review of patient medication history profiles, attendance and records keeping during open and closed sessions. Comments made on each patient medication profile are used in producing intervention letters. Utilization of the Retro Drug Utilization Review (RDUR) application for processing profiles, generating educational letters to providers, and receiving responses from providers. Interventions are evaluated six to nine months later, depending on the type of study, to determine what therapeutic and/or fiscal impact was made. The initial medication profile is compared to the patient's medication profile six to nine months later.

Identification of Roles: Goold Health Systems (GHS) Generates patient focused profiles through complex computer screening process. Generates re-review profile from a list of patients provided by Administrative Staff (AS).

Commission (Drug Utilization Review (DUR) Commission) - Physicians and pharmacists who meet six times per year to carry out the functions of the state Drug Utilization Review (DUR) Board requirements. Physicians and pharmacists review patient medication profiles. Physicians and pharmacists discuss Drug Utilization Review (DUR) Commission business, make recommendations to the Department of Human Services (DHS), and recommend appropriate educational initiatives and interventions.

Administrative Staff (AS) - Completes administrative tasks. Provides administrative support for packet preparation, generation and Drug Utilization Review (DUR) meetings. Assists Pharmacist Staff (RPh) in the Retro Drug Utilization Review (RDUR) application by providing administrative support for processing and mailing letters, and entering incoming responses from providers.

Data Analyst (DA) - Completes administrative tasks for re-review process. Loads data into the Retro Drug Utilization Review (RDUR) Application for use by the Pharmacist Staff (RPh) and assists with the assimilation of data for the purpose of re-evaluating profiles for reporting of fiscal and therapeutic impact. Completes administrative tasks for re-review process.

Pharmacist (RPh) – Reviews Drug Utilization Review (DUR) Commission comments, records interventions, performs necessary follow up with providers, requests evaluation impact for patient-focused and problem-focused reviews from Data Analyst (DA), reports fiscal and therapeutic impact. Schedules Drug Utilization Review (DUR) meeting, identifies appropriate agenda, performs research to gather support documents, and oversees public notice. Oversees profile and packet distribution. Conducts Drug Utilization Review (DUR) meeting, follows open meeting laws, records meeting proceedings, and provides follow up to Drug Utilization Review (DUR) Commission’s requests. Reviews Drug Utilization Review (DUR) Commission comments and selects patient profiles for intervention letters. Enters comments into the Retro Drug Utilization Review (RDUR) application for patient focused and problem focused reviews, reviews responses from providers, and works with Data Analyst (DA) in assimilating data for reporting of fiscal and therapeutic impact. Evaluates re-review profiles, and reports fiscal and therapeutic impact.

Commission Chairperson (CC) – Facilitates the meeting and discussion of agenda items.

Performance Standards: Cases from profile review must be completely resolved in an average of 90 days from the meeting date at which the profile was discussed.

Path of Business Procedure:

Step 1: Pharmacy Medical Services RetroDUR Operational Overview

- a. Pharmacist (RPh) and Administrative Staff (AS) schedule Drug Utilization Review (DUR) meetings, provide public notice and make copies of documents to be presented at the meeting (varies from month to month: for example, reports, ProDUR topics, and educational initiatives). Public notice is physically posted on the bulletin board in the lobby of the Iowa Medicaid Enterprise (IME) and posted on the Drug Utilization Review (DUR) website at www.iadur.org, along with all other meeting materials and agenda items. A meeting notice is also emailed to organizations with an interest in DUR activities.
- b. Upon receipt of medication profiles from Goold Health Systems (GHS), Administrative Staff (AS) distributes profiles and support information by United States Postal Services (USPS) mail to the Drug Utilization Review (DUR) Commission and others for initial review three weeks prior to meeting date.
- c. Drug Utilization Review (DUR) Commission reviews profiles, noting potential therapeutic or cost saving interventions.
- d. Drug Utilization Review (DUR) Commission returns reviewed profiles to RPh at the next scheduled DUR meeting.
- e. Pharmacist (RPh) staffs Drug Utilization Review (DUR) Commission meeting detailing minutes and follows up on action to be taken on behalf of the Drug Utilization Review (DUR) Commission.
- f. Pharmacist (RPh) reviews patient profile comments of the Drug Utilization Review (DUR) Commission and documents each profile for educational intervention.
- g. Pharmacist (RPh) enters profiles selected for educational intervention to Drug Utilization Review (DUR) software.
- h. Administrative Staff (AS) prints letters, includes copies of patient profiles.

- i. Response letters from providers are received and recorded by Administrative Staff (AS) and Pharmacist (RPh) into the DUR Survey Tool.
- j. Nine months after initial profiles are printed; re-review profiles are evaluated for therapeutic or fiscal impact.
- k. Data Analyst (DA) tabulates therapeutic and fiscal impact for annual report to the Department of Human Services (DHS).
- l. Pharmacist (RPh) prepares Department of Human Services (DHS) for the State Legislature and the Federal Drug Utilization Review (DUR) Report for the Centers for Medicare & Medicaid Services (CMS). The Federal report is then posted to the www.iadur.org website as well as the CMS website.

Step 2: Pharmacy Medical Services RetroDUR Meeting Preparation

- a. Drug Utilization Review (DUR) meetings are scheduled for the first Wednesday of these months: February, April, June, August, October, and December.
- b. RPh identifies agenda items based on the needs of DHS and the need for follow-up from the previous meeting.
- c. RPh posts the agenda for the upcoming meeting on the DUR website, <http://www.iadur.org>, and in the lobby of the Iowa Medicaid Enterprise (IME).
- d. RPh identifies need for topic research, performs search, and provides information to the AS for the meeting packet as needed.
- e. RPh secures outside expertise from specialists and consultants to aid the DUR Commission's work when appropriate.
- f. Opportunities for public comment are scheduled at least one time during the meeting agenda.
- g. RPh meets with DHS representative to review materials prior to mailing out packets.

Step 3: Pharmacy Medical Services RetroDUR Packets and Profiles Distribution

- a. AS receives patient profiles materials, special request profiles and management reports from GHS.
- b. AS assembles meeting packet information in order of agenda topic.
 1. Confidential information is always copied onto colored paper.
 2. DUR Commission members receive confidential information; open meeting information and patient profiles.
- c. RPh reviews final packets.
- d. AS send profiles to DUR Commission members with their meeting packet information three weeks prior to the DUR meeting by USPS mail.
- e. RPh sends open meeting information and confidential information to:
 1. Department of Human Services (DHS) representative on the DUR Commission by interoffice mail;
 2. the medical director for Magellan, by USPS mail;
 3. the pharmacist representing IME pharmacy medical services program by interoffice mail;
 4. the IME medical services lock-in/Recipient Health Education Program (RHEP) program review coordinator, by interoffice mail;
 5. the medical director for IME medical services, by interoffice mail; and
 6. the clinical physician assistant for IME medical services, by interoffice mail.
- f. RPh posts the agenda on the www.iadur.org website and in the lobby of the IME building.

Step 4: Pharmacy Medical Services RetroDUR Profile Review

- a. Prior to the meeting after receipt of the patient medication profiles the DUR Commission reviews each profile for the following concerns:
 1. therapeutic appropriateness;
 2. inappropriate long-term use of medication;
 3. overuse/underuse/abuse/polypharmacy;
 4. inappropriate generic use;
 5. significant drug- drug interaction;
 6. drug disease contraindication;
 7. therapeutic duplication; and
 8. cost-containment opportunities.
- b. DUR Commission may comment on any other therapeutic or cost containment issue that is appropriate in their opinion.
- c. DUR Commission makes note of patients that may benefit from referral to the IME medical services Lock-in/ Recipient Health Education Program (RHEP) program.
- d. Each commission member reviews 30 medication profiles each meeting. During any orientation of new members, absences or vacancies on the commission, contractor staff is responsible for completing the remainder of the reviews.
- e. Members of the DUR Commission return the patient medication profiles to RPh and/or AS at the DUR meeting with their comments noted on each patient profile.

Step 5: Pharmacy Medical Services RetroDUR Staff DUR Meetings

DUR Commission Meetings are held six times each year.

- a. RPh and AS attend these meetings and provide a suitable business meeting location, beverages and lunch for DUR Commission members and invited guests.
- b. CC provides leadership for discussion, making sure that all DUR Commission members have the opportunity to provide input on each agenda topic.
 1. DUR Meetings are conducted in accordance with Chapter 21 of the Iowa Code (in other words, open meeting rules are followed)
- c. CC follows Roberts Rules of Order for voting on prior authorization recommendations.
 1. All roll call votes are recorded.
 - Voting Records are kept with the DUR vendor.
- d. RPh takes minutes of both open and closed meetings.
- e. AS tape records all discussions during the closed meeting.
- f. The public is afforded an opportunity to speak at least one time, usually twice during the open meeting.
- g. DUR Commission votes by roll call to proceed to closed session.
- h. RPh writes down any follow up action to be taken on behalf of the DUR Commission and information requested by the DUR Commission for the next meeting.
- i. RPh writes minutes, recommendation letter to DHS, and other follow-up to Associations as applicable.

Step 6: Pharmacy Medical Services RetroDUR of Patient Medication Profiles

- a. RPh reviews patient profiles from the DUR Commission and selects the drug therapy problem(s) identified based on their comments using predetermined templates located in the DUR Survey Tool application.
 1. For example, if a DUR Commission member comments on the long-term use of a sedative/hypnotic, the following template will be used:
 - “This medication is indicated for the short term treatment of insomnia on a As needed (PRN) basis. Long-term use carries with it problems of tolerance as well as the development of patient dependence. Has this patient’s long term use of hypnotics been recently evaluated?”
- b. RPh selects the appropriate comment type for the drug therapy problem.
- c. If there is no predetermined template, RPh will develop a freeform template to reflect the comments of the DUR Commission member.

Step 7: Pharmacy Medical Services RetroDUR Application.

a. Studies

1. To access the studies list inside of the DUR Survey Tool system, select *Studies* from the navigation menu. This is also the default screen that will be displayed after logging into the system.
2. The list of studies will include basic information about each study presently in the system:
 - a. Study identification (ID) number.
 - b. Start and End date of study.
 - c. Type of study.
 - d. Number of surveys in the study.
 - e. Mailing status.
 - f. Open / Closed status.

Step 8: Pharmacy Medical Services RetroDUR Evaluation of Intervention Impact

a. Focus Studies:

1. After the six month waiting period, RPh requests an evaluation of impact of the focus study by sending a request via email to the analysts.
2. DA completes analysis by comparing the member utilization in the original time frame to utilization in the follow up period. The comparison is made by comparing the member’s initial profile with the member’s re-review profiles. Each member profile is a six-month snapshot of medications covered by the Medicaid program. The total amount paid of the initial profile for said intervention is compared to the amount paid on the re-review profile and the savings is calculated by subtracting the total amount paid from the re-review profile from the total amount paid from the initial profile. This calculation is then annualized based on the review period interval.
3. The original costs, costs after the DUR intervention, and the cost savings are reported, broken down by federal dollars, state dollars and total dollars. This information is brought to the DUR Commission in a summary, outlining the number of members that implemented the change and any cost savings associated with it.

4. Statistics are reported on responses from prescribers and pharmacies and included in the summary a referenced above. Responses from prescribers and pharmacies are tracked in the data.
5. Reports are reviewed internally by DA team and sent to RPh via email for review.

b. Profile Studies:

1. After the nine month waiting period, RPh requests an evaluation of impact of the review.
2. DA creates report showing monthly break down of number of changes, and cost savings.
3. DA creates report showing monthly break down by template classification.
4. DA creates report showing number of suggestions made for each template
5. DA creates report showing number of changes invoked
6. DA creates report showing impact rates.
7. Reports are reviewed internally by DA team and sent to RPh via email for review.

Forms/Reports: Not Applicable

RFP References: 6.3, 6.3.1, 6.3.1.1, 6.3.1.2, 6.3.1.3

Interfaces: DUR Survey Tool

Attachments: Samples of intervention letter, response form, and member profile



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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TO: PRESCRIBER
ADDRESS1
ADDRESS2
CITY, STATE ZIP

June 15, 2010

FROM: Iowa Medicaid Drug Utilization Review Commission

RE: MEMBER FIRST NAME, LAST NAME,

The Iowa Medicaid Drug Utilization Review Commission is composed of physicians and pharmacists who participate in patient-specific drug therapy evaluation. The Commission does not have all the pertinent information required to evaluate this patient's therapy and understands that patient variables often require individualized treatment. The Commission provides this information to physicians and pharmacists to assist in the provision of high quality and cost-effective drug therapy for Iowa Medicaid patients. This information is for educational purposes. Care providers should consider applicability to this specific patient prior to making any changes to the treatment plan.

The Iowa Medicaid Drug Utilization Review Commission reviewed the medication record of the patient listed above. The provider number on the enclosed profile indicates that you have provided services to this patient during this six-month period. The Commission has notified both the pharmacist and the prescriber about potential improvements in medication therapy in order to facilitate coordination of care.

Please review the medication regimen attached, taking into consideration the following suggestions from the Commission. The enclosed response form is available so you can share any relevant information about this individual's history or diagnosis affecting the medication regimen. Your consideration of this information is greatly appreciated.

If you have not provided care to this patient, we apologize for your receipt of this information. On occasion, the prescription claims data utilized to identify prescribers is inaccurate. Please check the last response on the enclosed response form, return it to the Commission as directed, and destroy this communication as you would all confidential information.

**IOWA MEDICAID DRUG UTILIZATION REVIEW (DUR) PROGRAM
RESPONSE FORM**

Your comments are very important to us. The Medicaid Commission asks that you take a few moments to provide feedback regarding this patient's treatment. Please use this form for comments, to request additional information or to ask questions that you would like the Commission to consider. Return this form by fax to (866) 626-0216. Thank you.

MEMBER FIRST NAME, LAST NAME, MEMBER ID	PRESCRIBER
DOB: 1/1/2005	ADDRESS1
Smart ID	ADDRESS2
	CITY, STATE ZIP

MEDICAID DUR COMMISSION OBSERVATION

Please note that these benzodiazepines (clonazepam and temazepam) appear to be given concurrently. Although these medications have different chemical compositions, they would generally be considered to have similar therapeutic effects. Is it possible to discontinue the hypnotic agent and adjust the dose of the other benzodiazepine (if needed) to control this patient's condition at bedtime?

Please Select All Applicable Responses:

- The suggested therapy change has been implemented since receiving this information from the Commission.
- I contacted the patient's other care providers to discuss this information.
- The suggested therapy change was implemented prior to receipt of this communication from the Commission.
- This issue will be discussed at the patient's next office visit.
- This suggestion is not applicable to this patient due to patient-specific variables.
Please provide further information below.

I no longer serve this patient:

- | | |
|--|--|
| <input type="checkbox"/> No longer on Medicaid | <input type="checkbox"/> No longer receives services from me |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Other |
- I have no record of treating this patient.

Please return this completed form by fax to (866) 626-0216.



IOWA DUR MEMBER PROFILE
STUDY ID 000 (Each profile generated is assigned a 3 digit study ID)
 Based on Iowa Paid Non-reversed Claims
 Plan Code of 100 and 300
 Dates of Service between 03/30/2008 and 09/30/2008

Drug-Drug Interactions with Major Severity and Established Documentation are Targeted Only

-Continued

Medicaid ID: 0050000X Patient Name: LAST_NAME, FIRST_NAME
 Gender: M Age: 62 County: Keokuk
 Race: WHITE Plan ID: 100

*Group ID:
Group ID DT* = Duplicate Therapy
Group ID DD* = Drug-Drug Interaction
Group ID DDA* = Dose Check - Calculated Daily Dose Exceeds Maximum Daily Dose Recommended
Group ID DDB* = Dose Check - Calculated Daily Dose Form Exceeds Maximum Daily Dose Form Recommended
Group ID DDC* = Dose Check - Calculated Daily Dose is Below Daily Dose Range Recommended
Group ID DDD* = Dose Check - Calculated Daily Dose Form is Below Daily Dose Form Range Recommended
Group ID DDD* = Dose Check - Days Supply Exceeds Maximum Duration Recommended
Group ID DDD* = Dose Check - Days Supply is Below Duration Range Recommended

Plan ID: 100 = Medicaid 300 = LTC
 Date of Service: Date Prescription was Filled
 PA Num: Prior Authorization Number if Applicable
 Fill Num: 0 = first fill 1 = 2nd fill 2 = 3rd fill etc.
 Submitted Amount: The submitted amount billed for the prescription
 Paid Amount: The amount that Medicaid paid
 Pharmacy Num: The NPI or NABP # of the pharmacy used
 Prescriber Num: The NPI or Provider ID of the Prescriber
 Group ID: The unique ID given for an issue using the prefixes above and an assigned number that corresponds to a medication(s) involved in the issue. If the claim line is blank and there is a group ID, this indicates that the claim above the blank line has more than one issue for that date of service.

Date of Service	Drug Name/Strength	NDC	RX Num	Qty	Days Supply	PA Num	Fill Num	Submitted Amount	Paid Amount	Pharmacy Num	Prescriber Num	Prescriber Name	*Group ID
7/21/08	LIPITOR TAB 20MG	09071019823	0233071	30.00	30		1	\$195.00	\$123.54	1942239501	1447246107	JOHN BUCKINGHAM DO	
8/11/08	LIPITOR TAB 20MG	09071019823	0233071	30.00	30		0	\$195.00	\$123.40	1942239501	1447246107	JOHN BUCKINGHAM DO	
8/12/08	LIPITOR TAB 20MG	09071019823	0239728	30.00	30		1	\$195.00	\$123.40	1942239501	0043248	U OF IA MEDICAL SERVICE	
8/22/08	ISOSORB MONO TAB 60MG SR	82175011937	0247479	90.00	30		0	\$0.00	\$7.00	1942239501	1447246107	JOHN BUCKINGHAM DO	
8/18/08	ISOSORB MONO TAB 60MG SR	82175011937	0239582	90.00	30		2	\$0.00	\$7.00	1942239501	1447246107	JOHN BUCKINGHAM DO	
7/21/08	ISOSORB MONO TAB 60MG SR	82175011937	0239582	90.00	30		1	\$0.00	\$7.00	1942239501	1447246107	JOHN BUCKINGHAM DO	
8/11/08	ISOSORB MONO TAB 60MG SR	82175022804	0239582	90.00	30		0	\$0.00	\$7.00	1942239501	1447246107	JOHN BUCKINGHAM DO	DT920414
8/19/08	ISOSORB MONO TAB 60MG SR	82175022804	0226719	90.00	30		2	\$0.00	\$7.00	1942239501	0043248	U OF IA MEDICAL SERVICE	DT9217345
4/22/08	ISOSORB MONO TAB 60MG SR	82175022804	0226719	90.00	30		1	\$0.00	\$7.00	1942239501	0043248	U OF IA MEDICAL SERVICE	
8/11/08	NITROGLYC SUB 0.4MG	82177032416	0222488	25.00	12		0	\$4.00	\$3.00	1942239501	1447246107	JOHN BUCKINGHAM DO	DT9217345