GOLD KIDNEY HEALTH PLAN

Policy Name: Drug Utilization Review	
Department Name: Pharmacy	
Department Head and Title: Brian Haggit, Pharmacy Director	
Policy Number: PHA-PP-005	**Effective Date:** 01/01/2023

I. Purpose

Gold Kidney Health Plan (GK) must establish a reasonable and appropriate drug utilization management program to prevent over-utilization and under-utilization of prescribed medications for its plan members.

II. Scope

GK is required to ensure their existing quality assurance system reduce medication errors and adverse drug events to improve medication outcomes.

III. Definitions

Acumen – a federally contracted organization used to gather and analyze claims data and patient safety reports.

Automated Targeted Medication Review (ATMR) – an automated process where a particular clinical trigger is used to query pharmacy claims history to identify members meeting the trigger parameters which indicates a potential drug related issue.

Drug Utilization Review (DUR) - An authorized, structured, ongoing review of prescribing, dispensing and use of medication.

Medication Therapy Management Program (MTMP) – a mandatory program to reduce the risk of adverse drug interactions and to optimize therapeutic outcomes.

Point of Sale (POS) – the time at which the prescription is dispensed and sold by the pharmacy staff in a retail setting.

Prior Authorization – a clinical or payment determination required for certain drugs before dispensing is allowed.

Quantity Limit – a restriction on the amount of medication allowed per fill.

Step Therapy – a requirement that one (1) or more other medications must be tried before a requested medication may be dispensed.

Utilization Management (UM) - restrictions placed on a drug designed to ensure safe, appropriate, and evidence-based use of a Part D covered drug.

IV. Policy

The Centers for Medicare and Medicaid Services (CMS) requires GK to establish quality assurance (QA) measures, have policies and systems to assist in preventing over-utilization and under-utilization of medications, be able to provide information concerning the procedures and performance of its drug utilization management program according to CMS guidelines, include incentives to reduce costs when medically appropriate and have systems to reduce medication errors and adverse drug interactions and improve therapeutic outcomes.

GK, in conjunction with the PBM, and other downstream entities, conducts DUR programs that are consistent with Medicare Part D regulations as well as industry standards within the professional practice of pharmacy. GK maintains oversight procedures, including but not limited to, policy and procedure review for the PBM and downstream entities to ensure CMS regulations are met.

GK utilizes a drug formulary with step therapy, quantity limits and prior authorization to ensure medical appropriateness for its members. Utilization management, DUR and QA measure criteria are developed and maintained by the GK Pharmacy Department and undergo, at a minimum, annual review to ensure all edits are clinically appropriate.

Step therapy, quantity limit and prior authorization criteria are posted on the GK website for provider and member viewing. Appropriate pharmacy messaging is provided when applicable to aid the pharmacist in providing sound, medical care.

Utilization management criteria can change throughout the year, due to safety and/or utilization concerns; however, the changes cannot be considered more restrictive or limiting without direct CMS approval during the contract year. During the annual enrollment period, current and future members may view utilization management criteria as a component of making informed decisions.

V. Procedures

The DUR programs utilize a combination of dispensing pharmacist review and POS claim edits to screen for potential drug therapy problems. Prior to dispensing prescriptions to the patient, the dispensing pharmacist reviews the submitted claim for any drug therapy issues. Types of DUR examples include but are not limited to drug-drug interactions, over-

utilization, under-utilization, clinical abuse or misuse, age, gender, or inappropriate dosing. Performed activities that support the examples include:

- ❖ Systematic medication edits are run against prescription claims data to identify suboptimal medication uses by members.

- ❖ When constructing the formulary, POS messaging is attached to certain drugs to alert the pharmacy staff of UM edits and possible alternatives or information that aid in appropriate dispensing.

- ❖ DUR program activities and performance results are reported at least annually, or as requested, by first-tier or downstream entities.

- ❖ As part of the Medication Therapy Management Program (MTMP), GK completes a quarterly ATMR in cooperation with the MTMP first-tier entity. This involves selection of a DUR type to analyze use of a single medication or class of medications and mailing letters to the affected members.

- ❖ GK conducts specific under-utilization reports to determine members at risk due to poor adherence to medication.

A. Oversight

GK has access to the policy and procedures that govern the PBM's concurrent drug utilization review programs.

GK meets at least quarterly with the MTMP vendor to specify DUR/ ATMR to be conducted for the next quarter.

B. DUR Intervention

Upon review of the retrospective DUR/ATMR reporting, GK clinical team conducts intervention as determined by good clinical judgment, in one or both of the following ways:

- ➢ A letter is generated to the member or a telephone call if clinically urgent.
- ➢ A fax to the prescriber or a telephone call if clinically urgent.

C. Overutilization Monitoring Program

GK operates a reasonable and appropriate drug utilization management program to assist in preventing overutilization of prescribed medications as required by 42 CFR §423.153 et seq.

GK executes reasonable and appropriate retrospective DUR reporting to identify

overutilization of Opioid products.

GK participates in the CMS Medicare Part D Overutilization Monitoring System to review members that are identified as potentially overusing opioids and/or acetaminophen. After extensive research and review, the results of the quarterly reports are uploaded into Acumen.

D. Miscellaneous DUR Activities

Retrospective drug utilization review systems are used to ensure ongoing periodic examination of claims data, through drug claim analyses, to identify patterns of inappropriate or medically unnecessary care.

Through the use of lower generic and brand tiers and utilization management edits, generics or lower cost alternatives are preferred and made readily available to reduce costs when medically appropriate.

The most current UM criteria, including any changes, are reflected in a monthly document posted to the GK website available for provider and member review.

VI. References/Citations

Regulatory Reference: 42 CFR §423.153(b)(1),(2), and (3); 42 CFR § 423.153(c)(2) and (3); Medicare Prescription Drug Benefit Manual, Chapter 7, Section 60

VII. Exhibits/Attachments

None

VIII. Policy History

Revision Date	Revision Description	Revision Made By
1/22/24	Logo and plan name update, formatting	Brian Haggit
6/27/24	Changed BCBSAZ to GK	Brian Haggit

IX. Authorization

Brian Haggit Director of Pharmacy