DRUG UTILIZATION REVIEW (DUR)

Program overview
DHCF – 2006
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DUR

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DUR: Legal Basis

- Federal law requires each state Medicaid program to develop a DUR program, including establishing a DUR Board. DUR activities must include:
  - Retrospective DUR
  - Prospective DUR
  - Educational activities and interventions
- Program must be effective by January 1993
• 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 lease 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
Reciproent 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
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
• Staff
  – M. A. Mergener, R.Ph., Ph.D. – APS
  – R. M. Carr, MD, MS – Chief Med. Officer
  – Additional Staff:
    • Allan Mailloux, PharmD, APS
    • Margaret Asquith, PharmD, APS
    • Ted Collins, R.Ph., Consultant
    • Rita Hallett, RN, DHCF
    • Carrie Gray, DHCF
    • Lynn Radmer, R.Ph., DHCF
    • Kimberly Smithers, DHCF
    • Marilyn Howe, RN, DHCF
    • Scott Hawley, EDS