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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Iowa Medicaid Pharmacy Drug Utilization Review (DUR) Program – SUPPORT Act Compliance

The Iowa Medicaid Pharmacy Drug Utilization Review (DUR) program has a variety of existing prospective safety edits and utilizes retrospective reviews and education to promote clinically appropriate use of medications. Opioids, benzodiazepines, and antipsychotic medications are included in many of these edits and reviews. Effective October 2018, the federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act[1] mandated specific activities by Medicaid DUR programs.

Below is a list of the safety edits[2] and "claims review automated process(es)"[3] the Iowa Medicaid DUR program will utilize to fulfill the provisions found in Section 1004 of the SUPPORT Act. State Medicaid programs were required to submit a State Plan Amendment (SPA) to CMS outlining how the program will comply with the SUPPORT Act.

The Iowa Medicaid DUR program will continue to review and monitor utilization, recommending changes as needed.

Claims Review Limitations

- *Opioids*
  - Use of prospective DUR safety edits such as therapeutic duplication, early refills, days' supply, duplicate fills, and quantity limits.
  - Continued use of prior authorizations for non-preferred short- and long-acting opioids.
  - Use of a cumulative morphine milligram equivalent (MME) edit, with a threshold of 90 MME per day. Regimens exceeding the set MME threshold will require submission of the High Dose Opioids[4] prior authorization form by the prescriber.

[1] https://www.congress.gov/115/plaws/publ271/PLAW-115publ271.pdf
[2] CMS guidance defines "safety edits" as prospective drug review, such as defined in § 1927 (g)(2)(A) of the Social Security Act
[3] CMS guidance defines "claims review automated process" as retrospective drug review, such as defined in § 1927 (g)(2)(B) of the Social Security Act
[4] http://www.iowamedicaidpdl.com/pa_forms

- Use of a quantity limit[5] on naloxone nasal spray to prompt the pharmacist to reach out to the prescriber(s) once the quantity limit is exceeded. This edit allows an opportunity for evaluating risk of future overdose and initiate conversation between the pharmacist, prescriber, and patient. Members exceeding the quantity limit will require prescriber submission of the Narcan (naloxone) Nasal Spray prior authorization form.[6]
- Ongoing retrospective claims review to identify concerning treatment (could include early refill, duplicate therapy, quantity/dosage limits, multiple prescribers, etc.) and apply interventions deemed appropriate (prior authorization, prescriber letters, "lock in", continued monitoring, etc.)

- *Opioids and Antipsychotics*
  - Use of prospective clinical DUR safety edits for concurrent opioids and antipsychotics in the Pharmacy Point of Sale (POS) system. This edit is supported by the FDA's warning of increased risk of respiratory and central nervous system (CNS) depression with concurrent use of opioid and CNS depressants such as antipsychotics, including profound sedation, respiratory depression, coma and/or death.[7]
  - Ongoing retrospective claims review to identify concerning concomitant opioid and antipsychotic treatment and apply interventions as deemed appropriate (prior authorization for concurrent use, prescriber letters, continued monitoring, etc.)

- *Opioids and Benzodiazepines*
  - Use of prospective clinical DUR safety edits for concurrent opioids and benzodiazepines in the Pharmacy Point of Sale (POS) system. This edit is supported by the FDA's warning of increased risk of respiratory and central nervous system (CNS) depression with concurrent use of opioid and CNS depressants such as benzodiazepines, including profound sedation, respiratory depression, coma and/or death.[7]
  - Ongoing retrospective claims review to identify concerning concomitant opioid and benzodiazepine treatment and apply interventions as deemed appropriate (prior authorization for concurrent use, prescriber letters, continued monitoring, etc.)

Monitoring of Antipsychotic Medication Use in Children

- Use of prospective DUR safety edits for therapeutic duplication, age, and quantity limits for all children, and specifically children in foster care. Submission of the Duplicate Therapy Edit Override prior authorization form[8] is required for regimens exceeding one antipsychotic.

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[5] http://www.iowamedicaidpdl.com/billing_quantity_limits

[6] http://www.iowamedicaidpdl.com/pa_forms

[7] Center for Drug Evaluation and Research. "Drug Safety and Availability - FDA Drug Safety Communication: FDA Warns about Serious Risks and Death When Combining Opioid Pain or Cough Medicines with Benzodiazepines; Requires Its Strongest Warning." U S Food and Drug Administration Home Page, Center for Drug Evaluation and Research, https://www.fda.gov/downloads/Drugs/DrugSafety/UCM518672.pdf

[8] http://www.iowamedicaidpdl.com/pa_forms

- Ongoing retrospective claims review to monitor appropriate use of antipsychotic medications by Medicaid children and apply interventions as deemed appropriate (prescriber letters, continued monitoring, etc.)

Fraud and Abuse Identification

- Periodic claims review to look for potential fraud or abuse of controlled substances by members, prescribers, and pharmacies (could include members filling prescriptions at multiple pharmacies, prescribers or pharmacies filling high volumes of controlled substances, or other indicators) and interventions deemed appropriate (lock-in, referral to Program Integrity, etc.)

Medicaid Statistics for Prescription Claims
September through November 2019

	FFS	Amerigroup	Iowa Total Care
# Paid Claims	25,705	1,193,791	739,251
Total $ Paid	$2,072,620	$98,097,014	$55,376,369
Unique Users	4,875	163,015	108,642
Avg Cost/Rx	$80.63	$82.17	$74.91
Top 5 Drugs by Prescription Count	ProAir HFA	Omeprazole	Omeprazole
	Trazodone	Atorvastatin	Lisinopril
	Lisinopril	Lisinopril	Atorvastatin
	Omeprazole	Sertraline	Sertraline
	Montelukast	ProAir HFA	Levothyroxine
Top 5 Drugs by Paid Amount (pre-rebate)	Vyvanse	Vyvanse	Vyvanse
	Humira Pen	Concerta	Humira Pen
	Concerta	Humira (CF) Pen	Concerta
	Invega Sustenna	Latuda	Latuda
	ProAir HFA	Invega Sustenna	Invega Sustenna
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	Anticonvulsants	Antidiabetics	Insulin
	Anti-inflammatories, Non-NSAIDs	ADHD	Sympathomimetics
	Antipsychotics – Atypical	Antipsychotics/Antimanic Agents	Stimulants – Misc.
	Antiretroviral Combinations	Antiasthmatic & Bronchodilator Agents	Amphetamine
	Antineoplastics – Protein-Tyrosine Kinase Inhibitors	Analgesics – Anti-Inflammatory	Antiretrovirals
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	SSRIs	Antidepressants	SSRIs
	Anticonvulsants	Antiasthmatic & Bronchodilator Agents	Sympathomimetics
	Antipsychotics - Atypical	Anticonvulsants	Anticonvulsants – Misc.
	Antihypertensives – Central	Antihypertensives	PPIs
	Antiasthmatic – Beta-Adrenergics	Ulcer Drugs/Antispasmodics/ Anticholinergics	HMG CoA Reductase Inhibitors

Annual Call for New Commission Member - Physician

The Omnibus Budget Reconciliation Act (OBRA) of 1990 require(s) state Medicaid programs to have a drug utilization review (DUR) program consisting of prospective DUR, retrospective DUR, and an educational program. The membership of the DUR Board shall include health care professionals who have recognized knowledge and expertise in one or more of the following: 1) The clinically appropriate prescribing of covered outpatient drugs; 2) The clinically appropriate dispensing and monitoring of covered outpatient drugs; 3) Drug use review, evaluation, and intervention; 4) Medical quality assurance. The goal of the DUR program is to ensure appropriate medication therapy, while permitting appropriate professional judgment to individualize medication therapy.

In Iowa, the DUR Board is referred to as the Iowa Medicaid DUR Commission. The Iowa DUR Commission is comprised of four Iowa Licensed physicians and four Iowa Licensed pharmacists who serve up to three, four-year terms, as well as a representative from the Department of Human Services (DHS) and a representative from one Managed Care Organization (MCO). The Commission meets on the first Wednesday four months of the year (August, November, March, and May) in Des Moines. Meetings are scheduled from 9:30 a.m. to 1:30 p.m. The Iowa DUR Commission is a recommending body to the DHS on drug therapy including proDUR, drug prior authorization, coverage of medications and administrative and billing procedures.

The DUR Commission is currently seeking a Physician who serves Medicaid members to join the committee. Any Physician interested in serving in this capacity should send a resume or curriculum vitae, as well as a letter indicating their interest to Pamela Smith at the email address shown below. Candidates that would like more information about the Commission or who would like to speak to a present Commissioner are encouraged to send an email.

Term: SFY 21 through SFY 24

Pamela Smith, R.Ph.
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