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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Recent RetroDUR Initiatives

The Omnibus Budget Reconciliation Act (OBRA) of 1990 requires that each State establish a Medicaid Drug Utilization Review (DUR) Program that consists of Prospective Drug Review (ProDUR), Retrospective Drug Review (RetroDUR), Application of Standards and an Educational Program. The program should ensure that prescriptions issued to Medicaid members are medically appropriate, necessary, and not likely to result in adverse events.

RetroDUR programs consist of an ongoing periodic examination of claims data to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care. Claims reviews may be based on physicians, pharmacists, or individuals receiving benefits, or on specific drugs, or groups of drugs. Predetermined standards for retroDUR are used to monitor therapeutic appropriateness, overutilization, underutilization, appropriate use of generic medication, therapeutic duplication, drug-disease contraindications, incorrect dosage, incorrect duration, and clinical abuse or misuse.

ProDUR programs require point-of-sale or point-of-distribution review of drug therapy using predetermined standards. These standards must be provided to pharmacists either through on-line messaging or educational training. Predetermined standards for proDUR shall monitor therapeutic duplication, drug-disease contraindications, adverse drug-drug interactions, incorrect dosage, incorrect duration, drug-allergy interactions, and clinical abuse or misuse.

OBRA ’90 language also requires DUR Boards to conduct an ongoing educational program to educate practitioners about medication therapy problems, with the goal of improving prescribing and dispensing practices. DUR Boards are directed to utilize claims data identifying medication therapy problems and to design educational interventions in an effort to resolve these problems. Based on these findings, DUR Boards suggest changes in prescribing or dispensing practices, which may be conveyed by written, oral, electronic, or face-to-face communication. These suggestions may be member-specific, or drug-specific, or both. In Iowa, the DUR Board is called the Iowa Medicaid Drug Utilization Review (DUR) Commission.

The Iowa Medicaid DUR Commission reviews specific issues that have been determined to be an area where a targeted educational effort to providers may be valuable. Educational

materials, typically in the form of letters, are disseminated to prescribers and/or pharmacies. Providers are encouraged to voluntarily respond regarding the particular member and issue identified.

Claims data are re-reviewed after a predetermined time (typically 12 months) to determine the impact of the educational initiative. Based on the outcome of the initiative, the DUR Commission can make additional recommendations to ensure appropriate use of medications and decrease chances for fraud, waste or abuse. Controls that can be implemented include prior authorization (PA), proDUR edits, quantity limits, and/or additional educational interventions.

Recent review of claims data by the DUR Commission include the following:
Concurrent SNRI and SSRI – members with ≥ 45 day overlap for a 3 month period were identified. Educational letters will be sent to prescribers and data will be re-reviewed to determine impact.

	AGP	**ITC**	**FFS**	**Total**
# Claims	388	796	25	1209
# Members	60	134	4	198
# Prescribers	80	175	7	262

Duplicate Therapy – Skeletal Muscle Relaxants – members with two or more chemically distinct skeletal muscle relaxants, with ≥ 45 day overlap for a 3 month period were identified. Educational letters will be sent to prescribers and data will be re-reviewed to determine impact.

	AGP	**ITC**	**FFS**	**Total**
# Claims	68	540	7	615
# Members	11	72	1	84
# Prescribers	14	97	1	112

Medicaid Statistics for Prescription Claims
March through May 2021

	FFS	Amerigroup	Iowa Total Care
# Paid Claims	23,418	1,145,966	73,332,224
Total $ Paid	$2,227,364	$112,246,474	$73,332,224
Unique Users	3,799	162,733	115,598
Avg Cost/Rx	$95.11	$97.95	$93.73
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	ANTIDEPRESSANTS - SELECTED SSRIs	ANTIDEPRESSANTS	SSRIs
	ANTICONVULSANTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTICONVULSANTS - MISC.
	ANTIPSYCHOTICS - ATYPICALS	ANTICONVULSANTS	SYMPATHOMIMETICS
	ANTIHYPERTENSIVES - CENTRAL	ADHD/ANTI-NARCOLEPSY	PPIs
	PPIs	ANTIHYPERTENSIVES	NSAIDs
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	ANTICONVULSANTS	ANTIDIABETICS	INSULIN
	ANTI-INFLAMMATORIES, NON-NSAID	ANTIPSYCHOTICS/ANTI MANIC AGENTS	ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES
	ANTIPSYCHOTICS - ATYPICALS	ANALGESICS - ANTI-INFLAMMATORY	SYMPATHOMIMETICS
	MUSCULAR DYSTROPHY AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTIPSYCHOTICS - MISC.
	STIMULANTS - AMPHETAMINES - LONG ACTING	ADHD/ANTI-NARCOLEPSY	ANTIRETROVIRALS
Top 5 Drugs by Prescription Count	CLONIDINE	OMEPRAZOLE	ALBUTEROL
	TRAZODONE	SERTRALINE	OMEPRAZOLE
	SERTRALINE	ALBUTEROL HFA	SERTRALINE
	OMEPRAZOLE	TRAZODONE	ATORVASTATIN
	VYVANSE	ATORVASTATIN	TRAZODONE
Top 5 Drugs by Paid Amount (pre-rebate)	EVRYSDI	HUMIRA (CF) PEN	HUMIRA PEN
	VYVANSE	VYVANSE	VYVANSE
	HUMIRA PEN	VRAYLAR	VRAYLAR
	SABRIL	LATUDA	INVEGA SUSTENNA
	SUTENT	INVEGA SUSTENNA	BIKTARVY