Retrospective Drug Utilization Review: A Tool for Patient Care

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Issues

• OBRA '90 (Omnibus Budget Reconciliation Act of 1990)that mandated pharmacists counsel Medicaid patients, also required Medicaid agencies to develop drug utilization review (DUR) programs.

• You as a provider are an important part of the DUR process and your replies are used by the DUR committee to refine the process.

Introduction

Most healthcare providers are familiar with the OBRA '90 (Omnibus Budget Reconciliation Act of 1990), legislation that mandated pharmacists counsel Medicaid patients, but may not be aware that the same legislation required Medicaid agencies to develop drug utilization review (DUR) programs. States were allowed flexibility in program design and implementation within broad guidelines set by the Department of Health and Human Services (DHHS). However, all states were required to include the following components:

• Prospective DUR. In Louisiana, the prospective drug utilization review (ProDUR) occurs at the point of dispensing and is incorporated into the Medicaid Pharmacy Benefits Management Point-of-Sale (POS) system. Examples are: Drug-Drug Interactions, Early Refill, Pregnancy Precautions.

• Educational. Clinical and educational articles published in the bimonthly *Louisiana Medicaid Provider Update* are part of the educational component of DUR. Past articles are available at http://www.lamedicaid.com/provweb1/Pharmacy/pharmacyindex.htm. Scroll down to the bottom of the page and click on **Provider Update newsletter educational programs**.

• Retrospective DUR is based on paid medical and pharmacy claims and is characterized by an intervention - a letter to the prescriber, primary care provider or dispensing pharmacy. Initially, RetroDUR was based on such topics as duplication of therapy, but has broadened into a disease/guidelinefocus.

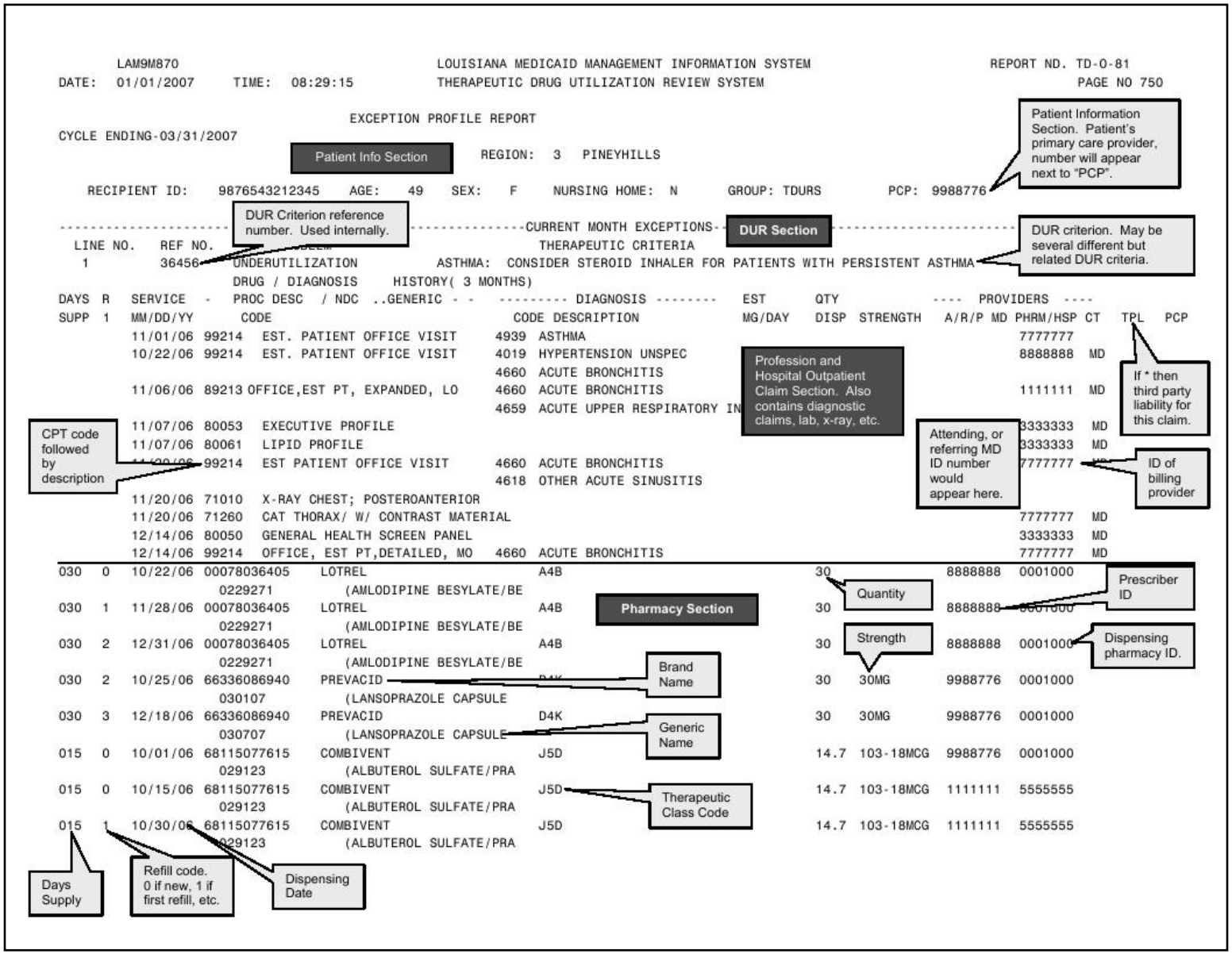
As Table 1 illustrates, RetroDUR is not a cost containment program; often providers are asked to consider adding drug therapy or order testing if they deem appropriate.

Table 1. Brief Summary of RetroDUR Process

- ✓ Drug Utilization Review Board develops DUR criteria based on clinical guidelines and research considering what information is available from claims data.
- ✓ Clinical profiles are created for recipients who fit the criteria.
- ✓ Regional DUR committees review the profiles and decide whether or not to send an intervention letter to the prescriber, primar y care provider or pharmacy.
- ✓ Intervention letters are mailed along with recipient profiles.
- ✓ Responses from prescriber, primary care provider or pharmacy are collected.
- ✓ Responses and comments are collected and presented to the DUR Board.
- ✓ Recipient outcomes are followed and reported to the DUR Board and in the federal annual report.
- ✓ Using feedback from responding providers, the DUR process is refined.

Underutilization is a major issue, i.e., in cardiovascular conditions, asthma, or diabetes. Nor is RetroDUR intended to replace your clinical judgment. Because the Medicaid program has access to all paid claims for that recipient, we may be able to provide information not accessible to you. This information, combined with clinical guidelines, is intended to be another resource for you in caring for your patient.

If you, as a provider, receive a DUR correspondence, there will be a brief introductory cover letter with a reply form on the back along with the patient's medical profile. This article will review the medical profile (See included profile), its organization and the information it contains, clarifying some of the coding used. The profile is organized into five broad sections. See the included fictitious sample profile for a brief discussion of each section.


LAM9M870 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT ND. TD-O-81
DATE: 01/01/2007 TIME: 08:29:15 THERAPEUTIC DRUG UTILIZATION REVIEW SYSTEM PAGE NO 750
EXCEPTION PROFILE REPORT
CYCLE ENDING-03/31/2007
Patient Info Section
REGION: 3 PINEYHILLS
RECIPIENT ID: 9876543212345 AGE: 49 SEX: F NURSING HOME: N GROUP: TDURS PCP: 9988776
Patient Information Section. Patient's primary care provider, number will appear next to "PCP".
DUR Criterion reference number. Used internally.
DUR Section
CURRENT MONTH EXCEPTIONS
LINE NO. REF NO. THERAPEUTIC CRITERIA
1 36456 UNDERUTILIZATION ASTHMA: CONSIDER STEROID INHALER FOR PATIENTS WITH PERSISTENT ASTHMA
DUR criterion. May be several different but related DUR criteria.
DRUG / DIAGNOSIS HISTORY(3 MONTHS)
DAYS SUPP R SERVICE MM/DD/YY PROC DESC / NDC CODE ..GENERIC CODE DIAGNOSIS CODE DESCRIPTION EST MG/DAY QTY DISP STRENGTH PROVIDERS A/R/P MD PHRM/HSP CT TPL PCP
11/01/06 99214 EST. PATIENT OFFICE VISIT 4939 ASTHMA 7777777
10/22/06 99214 EST. PATIENT OFFICE VISIT 4019 HYPERTENSION UNSPEC 8888888 MD
4660 ACUTE BRONCHITIS
11/06/06 89213 OFFICE,EST PT, EXPANDED, LO 4660 ACUTE BRONCHITIS 1111111 MD
4659 ACUTE UPPER RESPIRATORY IN
Profession and Hospital Outpatient Claim Section. Also contains diagnostic claims, lab, x-ray, etc.
If * then third party liability for this claim.
11/07/06 80053 EXECUTIVE PROFILE 3333333 MD
11/07/06 80061 LIPID PROFILE 3333333 MD
CPT code followed by description
11/09/06 99214 EST PATIENT OFFICE VISIT 4660 ACUTE BRONCHITIS 7777777
4618 OTHER ACUTE SINUSITIS
Attending, or referring MD ID number would appear here.
ID of billing provider
11/20/06 71010 X-RAY CHEST; POSTEROANTERIOR
11/20/06 71260 CAT THORAX/ W/ CONTRAST MATERIAL 7777777 MD
12/14/06 80050 GENERAL HEALTH SCREEN PANEL 3333333 MD
12/14/06 99214 OFFICE, EST PT,DETAILED, MO 4660 ACUTE BRONCHITIS 7777777 MD
030 0 10/22/06 00078036405 0229271 LOTREL (AMLODIPINE BESYLATE/BE A4B 30 8888888 0001000
Pharmacy Section
Quantity
Prescriber ID
030 1 11/28/06 00078036405 0229271 LOTREL (AMLODIPINE BESYLATE/BE A4B 30 8888888
030 2 12/31/06 00078036405 0229271 LOTREL (AMLODIPINE BESYLATE/BE A4B 30 8888888 0001000
Strength
Dispensing pharmacy ID.
030 2 10/25/06 66336086940 030107 PREVACID (LANSOPRAZOLE CAPSULE D4K 30 30MG 9988776 0001000
Brand Name
030 3 12/18/06 66336086940 030707 PREVACID (LANSOPRAZOLE CAPSULE D4K 30 30MG 9988776 0001000
Generic Name
015 0 10/01/06 68115077615 029123 COMBIVENT (ALBUTEROL SULFATE/PRA J5D 14.7 103-18MCG 9988776 0001000
015 0 10/15/06 68115077615 029123 COMBIVENT (ALBUTEROL SULFATE/PRA J5D 14.7 103-18MCG 1111111 5555555
Therapeutic Class Code
015 1 10/30/06 68115077615 029123 COMBIVENT (ALBUTEROL SULFATE/PRA J5D 14.7 103-18MCG 1111111 5555555
Days Supply
Refill code. 0 if new, 1 if first refill, etc.
Dispensing Date

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DATE: 01/01/2007 TIME: 08:29:15 — THERAPEUTIC DRUG UTILIZATION REVIEW SYSTEM — PAGE NO 750

EXCEPTION PROFILE REPORT

CYCLE ENDING-03/31/2007

REGION: 5 PINEYHILLS

RECIPIENT ID: 9876543212345 AGE: 49 SEX: F NURSING HOME: N GROUP: TDURS PCP: 8899988

DRUG / DIAGNOSIS HISTORY(3 MONTHS)

DAYS SUPP	R	SERVICE MM/DD/YY	PROC DESC / NDC CODE	..GENERIC	DIAGNOSIS CODE DESCRIPTION	EST MG/DAY	QTY DISP	STRENGTH	PROVIDERS A/R/P MD	PHRM/HSP	CT	TPL	PCP
015	2	11/11/06	68115077615 029123	COMBIVENT (ALBUTEROL SULFATE/PRA	J5D		14.7	103-18MCG	1111111	5555555			
015	1	12/1/06	68115077615 029123	COMBIVENT (ALBUTEROL SULFATE/PRA			14.7	103-18MCG	9988776	0001000			
030	0	10/22/06	66582031331 0265051	VYTORIN (EXETIMIBE/SIMVASTATIN	M4F		30		9988776	5555555			
030	1	11/20/06	66582031331 0265051	VYTORIN (EXETIMIBE/SIMVASTATIN	M4F		30		9988776	5555555			
030	2	12/21/06	66582031331 0265051	VYTORIN (EXETIMIBE/SIMVASTATIN	M4F		30		9988776	5555555			
010	0	10/22/06	54569333505 008996	AMOXICILLIN (AMOXICILLIN TRIHYDRATE CA	W1A		30	500MG	8888888	5555555			
007	0	12/14/06	00002306102 009104	CECLOR CEFACLOR	W1X		14	500MG	8888888	5555555			

National Drug Code Number. unique to the chemical entity, manufacturer and strength.

HICL Code. Unique to the chemical entity.

Provider Section

ID	NAME	TYPE	SPECIALTY	
0001000	ALPHA PHARMACY	26 PHARMACIES 1010 FIRST ST	87 ALL OTHER CITY	LA 71212
1111111	BETA MEDICAL CLINIC	20 PHYSICIANS (MD) SERVICES 2020 SECOND ST	70 CLINIC OR OTHER GROUP PRACTICE TOWN	LA 71777
3333333	GAMMA LABS	23 LAB SERVICES (PRIVATE) 3030 THIRD ST	69 INDEPENDENT LABORATORY (BILLING INDEPENDENTLY BIGCITY	LA 71888
5555555	DELTA DRUGS	26 PHARMACIES 4040 FOURTH ST	87 ALL OTHER RURALVILLE	LA 71999
7777777	WELBY MARCUS MD	20 PHYSICIANS (MD) SERVICES 5050 FIFTH ST	94 RURAL HEALTH CLINIC VILLAGE	LA 71888
8888888	EPSILON FAMILY CLINIC	20 PHYSICIANS (MD) SERVICES 6060 SIXTH ST	70 CLINIC OR OTHER GROUP PRACTICE SMALLTOWN	LA 71999
9988776	POWELL PAUL C MD	20 PHYSICIANS (MD) SERVICES 7070 70TH AVE	08 FAMILY PRACTICE MONROE	LA 71201 *

PCP Indicator

The Provider's Role in DUR

You as a provider are an important part of the DUR process and your replies are used by the DUR committee to refine the process. Perhaps you have prescribed a drug which the patient never filled. Or you may have ordered a test, such as an HbA1c test, but the profile suggests that the patient never received the lab work.

In addition to filing the letter and profile in the patient chart, please respond using the form provided. It contains the following 4 standard replies and a comment section:

_____ AWARE OF ISSUE / NO ACTION NEEDED

_____ PLAN TO TAKE ACTION (D/C DRUG, CHANGE DOSE, ORDER LAB)

_____ PLAN CONSULTATION (W/PATIENT, RPH, OR MD)

_____ DATA ACCURACY (PATIENT, MD OR DRUG HISTORY DATA).

A response of "DATA ACCURACY" is appropriate if you received this letter in error and are not one of the patient's providers/prescribers. If there are clinical issues, please include them in the "COMMENTS" section and they will be addressed by the DUR Board, keeping in mind that there are limitations to claims data.

Other suggestions on making the RetroDUR program relevant to your practice are welcome and will be given careful consideration. The goal of you, the Medicaid provider, and of the Medicaid Pharmacy Program is better patient outcomes. RetroDUR strives to use current resources to make more complete information available to you as providers to achieve that patient care goal.

Also available to Medicaid providers----

- For additional recipient information, the Electronic Clinical Data Inquiry (e-CDI) web-based clinical history information support system is easily accessible 24 hours a day on the lamedicaid.com website. Instructions for using the e-CDI can be found on the lamedicaid.com website or phone 1-800-648-0790.
- Profile information beyond 4 months can be obtained by contacting Dan Scholl, 225-216-6208.
- If in-depth clinical pharmacy research is needed, assistance is available by calling Greg Smith, RPh, Drug Information Service, ULM College of Pharmacy, at 318-342-1710.