
CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

**SECTION: 37.16: PATIENT COUNSELING, DRUG UTILIZATION
REVIEW (DUR) AND PROVIDER PEER BASED PROFILING PAGE(S) 7**

**37.16 PATIENT COUNSELING, DRUG UTILIZATION REVIEW (DUR) AND
PROVIDER PEER BASED PROFILING****Overview**

Introduction	Federal and state laws and regulations require that pharmacists provide the pharmaceutical care services described below. The intent of the laws and regulations is to improve the quality of pharmaceutical care by ensuring that medications are appropriate, medically necessary, and not likely to have adverse medical results.
--------------	--

In This Section	This Section contains:
-----------------	------------------------

- Introduction
- Patient Counseling
- Prospective Drug Utilization Review (UniDUR)
- Retrospective Drug Utilization Review
- Provider Peer Based Profiling
- Drug Utilization Review Board

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

**SECTION: 37.16: PATIENT COUNSELING, DRUG UTILIZATION
REVIEW (DUR) AND PROVIDER PEER BASED PROFILING PAGE(S) 7**

37.16.1 INTRODUCTION

The Louisiana Medicaid Pharmacy Benefits Management (LMPBM) System utilizes several different drug utilization review (DUR) applications in its program that are either federally and/or state mandated.

In 1990 the federal Omnibus Budget Reconciliation Act (OBRA) amended the Social Security Act to include the specific requirement that states must administer a Drug Utilization Review (DUR) Program with a DUR Board. OBRA 90 states that a drug use review program assures that prescriptions are appropriate, are medically necessary, and are not likely to result in adverse medical results. In accordance with the Act and federal regulations, states are mandated to have a Medicaid DUR program with the goal, "...to ensure appropriate drug therapy, while permitting sufficient professional prerogatives to allow for individual drug therapy." The federal DUR program's required components are:

- Patient counseling;
- Prospective drug review;
- Retrospective drug use review;
- An educational program; and
- A state Drug Utilization Review Board.

In 2001 the Louisiana Legislature amended La. R.S. 46:153.3 by Act 395 to mandate the Department of Health and Hospitals (DHH) develop peer-based prescribing and dispensing practice patterns for health care providers participating in Medicaid and to promote these practice patterns. This program is called the **Provider Peer Based Profiling Program**.

37.16.2 PATIENT COUNSELING

Patient counseling must be offered and provided in accordance with the Louisiana Board of Pharmacy Regulations at LAC, 46:LIII, §517.

**Components of
Patient Counseling**

In accordance with those regulations, the pharmacist, at a minimum, should be convinced that the patient or caregiver is informed of the following:

- Name and description of the medications;
- Dosage form, dosage, route of administration, and duration of therapy;
- Special directions and precautions for preparation, administration, and use by the patient;
- Common severe side effects or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required in the event of their occurrence;
- Techniques for self-monitoring drug therapy;
- Proper storage of the medication;
- Prescription refill information, if any; and
- The action to be taken in the event of a missed dose.

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

**SECTION: 37.16: PATIENT COUNSELING, DRUG UTILIZATION
REVIEW (DUR) AND PROVIDER PEER BASED PROFILING PAGE(S) 7**

Communication to the Patient	Counseling to the patient or caregiver should be in person if possible. If that is not possible or appropriate, then a pharmacist should counsel using alternative methods including, but not limited to, telephonic or electronic communication with the patient or caregiver.
------------------------------	---

Exceptions to Counseling Requirement	Counseling is not required for inpatients of a hospital or institution where a nurse or other licensed health care professional is authorized to administer medications.
--------------------------------------	--

Waiver	According to the regulations, no pharmacist or pharmacy may solicit or encourage blanket waivers for patient counseling. However, the regulations do not prohibit the patient or caregiver from declining patient counseling.
--------	---

37.16.3 PROSPECTIVE DRUG UTILIZATION REVIEW (UNI-DUR)

Prior to filling or refilling a prescription, the pharmacist must review the prescription and the patient record for therapeutic appropriateness.

If there is an indication of possible drug contraindications or abuse, the pharmacist must take appropriate action to resolve the issue(s).

UniDUR Features	<p>UniDUR has the following features.</p> <ul style="list-style-type: none">• UniDUR provides real-time screening of all Point of Sale (POS) prescription drug claims against the Louisiana Medicaid clinical database.• UniDUR reports “clinical events” as defined by the Louisiana Medicaid Pharmacy Benefits Management (LMPBM) Section. The events are based on extensive development research done by the LMPBM System staff, contractors, Molina and University of Louisiana at Monroe (ULM) School of Pharmacy; and the Drug Utilization Review (DUR) Board.• UniDUR provides an on-line response to a pharmacy within seconds of significant UniDUR events with the disposition of the claim.
-----------------	--

How UniDUR Works	<p>The UniDUR system accepts POS transactions from the Medicaid claims adjudication system, and screens each prescription against a patient’s prescription profile. The profile includes the patient’s active drug products, medical diagnosis profile, gender and age.</p>
------------------	---

Screening occurs using one or more of the clinical screening modules that are based upon the clinical criteria defined by the LMPBM System staff. The results of the screening are

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

**SECTION: 37.16: PATIENT COUNSELING, DRUG UTILIZATION
REVIEW (DUR) AND PROVIDER PEER BASED PROFILING PAGE(S) 7**

returned to the claims adjudication system in the form of clinical events. The system then completes the adjudication of the claim according to the program's established parameters and sends a response to the pharmacy.

Clinical Events

If a potential drug issue is identified, a clinical event is triggered, and the pharmacy will receive a UniDUR message. The LMPBM screens prescriptions for the following potential drug issues:

- Compliance Monitoring – refills too early or too late;
- Prescribing Limits – excessive or inadequate dosages, or duration of therapy;
- Therapeutic Duplication – two or more prescriptions with duplicative actions, whether prescribed by the same or different prescribers;
- Drug-Drug Interaction – drugs that should not be taken concurrently;
- Drug-Disease Precaution – specific drugs that may cause harm in patients with certain known medical conditions;
- Disease-Drug Precaution – diseases where specified drugs are suggested for use to deter disease progression or complications;
- Pregnancy Precaution – drugs with high risk of fetal harm dispensed to childbearing women.

Note: Refer to Section 37.5.8 Prospective Drug Utilization Policies/Limits/Edits for detailed policy information.

**Medicaid Responses
to a Clinical Event**

Depending on the severity of the clinical event, Medicaid may:

- Suppress the response to the pharmacy, but report it in aggregate to Medicaid staff;
- Return the response to the pharmacy for informational purposes, not require any action, and pay the claim as submitted; or
- Return the response to the pharmacy and require the pharmacist to take appropriate action and report that action in the form of a claim override. Medicaid will deny payment if the pharmacist does not correctly override the claim.

Required Action

When a UniDUR response is received, the pharmacist must verify the information against the patient's drug profile and current prescription, evaluate the conflict, and decide whether or not to dispense the drug. Actions can range from conferring with the patient and checking the patient's profile to consulting with the prescriber.

If the message is "early refill" or "therapeutic duplication" the pharmacist must determine whether the prescription should be filled, refused, or changed.

If the pharmacist or recipient is unaware of any conflicting prescriptions, the pharmacist may call the Molina Point of Sale Help Desk at 1-800-648-0790 for additional information on the UniDUR message.

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

**SECTION: 37.16: PATIENT COUNSELING, DRUG UTILIZATION
REVIEW (DUR) AND PROVIDER PEER BASED PROFILING PAGE(S) 7**

Note: Refer to Appendix D Point of Sale User Guide and Section 37.5.8 for detailed information and instructions on the Prospective Drug Utilization Review (UniDUR) feature of the LMPBM System.

37.16.4 RETROSPECTIVE DRUG UTILIZATION REVIEW

The federal retrospective DUR requirements recognize the functions of Medicaid Management Information Systems (MMIS) and Surveillance and Utilization Review (SUR) subsystems which were in effect prior to OBRA 1990. The regulations, therefore, permit states to *limit retrospective DUR review activities to those that focus on appropriate and medically necessary care to avoid duplication of activities relating to fraud and abuse under the SUR program.*

LaDUR

The retrospective drug utilization review program in Louisiana is called LaDUR. The LMPBM System, through a contract with the fiscal intermediary, Molina, administers LaDUR as a component of its Drug Utilization Review (DUR) system.

The LaDUR program includes four regional committees, each comprised of three pharmacist providers and one physician provider located throughout the state, who conduct monthly reviews of Medicaid patients' prescription profiles. (These reviews assess the possibility of underutilization, over-utilization, or contra-indications of prescription therapy by querying a recipient's disease history and drug utilization.) The committees correspond with patients' prescribers and pharmacists regarding their observations in an effort to identify prescription therapies and utilization patterns that correspond to specified therapeutic criteria.

LaDUR's
Enhanced Focus

LaDUR has been enhanced in recent years by shifting its focus from a fundamental review of therapeutic drug criteria based on a patient's prescription utilization to the examination of a patient's disease states.

Extensive technical programming enhancements have allowed identification of prescription use or absence within a disease state. This shifts the program's focus from issues of over-utilization and drug duplication to a disease management focus. For example, clinical practice guidelines from the American Diabetes Association were reviewed by the DUR Board to develop standards for LaDUR. Standards developed include reviewing the drug regimens of patients with diabetes and concurrent hypertension for angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) utilization.

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

**SECTION: 37.16: PATIENT COUNSELING, DRUG UTILIZATION
REVIEW (DUR) AND PROVIDER PEER BASED PROFILING PAGE(S) 7**

37.16.5 PROVIDER PEER BASED PROFILING

Provider Peer Based Profiling (PPBP) is one of the newest components of the LMPBM System's Drug Utilization Review System. In accordance with the Louisiana Legislature's mandate, the LMPBM System is required to develop peer-based prescribing and dispensing practice patterns for health care providers who participate in the Louisiana Medicaid Program and to develop and maintain a process to promote such practice patterns through the Drug Utilization Review Board.

**PPBP
Objectives**

The objectives of this program are to:

- Identify, evaluate, and monitor existing levels of delivery of pharmaceutical care by prescribing providers;
 - Improve the quality of recipients' pharmaceutical care; and
 - Identify and help correct aberrant prescribing and dispensing patterns of pharmaceutical care services delivery patterns.
-

**PPBP
Functions**

The program focuses on educational outreaches to the providers whose prescribing and/or dispensing practices are aberrant to his/her peers. By intervening with prescribers and pharmacists having questionable practices, the LMPBM System's educational components will motivate change.

The program provides database extract programs to:

- Identify peer-based appropriate/acceptable standards of prescribing and dispensing patterns by parish or region;
 - Rank providers within these patterns;
 - Develop provider specific educational interventions to address aberrant practicing patterns; and
 - Develop reporting system for:
 - Audit trails
 - Intervention Tracking Reports
 - Special Projects Reports
-

37.16.6 DRUG UTILIZATION REVIEW BOARD

The federal OBRA '90 statute requires each state to establish a Drug Utilization Review (DUR) Board. The Louisiana Department of Health and Hospitals' Bureau of Health Services Financing has established a Drug Utilization Review Board to assist the agency in assessing its Drug Utilization Review Program.

CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICE

**SECTION: 37.16: PATIENT COUNSELING, DRUG UTILIZATION
REVIEW (DUR) AND PROVIDER PEER BASED PROFILING PAGE(S) 7**

**DUR Board
Functions**

The Board should:

- Make recommendations and approve predetermined criteria established in retrospective DUR and prospective DUR;
 - Evaluate the use of predetermined criteria and standards in use, and make recommendations to the Bureau concerning modification or elimination of existing predetermined criteria and standards or the adoption of new ones;
 - Recommend guidelines governing written predetermined criteria and standards that pharmacies not using approved software must use in performing prospective DUR;
 - Identify educational topics to improve prescribing and dispensing practices;
 - Make recommendations regarding interventions to improve quality of drug therapy;
 - Periodically re-evaluate educational interventions;
 - Be a knowledgeable group, dedicated to assisting the agency in the administration of its Drug Utilization Review Program in an advisory capacity; and
 - Prepare annual report.
-

Membership

Federal statute specifies the general board membership.

The membership of the DUR Board shall consist of at least one-third but not more than 51% licensed and actively practicing physicians and at least one third licensed and actively practicing pharmacists. Whenever possible, the Board will include representation of the Louisiana Schools of Pharmacy and the pharmaceutical manufacturers.

The committee shall be composed of at least eight members (or approved designees) appointed by the secretary of the Department of Health and Hospitals.

The committee shall consist of healthcare professionals who have recognized knowledge in:

- Clinically appropriate prescribing of covered outpatient drugs;
 - Clinically appropriate dispensing and monitoring of covered outpatient drugs;
 - Drug use review, evaluation and intervention; and
 - Medical quality assurance.
-