

DRUG UTILIZATION PROGRAM

Purpose:

To delineate Drug Utilization Review (DUR) programs supported by the pharmacy benefit manager. Performance of on-line (real time) screening allows the pharmacy provider to use their discretion and intervene, as appropriate, to prevent unnecessary or ineffective treatment or undesirable patient outcomes.

Policy:

The PBM will have in place DUR programs that provide the pharmacy provider with real-time information electronically at the point of sale. Pertinent messages are provided to the pharmacy provider in accordance with today's industry standards. First DataBank's Evaluations of Drug Interactions is used. Point of sale claims are compared with active prescriptions of individual members. Direct member reimbursement claims are not screened.

Procedure:

1. The following is provided to the pharmacy provider:

Drug/drug interactions-alerts the pharmacy provider of drugs, that, when taken together, may result in a harmful interactions. The interaction occurs when either drug in an interacting pair affects the activity or desired results of the other drug. Possible interactions include decreased activity of one or both drugs, inactivation of one or both drugs, increased toxicity or activity of one or both drugs, or an increase in adverse effects for one or bother drugs. Not all Drug-drug interactions are harmful. Varying severity levels are associated with each interacting pair of drugs. The notification warns the pharmacy provider that the patient is taking two drugs with a potentially harmful interaction. Some prescribers may use drug-drug interactions to achieve an intended effect from a given dose that would not be possible if the drug was taken alone. Severity Levels in Drug/Drug Interactions Module (DDIM), Version 32.

Severity Level	Description
1	<p><u>Contraindicated Drug Combination</u></p> <ul style="list-style-type: none"> • This drug combination is clearly contraindicated in all cases. • A manufacturer's label indicating the contraindication is sufficient to warrant including a drug combination into this category, regardless of clinical evidence or lack thereof.
2	<p><u>Severe Interaction</u></p> <ul style="list-style-type: none"> • Contains drug combination that can produce serious consequences in most patients, but can be monitored and/or the agent(s) titrated, significantly minimizing the risk of adverse effects. • The drug combinations may be absolutely contraindicated in some but not all patients. • Those patients in whom the combination is contraindicated are identifiable and information on identifying those patients is contained in the corresponding DDIM monograph. Drugs that must never be given at the same time, but can be administered on a staggered schedule, and included in the DDIM monograph.
3	<p><u>Moderate Interaction</u></p> <ul style="list-style-type: none"> • Contains interactions that are of moderate severity

9	<p><u>Undetermined Severity-Alternative Therapy Interaction</u></p> <ul style="list-style-type: none"> • Although the Severity Level indicates that an interaction is possible it does not indicate the potential severity of the interactions. • Contains interactions that involve agents classified as alternative therapy. These interactions may be between drugs and alternative therapy agents or between multiple alternative therapy agents. • FDB defines alternative drug therapy as those therapies that are not subject to the documentation of safety and efficacy through the filing of a New Drug Application (NDA), and so on with the United States' Food and Drug Administration (FDA).

When a claim(s) are received and an interacting pair of drugs is identified, the Severity Level is checked. All severity levels are notified to the pharmacy provider. This edit provides the pharmacy provider to use their professional judgment and intervene, as necessary.

Drug of Preference-notifies the pharmacy provider when a drug dispensed for an individual member is not the preferred agent/treatment according to UPHP recommendations. This edit results in claim rejection. The pharmacy provider may use his/her discretion and

Duplication Therapy Monitoring-Informs the pharmacy that a newly prescribed agent may duplicate the therapeutic effects of another drug already prescribed for the individual. Duplicate therapy edits for the same drug, outside of the early refill edits for UPHP will reject. Messages for duplicate therapies within the same therapeutic classification will generate an informational message.

Minimum and Maximum Dosage Ranges -Notifies the pharmacy provider when the dose submitted (per physician orders) is either below the minimum or over the maximum dose. This edit is currently for informational purposes only. First Data Bank only supports adult dosing.

Protocols-protocols in place to specify how many courses of therapy will be allowed within a given period, such as therapy/time interval protocols (defines number of days of therapy covered over a period of time), quantity/time protocol (defines quantity prescribed over a period of time), dose/time intervals (tracks both quantity and days prescribed over a defined period of time).

Daily Allowable Consumption (DACON): This program consists of a series of doses/time therapy protocols. The DACON limits members at point of service only to no more than one tablet/day of certain once-daily dosed medications when more than one dosage strength is available.

2. The GCN is the unique identifier used in determining if the drug submitted has preferred product criteria. If preferred criteria exist, the claim is checked for compliance.
3. The priority for DUR screening and messaging is as follows and cannot be altered.
 - a. Drug/drug interactions
 - b. Minimum/maximum dosage
 - c. Therapeutic duplication
 - d. Therapy protocol
 - e. Preferred drug
 - f. Claim status
4. Outgoing messages to pharmacy providers is dependent on the version of NCPDP communication protocols used by the pharmacy provider to submit the claim(s) to the PBM.