POLICY AND PROCEDURE	
Policy # and TITLE: Drug Utilization Review	
Primary Policy owner: Pharmacy	**POLICY #:** PH21
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☐All Departments 2) ☐Behavioral Health (BH) 3) ☐Benefits Administration (BA) 4) ☐Care Management (CM) 5) ☐Claims (CLMS) 6) ☐Community Marketplace & Member Engagement (MAR) 7) ☐Compliance (CMP/HPA) 8) ☐Configuration (CFG) 9) ☐Provider Contracting (CONT) 10) ☐Cultural & Linguistics (CL) 11) ☐Customer Service (CS)	12) ☐Facilities (FAC) 13) ☐Finance (FIN) 14) ☐Human Resources (HR) 15) ☐Information Technology / Core Systems (IT) 16) ☒Pharmacy (PH) 17) ☐Provider Networks (PRO) 18) ☒QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☐ Utilization Management (UM)
PRODUCT TYPE: ☒Medi-Cal	**Supersedes Policy Number:** N/A

I. PURPOSE

To establish a process for conducting evaluations of healthcare providers prescribing, pharmacist dispensing, and patient use of medications at San Joaquin County Health Commission ("Commission"), operating and doing business as Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan").

II. POLICY

A. The Health Plan's Pharmacy Department will institute a DUR program.

B. The Health Plan participates in the Department of HealthCare Services (DHCS) State DUR Board.
C. The recommendations and advisory positions offered by the DUR Board will not be binding, however, if the Health Plan chooses not to adopt such recommendations it must document the motivation.
D. The Health Plan submits an Annual Report to DHCS.
E. The Health Plan participates in DHCS Organized Pharmacy Committee Meetings.

III. PROCEDURE

A. The Health Plan enacts a DUR program.
    1. The DUR program includes retrospective drug review.
    2. The Health Plan's Pharmacy team receives comprehensive claims and PA history for their members and use claims data for their own quality improvement, retrospective DUR activities, and coordination of care if needed including but not limited to identifying patterns of:
        a. Therapeutic appropriateness
        b. Adverse events
        c. Incorrect duration of treatment
        d. Over or under utilization
        e. Inappropriate or medically unnecessary prescribing
        f. Gross overprescribing and use
    3. The following types of Drug Utilization Review are conducted.
        a. Concurrent Opiate and Benzodiazepine Reviews-
            i. Retrospective DUR: The Health Plan reviews all members taking both opiates and benzodiazepines on a monthly basis. In cases of suspected inappropriate prescribing by a provider, the information will be presented to the Compliance Committee and/or the Quality Operations Committee for further review and members exhibiting frequent concomitant utilization are referred to utilization management (UM) for case-management.
        b. Concurrent Opiate and Atypical Antipsychotics Review-

i. Retrospective DUR: The Health Plan reviews all members taking both opiates and atypical antipsychotics on a monthly basis. In cases of suspected inappropriate prescribing by a provider, the information will be presented to the Compliance Committee and/or the Quality Operations Committee for further review and members exhibiting frequent concomitant utilization are referred to UM for case-management.

c. Morphine Milligrams Equivalent (MME) Review-
   i. Retrospective DUR: The Health Plan reviews, on a daily basis, all members who received a rejection for the 300 MME/day hard edit. The pharmacy team coordinates with the Compliance department in regard to any patients that have concerns for possible fraud, waste, or abuse (FWA). The Health Plan reviews all members taking opiates in excess of 90 MME/day on a monthly basis. Members above the MME/day threshold, exhibiting frequent ER utilization, frequent changes in PCP, and/or multiple pharmacies utilized are monitored and referred to case management. For cases of suspected FWA, the member is referred to the Compliance Department for investigation.
d. Mental Health Medications in Children
   i. Retrospective DUR: On a monthly basis, The Health Plan reviews all children under the age of 18 (including foster care children enrolled under the California State Medicaid Plan) taking antipsychotics, mood stabilizers and antidepressants.
   ii. The Health Plan reviews for children with polypharmacy of mental health medications (taking more than one medication in a class or multiple mental health medications).
e. Fraud Waste and Abuse

i. Retrospective DUR: On a monthly basis, The Health Plan reviews outpatient pharmacy claims for fraud waste and abuse.
ii. Monthly the Health Plan reviews claims for members:
   A. Taking multiple controlled substances
   B. Taking opiates and having more than one prescriber
   C. Taking opiates and having more than one pharmacy
   D. The number of total opioids prescribed.
   E. The percentage of members who have an average monthly MME is above 90.

4. The DUR program must contain an educational program. When the Health Plan receives educational programs and materials from DHCS the Health Plan then distribute the educational programs and materials to their providers via the Health Plan's established mechanisms. The Health Plan distributes additional educational materials or articles based on the demographics and trends specific to their beneficiaries and providers.

B. The Health Plan engages in the State DUR Board
   1. The Health Plan actively participate in the DUR Board activities either individually or by means of an entity selected to represent multiple MCPs (e.g., California Association of Health Plans, Local Health Plans of California).
   2. Participation may include selected MCP representatives volunteering to serve as DUR Board members.

C. The recommendations and advisory positions offered by the DUR Board will not result in a mandate that MCPs adopt or implement such recommendations or advisory positions.
   1. MCPS will retain the ability to decide what recommendations, if any, the MCP will adopt.
   2. If the MCP chooses not to adopt the DUR Board recommendations, the rationale for not adopting the recommendation must be included as part of the annual reporting process mentioned below.

3. The rationale will be used solely for informational purposes only and not as part of the assessment of the MCP's efficiency or compliance.

D. The Health Plan submits an Annual Report to DHCS
   1. The Health Plan prepares an MCP-specific annual report describing its DUR activities and submit it to DHCS on an annual basis by April 1.
   2. The report is used to identify the Health Plan's DUR activities that occur outside the global DUR.
   3. The report includes information related to the methodology by which the Health Plan meets the requirements for the Retrospective DUR.
   4. Additional information may be required to inform the State regarding educational DUR activities performed by the Health Plan that are outside the global educational activities, the rationale for not implementing DUR Board recommended actions, and any other DUR related activities performed outside of the global DUR activities.
   5. The annual report is based on a template for the MCP-specific annual report which is developed in a separate workgroup comprised of both DHCS and MCP representatives and is based on the information required by CMS in the global annual report submitted by the State.

E. The Health Plan sends either the Director of Pharmacy or a designee to participate in DHCS's Organized Pharmacy Committee Meetings (e.g., Pharmacy Director's Meeting).

IV. ATTACHMENT(S)

A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
B. Glossary of Terms Link
C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

A. Centers for Medicare and Medicaid Services (CMS) CMS-2390-F
B. DHCS All Plan Letter (APL 17-008)
C. DHCS All Plan Letter (APL 22-012)
D. Social Security Act (SSA) Section 1927(g)
E. Title 42, Code of Federal Regulations (CFR) part 456, subpart K
F. Title 42, Code of Federal Regulations (CFR), Section 438.3(s)

VI. REVISION HISTORY

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	05/17, 12/18, 05/19, 05/20, 04/21, 12/21, 12/22	N/A
001	Moved PH21 to new template and added two additional drug utilization review types per DHCS recommendations.	9/8/2023
Initial Effective Date: 6/1/2017		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	2/15/2024
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee		
• Audits & Oversight Committee		
• Policy Review	001	12/20/2023
Quality and Utilization Management		
• Quality Operations Committee		
• Grievance		
Pharmacy & Therapeutics Committee	001	12/21/2023

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	DHCS Contract manager	001	1/23/2024
Department of Managed Care (DMHC)	N/A	N/A	N/A

IX. *Approval signature**

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy