

<b>POLICY AND PROCEDURE</b>	
<b>Title:</b> Drug Utilization Review (DUR)	
<b>Primary policy owner:</b> Pharmacy	<b>Policy #:</b> PH37
<b>Impacted/Secondary policy owner:</b> Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health & Social Services (BH/SS) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Case Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input checked="" type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM) 22) <input type="checkbox"/> Medical Management (MM)
<b>Product Type:</b> <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> D-SNP	<b>Supersedes Policy Number:</b> NA

## I. PURPOSE

To ensure Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") is in compliance with all contractual requirements, applicable federal and state laws, and regulations for responding, preventing, reviewing, and investigating all reported and identified non-compliance. Health Plan Workforce and Delegates establish and perform Drug Utilization Review (DUR) activities to optimize and promote safe and

effective medication usage in compliance with federal and state regulations and other program requirements.

## II. POLICY

- A. Health Plan must establish a drug utilization management program to assist in preventing over-utilization and under-utilization of prescribed medications.
- B. Health Plan must establish quality assurance measures and systems to improve medication usage, reduce medication errors, and adverse drug interactions, and include, among other requirements:
  - 1. Concurrent Drug Utilization Review (cDUR): designed to ensure that a review of the prescribed drug therapy is performed before each prescription is dispensed to a Health Plan member.
  - 2. Retrospective Drug Utilization Review (rDUR): post adjudication periodic examination of claims data and other records, to identify patterns of inappropriate or medically unnecessary care.
  - 3. Internal medication error identification and reduction systems.
- C. Health Plan must provide Center for Medicare and Medicaid Services (CMS) with information concerning the procedures and performance of its drug utilization management program, according to guidelines specified by CMS.
- D. Health Plan must implement opioid safety edits at the Point-of-Sale (POS) designed to prompt prescribers and pharmacists to conduct additional safety reviews to determine if the enrollee's opioid use is appropriate and medically necessary.
- E. Health Plan must monitor for Food and Drug Administration alerts and recalls and must take action to notify affected beneficiaries in a timely and effective manner.

## III. PROCEDURE

### cDUR

- A. Health Plan delegates cDUR to the Pharmacy Benefit Manager (PBM).

- B. The PBM screens for and detects member safety issues at the POS by subscribing to drug databases algorithms (Medi-Span and First Data Bank).
- C. The PBMs include eight (8) safety DUR alerts (below) which send advisory information to the dispensing pharmacist at the POS before a prescription is dispensed. The pharmacist can either override the alert or call the PBM to resolve it.
  - 1. Therapeutic Duplication.
  - 2. Drug-Drug Interaction.
  - 3. Drug Dosage.
  - 4. Ingredient Duplication.
  - 5. Age Precaution.
  - 6. Pregnancy Precaution.
  - 7. Gender Conflict.
  - 8. Late Refill.
- D. The PBM provides cDUR reporting to Health Plan on a monthly basis.
- E. Health Plan reviews the cDUR reports to identify patterns and customize edit overrides and/or free-text messages to the pharmacies.

#### Opiates POS Edits

- F. The PBM implements opioid safety edits at the point-of-sale (POS) to comply with CMS requirements. These edits do not apply to members excluded from CMS (residents of a long-term care facility, hospice care, end-of-life care, members treated for active cancer related pain, members treated for sickle-cell disease).
  - 1. Rejection for duplicative Long-Acting (LA) opioid therapy, requiring an override by a Prior Authorization (PA) or a manual override.
  - 2. Rejection to limit new opioid users to no more than a 7-day supply, requiring an override by a PA.
  - 3. Rejection for concurrent opioid and benzodiazepine use requiring an override by a PA or a manual override.
  - 4. Rejection for opioid-buprenorphine concurrent use requiring an override by a PA or a manual override.
  - 5. Opioid Cumulative dosing at POS edits based on latest CMS guidance.

- G. The PBM annually submits the opioid program's parameters to CMS in the Health Plan Management System (HPMS).
- H. The PBM prepares the "Improving Drug Utilization Review Controls" quarterly reports and send them to Health Plan for review.
- I. Health Plan submits the reports to CMS, annually, based on timelines established by CMS (generally in February of the year following the benefit year). All data elements are uploaded to Health Plan at the contract level.

#### Drug Recalls

- J. The PBM implements an expedited process for prompt identification and notification of Health Plan members and prescribers affected by a Class I recall.
- K. The PBM implements a process for the identification and notification of Health Plan members and prescribers affected by a Class II recall or voluntary drug withdrawal from the market for safety reasons within 30 calendar days of the FDA notification.
- L. Recall communications shall be clear, accurate, and easily understandable by beneficiaries. They include:
  - 1. Information about the specific drug being recalled.
  - 2. Instructions to stop using the recalled medication immediately.
  - 3. Guidance on what to do with any remaining product.
  - 4. Information on how to obtain a replacement or alternative medication.

#### IV. ATTACHMENT(S)

- A. [Glossary of Terms Link](#)

#### V. REFERENCES

- A. 42 CFR § 423.153(c)(2)
- B. United States Department of Health and Human Services (HHS) webpage on opioids <https://www.hhs.gov/opioids/>
- C. Centers for Medicare and Medicaid Services (CMS) Part D Reporting Requirements – issued annually by CMS around November each year
- D. State Medicaid Agency Contract (SMAC)

E. Health Plan Contract with Centers for Medicare & Medicaid Services (CMS)

**VI. REVISION HISTORY**

Version*	Revision Summary	Date
001		
002		
003		
004		
<b>Initial Effective Date: 09/24/2025</b>		
<b>Published Date:09/30/2025</b>		

**VII. Committee Review and Approval To Be Completed by Compliance**

Committee Name	Version	Date
Compliance Committee	001	9/24/2025
<ul style="list-style-type: none"> <li>Privacy &amp; Security Oversight Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Program Integrity Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Audits &amp; Oversight Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Policy Review Committee</li> </ul>		
Quality Improvement Health Equity Committee (QIHEC)		
<ul style="list-style-type: none"> <li>Quality Operations Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Grievance Committee</li> </ul>		

**VIII. REGULATORY AGENCY APPROVALS**

Department	Reviewer	Version	Date
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Department of Healthcare Services (DHCS)			
Department of Managed Care (DMHC)			

**IX. Approval signature\***

<b>Signature</b>	<b>Name Title</b>	<b>Date</b>
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

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