Medication Quality Assurance

State(s):	LOB(s):
☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:	☐ Commercial ☒ Medicare ☐ Medicaid ☐ PSA

Government Policy

Purpose

The purpose of this procedure is to describe the PacificSource concurrent Drug Utilization Review (DUR), retrospective DUR and Medication Error Identification & Reduction policies & procedures. These policies & procedures are designed to ensure that a review of prescribed drug therapies are performed before each prescription is dispensed and retrospectively, in an ongoing periodic examination of claims history.

Procedure: Pharmacy Services

Procedure

Concurrent DUR (cDUR):

PacificSource's concurrent DUR Process is conducted at the point of sale via claims transmissions messages and claim edits communicated to the dispensing pharmacy. Claims transmission messages are sent electronically to dispensing pharmacies in a standard National Council for Prescription Drug Programs (NCPDP) format. Concurrent DUR is delegated to a downstream entity, CVS Caremark, or the current pharmacy benefit manager (PBM). Every pharmacy claim dispensed and billed to PacificSource Health Plans is subject to concurrent DUR review which screens for the following potential problems: therapeutic duplication, age/gender contraindications, over-utilization, under-utilization, drug-drug interactions, incorrect dosage or duration of therapy, drug-allergy contraindications, and clinical abuse/misuse.

The majority of DUR rejects are soft-edits which can be overridden by the dispensing pharmacist at the point-of-sale. The plan delegates this clinical review to the dispensing pharmacist through network pharmacy contracts administered by CVS Caremark or current PBM.

Requests to override a hard edit related to a concurrent DUR reject are evaluated by the plan pharmacists for clinical appropriateness. Plan pharmacists have access to validated clinical resources such as Micromedex.

Retrospective DUR (rDUR):

Retrospective DUR functions are delegated to CVS Caremark or the current PBM. The CVS Caremark Retrospective DUR program is designed to reduce adverse drug events caused by drug-drug interactions, drug-age interactions, drug-disease interactions, overutilization, underutilization, therapeutic duplication, and misuse of controlled substances. The Overutilization Monitoring System (OMS) Pharmacist Review Procedure policy is kept current by Caremark. Caremark pharmacists complete response forms and clinical evaluation of each case and forward to PacificSource. PacificSource then internally reviews for assessment of appropriate response.

Further retrospective DUR is conducted through targeted outreach campaigns conducted by the plan's Pharmacy Services staff and Medication Therapy Management (MTM) pharmacists.

Additionally, the plan's Pharmacy and Clinical Quality Improvement teams regularly utilize and monitor patient safety reports (such as Acumen, and trend analysis) to compare the overall performance averages and monitor the progress of patient safety measures for Part D Star Ratings or Display Measures to ensure performance goals are being met.

Targeted outreach campaigns address a variety of clinical interventions and generally include mailings to providers and members. Mailings are initiated based on data available through claims transactions, the Medicare Patient Safety (Acumen) website or current topics published in primary literature sources.

Medication Error Identification & Reduction (MEIR)

PacificSource pharmacists are responsible for ensuring safe medication use among our members. This includes identification and resolution of potentially dangerous medication errors. Identification of medication errors can be communicated to PacificSource Pharmacy team through any of the following methods:

- Grievance referrals
- Coverage Determination process
- Direct conversation with members or providers
- Retrospective review of claims data
- Quality Improvement initiatives
- Nurse Case Manager referrals
- Claims review by PBM through the DUR process
- Fraud Waste and Abuse programs

When medication errors are identified through the above channels, PacificSource and PBM staff are informed to communicate the potential error to the Pharmacy Services team. Plan pharmacists, using their professional judgment, will determine the most appropriate action. Potential actions resulting from the identification of a medication error include but are not limited to the following:

- Submission to Medwatch
- A letter to the impacted member
- A letter to the state board with oversight of the impacted provider
- Communication with the PBM to employ preventive measures (concurrent DUR edits)

- Communication to the credentialing team
- Development of a targeted letter campaign to impacted members and providers
- Provider education via teleconference or mail

Evaluation of medication errors will occur on a yearly basis looking for trends and patterns and ensuring corrective actions are implemented accordingly to prevent future errors.

Interdependencies:

5.1 Related Policies:

5.2 Related Procedures:

5.3 Related Attachments:

5.4 Related Documents/Forms:

Legal Compliance:

Section 20.3 & 20.4, Chapter 7 of the Medicare Prescription Drug Benefit Manual

7.0 Key Definitions

N/A