Revision: HCFA-PM- (MB)

State/Territory: _____OKLAHOMA_____

Citation

1927(g)
42 CFR 456.700

4.26. Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of the Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:
   - Appropriate
   - Medically necessary
   - Are not likely to result in adverse medical results

1927(g)(1)(a)
42 CFR 456.705(b) and 456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs or groups of drugs, as well as:
   - Potential and actual adverse drug reactions
   - Therapeutic appropriateness
   - Overutilization and underutilization
   - Appropriate use of generic products
   - Therapeutic duplication
   - Drug-disease contraindications
   - Drug-drug interactions
   - Incorrect drug dosage or duration of drug treatment
   - Drug-allergy interactions
   - Clinical abuse/ misuse

1927(g)(1)(B)
42 CFR 456.703 (d) and (f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:
   - American Hospital Formulary Service Drug Information (AHFS-DI)
   - United States Pharmacopeia-Drug Information
   - Micromedex DrugDEX (DrugDEX)
   - American Medical Association Drug Evaluations

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1927(g)(1)(D)
42 CFR 456.703(b)

D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chose to include nursing home drugs in:
_X_ Prospective DUR
_X_ Retrospective DUR

1927(g)(2)(A)
42 CFR 456.705(b)

E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)
42 CFR 456.705(b), (1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interaction
- Drug interactions with no-prescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

At the option of the State, the screenings also include review for:
- High drug dosages
- Drug age precaution
- Drug-pregnancy
- Ingredient duplication

1927(g)(2)(A)(ii)
42 CFR 456.705(c) and d

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)
42 CFR 456.709(a)

F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

- Patterns of fraud and abuse
- Gross overuse
- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid ~~recipients~~ members, or associated with specific drugs or groups of drugs.

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Citation

K. Provisions of Section 1004 of the SUPPORT ACT

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

a. **Claim Review Limitations**

- Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).
- Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

b. **Programs to monitor antipsychotic medications to children:**

Antipsychotic agents are reviewed for appropriateness for all members aged 18 and younger, including foster children, based on approved indications and clinical guidelines.

c. **Fraud and abuse identification:**

The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.