

State/Territory: OKLAHOMACitation

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

2. 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
- Excessive utilization
- Inappropriate or medically unnecessary care or prescribing or billing practices that indicate abuse or excessive utilization among physicians, pharmacists, Medicaid members, or associated with specific drugs or groups of drugs.

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