MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**203**	
Subject:	**Drug Use Evaluation (DUE)**	
Section:	**Pharmacy**	
Initial Effective Date:	**06/04/2000**	
Revision Effective Date(s):	**07/19, 07/20, 07/21, 07/22, 07/23, 07/24, 7/25**	
Historical Revision Date(s):	**09/01, 09/02, 04/03, 04/04, 10/05, 10/06, 10/07, 10/08, 10/09, 10/10, 10/11, 09/12, 10/13, 10/14, 10/15, 10/16, 07/17, 07/18**	
Review Effective Date(s):		
Historical Review Date(s):		
Responsible Parties:	**Health Plan Pharmacist, P&T Committee**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:	**Code of Federal Regulations 42 Part 438.3(s) MDH Standards and Reporting Requirements of Drug Use Management Programs for MCOs March 2025, 4.0**	
Approved:	**AVP Clinical Operations**	**Chief Medical Officer**

Purpose: **To establish a program, inclusive of prospective and retrospective components, that shall assess the medical appropriateness, safety, and effectiveness of prescribing, dispensing and patient drug use and to develop activities to educate practitioners and pharmacists on the inappropriate or medically unnecessary drug use within groups of patients and classes of drugs.**

Scope: **MedStar Family Choice Maryland**

Policy: **MedStar Family Choice will comply with 42 CFR Part 438.3(s) regarding coverage of outpatient drugs.**

Procedure:

1. Retrospective Drug Usage Review (DUR) reports are a standing P&T Consent agenda item.
   1.1. MedStar Family Choice Health Plan Pharmacist receives quarterly DUR data from the delegated Pharmacy Benefits Manager (PBM).
   1.2. The Health Plan Pharmacist reviews POS DUR data for opportunities to apply utilization management or appropriate coding guardrails to improve patient safety.
      1.2.1. All proposed DUR interventions are presented to the P&T Committee for approval.
   1.3. Drug Use Evaluation (DUE) tools will include indicators for drug appropriateness that are reported as DUR, criteria, and thresholds.
2. The Health Plan Pharmacist and/or the delegated Pharmacy Benefits Manager (PBM) select drug candidates for evaluation based on selected characteristics such as, but not limited to:
   2.1. Frequently prescribed drugs.
   2.2. Drugs with significant adverse reactions.
   2.3. Drugs with significant drug-drug, drug-food, or drug-disease interaction.
   2.4. Drugs that alter laboratory parameters that warrant attention.
   2.5. Drugs that are highly toxic.
   2.6. Drugs that require special monitoring.
   2.7. Drugs selected by the P&T Committee for formulary addition, deletion, or restriction of use.

3. Prospective DUE is the responsibility of the dispensing pharmacist and is a delegated function of the MedStar Family Choice contracted pharmacy benefit manager (PBM).
   3.1. The MedStar Family Choice PBM contracts with a clinical drug information database to provide clinical drug data products utilized in support of both prospective and retrospective Drug Utilization Review (DUR) processes and other clinical programs.
   3.2. Relevant product files are loaded and shared with multiple adjudication platforms.
      3.2.1. Representatives from the associated Drug File IT Support teams and/or Drug File Business teams are responsible for confirming that all file loads are successful.
   3.3. Point-of-Dispensing Safety:
      3.3.1. The MedStar Family Choice contracted PBM has a system in place to identify and classify drug-drug interactions by severity at the point of dispensing at the retail pharmacy.
      3.3.2. MedStar Family Choice's PBM's Point-of-Service DUR is a concurrent online editing system that electronically screens drug claims for several types of potential adverse drug interactions. These warnings include:
         3.3.2.1. Excessive Doses
         3.3.2.2. High or Low Dosages
         3.3.2.3. Duplicate Therapy
         3.3.2.4. Drug-Disease Interactions

3.3.2.5. Over and Under Utilization
3.3.2.6. Drug-age precautions.
3.3.2.7. Drug-gender precautions.
3.3.2.8. Drug-pregnancy precautions.

3.3.3. When potential safety issues are triggered, warning messages are transmitted to the dispensing pharmacy to provide an opportunity for the pharmacist to evaluate the issues and determine the need for intervention.

3.3.4. The Health Plan Pharmacist retrospectively reviews PBM provided POS DUR reporting to identify and mitigate trends based on patient safety and/or utilization concerns.

Summary of Changes:	**07/25:**
	• Previous Section 2 was reordered to Section 1 and edited for clarity with addition of subsections 1.1-1.3.
	• Previous Section 1 was reordered to Section 2 with adjustments:
	  o Procedure Statement: updated to reflect current state, replaced P&T Committee with Health Plan Pharmacist and/or delegated PBM.
	  o Section 2: Added the word “reports” and “Consent”.
	• Previous Section 3 removed, referenced in Policy 202.
	• Previous Section 4 removed.
	• Previous Section 5 incorporated into Section 1.1.
	  o Section 5.1 removed.
	  o Section 5.2 moved to become Section 1.2.
	• Section 5.3 reordered to Section 3.3.
	• Previous Section 6 moved and condensed into new Section 3.3.4.
	07/24:
	• Moved P&T Committee listing from “Responsible Department” to “Responsible Parties” section.
	• Reformatted font and procedures to improve readability.
	• Updated policy Approver titles; removed individual names.
	• Added reference to Code of Federal Regulations.
	• Removed incorrect NCQA reference.
	• Added Policy Statement to capture MDH MCO Standard 4.1.
	• Added Section 2.1, DUE tools and procedure.
	• Changed references of CVS-Caremark to MFC pharmacy benefit manager (PBM).
	• Added statement of P&T to maintain patient confidentiality.
	• Removed previous Sections 7 and 8 that described point-of-dispensing pharmacist DUE activities that are beyond scope of MFC-MD.

	• Added Section 6 to describe how MFC-MD uses PBM supplied POS DUR data, cadence, procedures. **07/23:** • Responsible Parties changed to Health Plan Pharmacist • Updated regulatory reference to March 2023 MDH Standards • Updated NCQA Reference to 2023 Standards • Updated Approved by to: Dr. Wills and C. Attia • Updated references to CVS Caremark to MFC contracted pharmacy benefit manager (PBM) throughout. • Removed description of PBM prospective DUR policy which is provided by the delegated PBM. • Added reference to current PBM's DUR policy. • Removed reference to Policy 206 – Pharmaceutical Patient Safety Issues which has been updated and no longer pertains to this policy. • Removed "DUE will include approximately 2 drugs for review per year". • Added Point-of-Dispensing Safety: from policy 206 as it was more appropriate for this policy. **07/22:** • Removed Dr. Toye and Dr. Gerry as Responsible parties. • Responsible party changed to Dr. Gregory Dohmeier • Updated regulatory reference to April 2022 MDH Standards 4.0 DUE • Updated NCQA Reference to 2022 UM 11 **07/21:** • Updated NCQA Reference to reflect 2021 Standards. • Added Maryland to scope. • Changed Case Management to Clinical Operations in Responsible Departments. **07/20:** • Updated Regulatory References to reflect 2020 NCQA Standards. **07/19:** • Updated NCQA Reference to reflect 2019 Standards. • Removed "Maryland" from scope. **07/18:** • Updated NCQA regulatory references to reflect 2018 and changed Delmarva to Maryland EQRO. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **11/17:** • Removed District references, changed DHMH to MDH. **07/17:**

	• Updated titles and regulatory references. **10/16:** • No changes. **10/15:** • No changes.