Revision: HCFA-PM- (MB)

State/Territory: IOWA

Citation

1927(g)
42 CFR 456.700

4.26 Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of 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 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
-United States Pharmacopeia-Drug Information
-American Medical Association Drug Evaluations

Revision: HCFA-PM- (MB)

State/Territory: IOWA

Citation		
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 chosen to include nursing home drugs in: ___ 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 interactions -Drug-interactions with non-prescription or over-the-counter drugs -Incorrect drug dosage or duration of drug treatment -Drug allergy interactions -Clinical abuse/misuse
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, or associated with specific drugs or groups of drugs.

Revision: HCFA-PM- (MB)

State/Territory: IOWA

Citation		
927(g)(2)(C) 42 CFR 456.709(b)	F.2.	The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for: -Therapeutic appropriateness -Overutilization and underutilization -Appropriate use of generic products -Therapeutic duplication -Drug-disease contraindications -Drug-drug interactions -Incorrect drug dosage/duration of drug treatment -Clinical abuse/misuse
1927(g)(2)(D) 42 CFR 456.711	3.	The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.
1927(g)(3)(A) 42 CFR 456.716(a)	G.1.	The DUR program has established a State DUR Board either: ___ Directly, or _X_ Under contract with a private organization
1927(g)(3)(B) 42 CFR 456.716 (A) AND (B)	2.	The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following: - Clinically appropriate prescribing of covered outpatient drugs. - Clinically appropriate dispensing and monitoring of covered outpatient drugs. - Drug use review, evaluation and intervention. - Medical quality assurance.
927(g)(3)(C) 42 CFR 456.716(d)	3.	The activities of the DUR Board include: - Retrospective DUR, - Application of Standards as defined in section 1927(g)(2)(C), and - Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

Revision: HCFA-PM- (MB) OMB No.

State/Territory: IOWA

Citation			
1927(g)(3)(c) 42 CFR 456.711 (a)-(d)		G. 4	The interventions include in appropriate instances: - Information dissemination - Written, oral, and electronic reminders - Face-to-Face discussions - Intensified monitoring/review of prescribers/dispensers
1927(g)(3)(D) 42 CFR 456.712 (A) and (B)		H.	The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.
1927(h)(1) 42 CFR 456.722	X	I.1.	The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line: - real time eligibility verification - claims data capture - adjudication of claims - assistance to pharmacists, etc. applying for and receiving payment.
1927(g)(2)(A)(i) 42 CFR 456.705(b)	X	2.	Prospective DUR is performed using an electronic point of sale drug claims processing system.
1927(j)(2) 42 CFR 456.703(c)		J.	Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

State/Territory: IOWA

K. In accordance with 1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act the Iowa Medicaid Program has the following Drug Utilization Review (DUR) requirements in place:

1. Opioid Related Claims Review Limitations:

	Prospective Drug Review (Safety Edits)	Retrospective Drug Use Review (Claims Review Automated Process)
Days' Supply/Early Fill Alerts	The claim is denied if the days' supply exceeds the allowable or if not enough time has elapsed for the member to use the specified percent of the supply issued under a previously paid claim for that medication.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.
Duplicate Fill/Therapy Alerts	Safety edits at point-of-sale are in place to notify the pharmacy, who contacts the prescriber as necessary, of the drugs prescribed concurrently to avoid and mitigate associated risks prior to dispensing. The action would be up to the pharmacist and prescriber.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.
Quantity (Dosage) Limits	The claim is denied when the supply exceeds the established days' supply quantity limit based on the appropriate dosage for that medication. Prior Authorization is required.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.
MME	The claim is denied when the cumulative morphine milligram equivalents (MME) per day across all opioids exceeds the defined MME amount. Prior Authorization is required.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.
Concurrent Utilization Alerts: opioids + benzodiazepines or opioids + antipsychotics	Reviews are in place to notify the pharmacy, who contacts the prescriber as necessary, of the drugs prescribed concurrently to avoid and mitigate associated risks prior to dispensing. The action would be up to the pharmacist and prescriber.	The program generates reports that are reviewed in an ongoing manner, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.

2. Program to Monitor Antipsychotic Medications by Children: Prospective drug utilization review edits are applied to antipsychotic claims for all members less than 18 years of age generally and children in foster care specifically. The claim will deny if the age of the member falls below the set age edit for the medication or if the member is on greater than one antipsychotic medication. Prior authorization is required. The program generates and reviews a periodic report, referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission.

3. Fraud and Abuse Identification for Controlled Substances: The program produces periodic reports on members, prescribers and pharmacies to identify fraud and abuse issues (such as members using multiple pharmacies/prescribers, high volumes of controlled substances from specific prescribers/pharmacies, or other identified trends/indicators), referring to the DUR Commission for additional review as needed. Interventions to the prescriber and/or pharmacy are initiated as directed by the Commission. Referrals are submitted to the state program integrity unit for further investigation and action.