Pharmacy Coverage Policy Medicare Part D Retrospective
DUR Quality Assurance

Disclaimer
State and federal law, as well as contract language, including definitions and specific
inclusions/exclusions, take precedence over clinical policy and must be considered first
in determining eligibility for coverage. Coverage may also differ for Medicare and/or
Medicaid members based on any applicable Centers for Medicare and Medicaid
Services (CMS) coverage statements including National Coverage Determinations
(NCD), Local Medical Review Policies (LMRP), and/or Local Coverage Determinations.
See the CMS web site at http://www.cms.hhs.gov/. The member's health plan benefits, in
effect on the date services are rendered, must be used. Clinical policy is not intended to
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Description
The Retrospective Drug Utilization Review (DUR) program is designed to advance
therapeutic outcome and improve the quality of pharmaceutical care by ensuring that
prescriptions are appropriate, medically necessary, and that they are not likely to cause
adverse medical results.

This aligns with Humana's goal as a Medicare Part D contractor to ensure that our
beneficiaries receive safe, high-quality, cost-effective medication therapy. Humana has
entered into a contractual agreement with a claims processor to put certain edits in
place to promote appropriate medication therapy. These edits help prevent patients
from taking drugs that may have harmful interactions, prevent patients from receiving
higher than recommended doses of a medication, notify patients of lower cost
alternative medications, and provide other safety and efficacy safeguards.

Each retrospective drug utilization campaign is reviewed and approved by the
Pharmacy and Therapeutics Committee (P&T). The P&T Committee is responsible for
the establishment and implementation of medical standards and criteria for the
concurrent and retrospective DUR programs.

The P&T Committee is an advisory group composed of practicing physicians,
pharmacists, and other health care professionals that evaluate all matters related to
the use of drugs, including but not limited to the evaluation of drugs and dosage
forms, and the safe use of drugs (FDA approved and investigational drugs). The P&T
Committee includes at least one practicing physician and one practicing pharmacist who are experts regarding care of the elderly or disabled individuals. The P&T Committee is charged with making recommendations for educational interventions to prescribers and pharmacists, as well as to identify and reduce the frequency of patterns of fraud, abuse, gross overuse and inappropriate or medically unnecessary care.

Drugs or drug classes which are reviewed and found to be over utilized, abused, or have significant safety concerns are determined to be candidates for Utilization Management (i.e. Prior Authorization, Step Therapy, Quantity Limits). If the Pharmacy and Therapeutics Committee determines that Utilization Management should be implemented, appropriate criteria for exceptions are developed with input from providers, drug manufacturers, peer-reviewed medical literature, standard compendia, and other experts.

Retrospective DUR is designed to assess the frequency of adverse drug events (ADEs) caused by overutilization, non-compliance (or underutilization), drug-drug interactions, drug-disease interactions, therapeutic duplication, and misuse of controlled substances. Retrospective DUR includes an evaluation of therapy and intervention, where necessary. Retrospective evaluations may involve assessment of drug use in individual patients or analysis of prescribing and dispensing patterns.

Retrospective DUR supports concurrent DUR, which relies on the dispensing pharmacist to contact prescribers about an identified drug-related problem.

Retrospective DUR can be utilized as an educational tool for prescribers. In many cases therapy may be complete but the information may be helpful in avoiding future incidences. The logic of this program focuses on intervention for higher risk drug-related problems. The specific drug related problem, patients’ age, number of physicians and pharmacists involved, and additional drugs being taken are used to calculate risk. This logic will avoid excessive paperwork for less critical or clinically meaningful events.

**Therapeutic criteria**

**Drug-drug interactions:** This criterion will identify members who are receiving two or more drugs, when taken together, can cause unpredictable or less desirable effects.

**Drug-disease interactions:** This criterion will identify members who are receiving drugs that may worsen or precipitate medical conditions.

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Utilization Criteria

Overutilization: This criterion identifies members who receive drugs at excessive dosage levels or for inappropriate amounts of time. These patients may be at an elevated risk for ADEs and drug induced medical conditions.

Underutilization: This criterion identifies members who may be noncompliant with their maintenance medications. Noncompliance places the member at unnecessary risk for increased morbidity/mortality.

Retrospective Drug Utilization Review Activities

Retrospective DUR reviews are performed by Humana on a quarterly basis. Review of drug claims against Pharmacy and Therapeutics board-approved criteria generate patient profiles that are individually reviewed for clinical significance.

Quarterly, claims are examined by a software program for potential adverse drug concerns. Among the problems reviewed are drug-drug interactions, drug-disease interactions, overuse (early refill), age/gender related contraindications, drug-allergy contraindications, preferred products, duplicate therapy monitoring, minimum and maximum dosage ranges, step therapy protocol and maximum daily consumption.

If a potential problem is discovered, intervention letters are sent to all providers who prescribed a drug relevant to the identified problem. An intervention consists of an informational letter to the prescriber, a fax response form for the prescriber to complete, and a patient drug profile.

In conclusion, Humana’s Retrospective Drug Utilization Review is performed after a drug is dispensed, warns when a potential problem exists, is useful for detecting patterns, is useful for designing targets for intervention and has corrective action.

Coverage Limitations

Not all Humana contracts are the same. Coverage may differ based on individual contract language, in addition to any applicable federal and/or state mandates.

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Coverage may also differ for Medicare and/or Medicaid members based on any applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP), and/or Local Coverage Determinations. See the CMS web site at http://www.cms.hhs.gov. You may access your contract via the Humana website at http://www.humana.com or contact your Plan administrator through your employer for clarification on benefit issues. You may also call us at the number on the back of your insurance card.

Humana is a Medicare Advantage HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

This information is available for free in other languages. Please call Customer Care at the number on the back of your Humana member ID card.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con el Departamento de Atención al Cliente llamando al número en el dorso de su tarjeta de identificación de afiliado de Humana.

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