

2019 DE REG TEXT 532955 (NS)

Delaware Regulation Text - Netscan

Uncodified

Proposed Regulations

September 01, 2019

Health

FULL TEXT OF REGULATION(S)

## **Drug Utilization Review (DUR)**

In compliance with the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the Delaware Code), 42 CFR s.447.205, and under the authority of Title 31 of the Delaware Code, Chapter 5, Section 512, Delaware Health and Social Services (DHSS) / Division of Medicaid and Medical Assistance (DMMA) is proposing to amend Title XIX Medicaid State Plan regarding the DUR, specifically, to update provisions included in section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for patients and Communities Act (P.L. 115-271).

Attachment 3.1-A

Page 5 Addendum

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: **DELAWARE**

LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

### **12.a. Prescribed Drugs Continued:**

#### **Drug Utilization Review (DUR) Board**

Drug Utilization Review (DUR) Board is comprised of pharmacists, physicians, and community members, appointed by the Secretary, Delaware Health & Social Services. The makeup and membership authority for the DUR Board complies with 42 U.S.C. s1396r-8. The DUR assures that prescriptions are appropriate, are medically necessary, and are not likely to result in adverse medical results.

The Board assesses data on drug use in accordance with predetermined standards. The predetermined standards shall be:

- monitoring for therapeutic appropriateness • clinical efficacy
- overutilization and underutilization • safety
- appropriate use of generic products • medical necessity
- therapeutic duplication • potential for abuse, misuse and diversion
- drug-disease contraindications • experimental use opportunity, and

- drug-drug interactions • cost effectiveness relative to similar therapies
- incorrect drug dosage or duration of drug treatment

Drug Utilization Review Board makes recommendation for:

- 1) Status on the Preferred Drug List
- 2) Guidelines to be used in the determination of medical necessity and clinical appropriateness of prescribed drugs
- 3) Safety edits including limits on quantity and duration
- 4) Concurrent utilization alerts
- 5) Provisions of Section 1004 of the SUPPORT ACT
  - a. Claim Review Limitations
    - i. Safety Edits Including Early and Duplicate Fill, and Quantity Limits: Long acting opioids are on review for clinical appropriateness. Short acting agents have a maximum of two per day for short acting low potency agents.
    - ii. Maximum Daily Morphine Milligram Equivalents (MME) Safety Edits: A maximum dosing limit on opioids limits the daily morphine milequivalents to 90 or less.
    - iii. Concurrent Utilization Alerts: A prospective drug-to-drug interaction alert will require a response from the pharmacy if an opioid and benzodiazepine are being dispensed with an overlapping period. All requests for long acting agents are reviewed for concomitant utilization of a benzodiazepine. Practitioners are asked to create a titration plan for these members. A prospective drug-to-drug interaction for opioid to antipsychotic agents will alert the pharmacist. These claims will require a response before the claim is adjudicated as paid.
  - b. Programs to monitor antipsychotic medications to children
    - i. Antipsychotic agents are reviewed for age based on the FDA product approval. The Division of Services for Children, Youth, and Families (DSCYF) employs a pharmacist consultant that reviews all foster children profiles that include behavioral health drugs. DMMA data are provided to the pharmacist for the monthly review and consultation with the prescribing practitioner.
  - c. Fraud and abuse identification
    - i. DMMA receive monthly data from the Prescription Monitoring Program. Analysis is done at the prescriber and client level. Additional steps are taken, such as audits or client lock-in to a specific pharmacy, when outliers are identified.
  - d. Managed Care Organization (MCO) Requirements
    - i. Effective October 2019, DMMA contracts require MCOs to comply with the drug reviews included in the SUPPORT Act. Our MCO partners are employing the same review processes and limits as our fee-for-service program.

TN No. SPA# Approval Date \_\_\_\_\_

Supersedes

TN No. **NEW** Effective Date **October 1, 2019**

**23 DE Reg. 184 (09/01/19) (Prop.)**

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