



310-FF MONITORING CONTROLLED AND NON-CONTROLLED MEDICATION UTILIZATION

INITIAL

EFFECTIVE DATE: 01/01/2016

Description

All Contractors and the AHCCCS Fee-For-Service program must engage in activities to monitor controlled and non-controlled medication use, as set for this in the policy. The policy also delineates minimum requirements to ensure members receive clinically appropriate prescriptions. These requirements are also referred to as interventions.

Definitions

Controlled Substance means drugs and other substances that are considered controlled substances under the Controlled Substance Act (CSA).

CSPMP means the Arizona State Board of Pharmacy Controlled Substance Prescription Monitoring Program

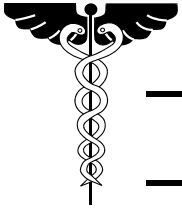
Drug Diversion means the redirection of prescription drugs for illicit purposes.

Exclusive Pharmacy means the individual pharmacy, which is chosen by the member or assigned by the Contractor to provide all medically necessary federally reimbursable pharmaceuticals to the member.

Amount, Duration and Scope

A. MINIMUM MONITORING REQUIREMENTS

1. Contractors and Fee-For-Service are required to monitor controlled and non-controlled medications on an ongoing basis. Monitoring must include, at a minimum, the evaluation of prescription utilization by members, prescribing patterns by clinicians and dispensing by pharmacies. Drug utilization data shall be used to identify and screen high-risk members and providers who may facilitate drug diversion. The monitoring requirements are to determine potential misuse of the drugs used in the following therapeutic classes. The list includes:
 - a. Atypical Antipsychotics
 - b. Benzodiazepines
 - c. Hypnotics
 - d. Muscle Relaxants



- e. Opioids
 - f. Stimulants
2. Contractors shall utilize the following resources, when available, for their monitoring activities.
 - a. Prescription claims data
 - b. Arizona State Board of Pharmacy CSPMP
 - c. Indian Health Service (IHS) and Tribal 638 pharmacy data
 - d. RBHA/TRBHA prescription claims data
 - e. Other pertinent data
 3. Contractors shall evaluate the prescription claims data at a minimum, quarterly, to identify:
 - a. Medications filled prior to the calculated days-supply
 - b. Number of prescribing clinicians
 - c. Number of different pharmacies utilized by the member
 - d. Other potential indicators of medication misuse

B. MINIMUM INTERVENTION REQUIREMENTS

Contractors and Fee-For-Service shall implement the following interventions to ensure members receive the appropriate medication, dosage, quantity and frequency. Contractor interventions required include:

1. Point-of-Sale (POS) safety edits and quantity limits
2. Care/case management
3. Referral to, or coordination of care with, a behavioral health service provider(s) or other appropriate specialist.
4. Assignment of members who meet any of the evaluation parameters in Table 1 to an exclusive pharmacy and/or single prescriber for a minimum 12-month period except for the following members. Members with one or more of the following conditions shall not be subject to the intervention requirements described in B 1-4.
 - a. Members in treatment for an active oncology diagnosis,
 - b. Members receiving hospice care, or
 - c. Members residing in a skilled nursing facility.



Table 1: Program Evaluation Criteria

Evaluation Parameter	Minimum Criteria for Initiating Interventions
Over-utilization	Member utilized the following in a 3 month time period: ≥ 4 prescribers; and ≥ 4 different abuse potential drugs; and ≥ 4 Pharmacies. OR Member has received 12 or more prescriptions of the medications listed in section A-1 in the past 3 months.
Fraud	Member has presented a forged or altered prescription to the pharmacy.

- A member who is assigned to an exclusive pharmacy and/or an exclusive prescriber for 12 months must be provided a written notice of action at least 30 days prior to the effective date of the assignment. The written notice must include the factual and legal bases for the restriction and must also inform the member of the opportunity to file a request for hearing and the timeframes and process for doing so. Contractors shall not implement the restriction before providing the member notice and opportunity for a hearing. If the member has filed a request for hearing, no restriction shall be imposed until such time that an administrative action through the Grievance System process, such as a Director's Decision or voluntary withdrawal by the member, has affirmed the restriction.
- At the end of the 12-month time period, the Contractor shall review the member's prescription and other utilization data to determine whether the intervention will be continued or removed. The Contractor must notify the member in writing of the decision to continue or discontinue the assignment of the pharmacy and/or provider. If the decision is to continue the assignment, the Contractor is required to include instructions for the appeals/fair hearing process in the notification letter to the member.
- The intervention of assigning an exclusive pharmacy and/or provider does not apply to emergency services furnished to the member. The Contractor must ensure that the member has reasonable access to AHCCCS covered services, taking into account the geographic location and reasonable travel time. Contractors are required to provide specific instructions to the member, the assigned exclusive pharmacy and/or exclusive provider, and their Pharmacy Benefit Manager (PBM) on how to address the following:



- a. Emergencies defined as medical services provided for non-FES members for the treatment of an emergency medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - i. Placing the member's health in serious jeopardy,
 - ii. Serious impairment to bodily functions, or
 - iii. Serious dysfunction of any bodily organ or part.
- b. The medication is out-of-stock at the exclusive pharmacy, or
- c. The exclusive pharmacy is closed.

C. REPORTING REQUIREMENTS

1. Identified cases of member deaths due to medication poisoning/overdose or toxic substances must be referred to the Contractor's Quality Management staff for research and review.
2. Contractors are responsible for reporting all suspected fraud, waste and abuse to the appropriate entity.
3. Contractors are required to report to AHCCCS, as specified in the Contract Chart of Deliverables, a report of members assigned to a pharmacy and/or prescribing clinician which includes the number of members which on the date of the report are assigned to using a exclusive pharmacy or Prescriber/Providers due to excessive use of prescriptive medications (narcotics and non-narcotics)

REFERENCES

1. Controlled Substance Act (CSA), Title 21- Food and Drugs, Chapter 13 Drug Abuse Prevention And Control, Subchapter 1 – Control and Enforcement
2. Code of Federal Regulations 42 CFR 431.54.
3. Drug Diversion in the Medicaid Program: State Strategies for Reducing Prescription Drug Diversion in Medicaid. Centers for Medicare and Medicaid Services. January 2012.
4. Code of Federal Regulations 42 CFR 440.230