Introduction

Most healthcare providers are familiar with the OBRA '90 (Omnibus Budget Reconciliation Act of 1990), legislation that mandated pharmacists counsel Medicaid patients, but may not be aware that the same legislation required Medicaid agencies to develop drug utilization review (DUR) programs. States were allowed flexibility in program design and implementation within broad guidelines set by the Department of Health and Human Services (DHHS). However, all states were required to include the following components:

• Prospective DUR. In Louisiana, the prospective drug utilization review (ProDUR) occurs at the point of dispensing and is incorporated into the Medicaid Pharmacy Benefits Management Point-of-Sale (POS) system. Examples are: Drug-Drug Interactions, Early Refill, Pregnancy Precautions.

• Educational. Clinical and educational articles published in the bimonthly Louisiana Medicaid Provider Update are part of the educational component of DUR. Past articles are available at http://www.lamedicaid.com/provweb1/Pharmacy/pharmacyindex.htm. Scroll down to the bottom of the page and click on Provider Update newsletter educational programs.

• Retrospective DUR is based on paid medical and pharmacy claims and is characterized by an intervention - a letter to the prescriber, primary care provider or dispensing pharmacy. Initially, RetroDUR was based on such topics as duplication of therapy, but has broadened into a disease/guideline focus.

As Table 1 illustrates, RetroDUR is not a cost containment program; often providers are asked to consider adding drug therapy or order testing if they deem appropriate.
Table 1. Brief Summary of RetroDUR Process

- Drug Utilization Review Board develops DUR criteria based on clinical guidelines and research considering what information is available from claims data.
- Clinical profiles are created for recipients who fit the criteria.
- Regional DUR committees review the profiles and decide whether or not to send an intervention letter to the prescriber, primary care provider or pharmacy.
- Intervention letters are mailed along with recipient profiles.
- Responses from prescriber, primary care provider or pharmacy are collected.
- Responses and comments are collected and presented to the DUR Board.
- Recipient outcomes are followed and reported to the DUR Board and in the federal annual report.
- Using feedback from responding providers, the DUR process is refined.

Underutilization is a major issue, i.e., in cardiovascular conditions, asthma, or diabetes. Nor is RetroDUR intended to replace your clinical judgment. Because the Medicaid program has access to all paid claims for that recipient, we may be able to provide information not accessible to you. This information, combined with clinical guidelines, is intended to be another resource for you in caring for your patient.

If you, as a provider, receive a DUR correspondence, there will be a brief introductory cover letter with a reply form on the back along with the patient's medical profile. This article will review the medical profile (See included profile), its organization and the information it contains, clarifying some of the coding used. The profile is organized into five broad sections. See the included fictitious sample profile for a brief discussion of each section.
The Provider's Role in DUR

You as a provider are an important part of the DUR process and your replies are used by the DUR committee to refine the process. Perhaps you have prescribed a drug which the patient never filled. Or you may have ordered a test, such as an HbA1c test, but the profile suggests that the patient never received the lab work.

In addition to filing the letter and profile in the patient chart, please respond using the form provided. It contains the following 4 standard replies and a comment section:

- ____ AWARE OF ISSUE / NO ACTION NEEDED
- ____ PLAN TO TAKE ACTION (D/C DRUG, CHANGE DOSE, ORDER LAB)
- ____ PLAN CONSULTATION (W/PATIENT, RPH, OR MD)
- ____ DATA ACCURACY (PATIENT, MD OR DRUG HISTORY DATA).

A response of "DATA ACCURACY" is appropriate if you received this letter in error and are not one of the patient's providers/prescribers. If there are clinical issues, please include them in the "COMMENTS" section and they will be addressed by the DUR Board, keeping in mind that there are limitations to claims data.

Other suggestions on making the RetroDUR program relevant to your practice are welcome and will be given careful consideration. The goal of you, the Medicaid provider, and of the Medicaid Pharmacy Program is better patient outcomes. RetroDUR strives to use current resources to make more complete information available to you as providers to achieve that patient care goal.

Also available to Medicaid providers----

- For additional recipient information, the Electronic Clinical Data Inquiry (e-CDI) web-based clinical history information support system is easily accessible 24 hours a day on the lamedicaid.com website. Instructions for using the e-CDI can be found on the lamedicaid.com website or phone 1-800-648-0790.

- Profile information beyond 4 months can be obtained by contacting Dan Scholl, 225-216-6208.

- If in-depth clinical pharmacy research is needed, assistance is available by calling Greg Smith, RPh, Drug Information Service, ULM College of Pharmacy, at 318-342-1710.