DC MEDICAID FEE FOR SERVICE DRUG ULTIZATION REVIEW (DUR)

DC MEDICIAD PHARMACY & THERAPEUTICS (P & T) CORNER

SPRING 2025 ISSUE 1

DC MEDICAID PHARMACY & THERAPEUTICS

Next P&T Meeting: Thursday, June 5th 2025 @ 2pm

DC Medicaid Fee For Service (FFS) P & T Committee was held on March 6th 2025.

You may review the latest DC FFS Preferred Drug List (PDL), effective March 18th, 2025, at District of Columbia Medicaid | Home. The public session of the quarterly P & T Committee is open to all, and the next meeting is Thursday, June 5th 2025 @ 2:00 pm.

Visit the Prime DC FFS Provider Website to view all previous agendas, and meeting notices. The June meeting notice will contain instructions to register to attend the Pharmacy and Therapeutics Meeting public session as well as to provide materials and/or make a presentation.

REMAIN CURIOUS: DC MEDICAID DUR PRACTICE NUGGETS

The truth, 'Alert Fatigue', is a common concern in busy pharmacies across America. The Department of Health and Human Services' Patient Safety Network describes alert fatigue as how busy healthcare clinicians become desensitized to safety alerts, as a result ignore or fail to respond appropriately to such warnings. Despite trained and clinical experiences, computerized clinical decision support (CDS) systems are intended to be useful in today's fast paced and multi-tasked health care environment.

The clinical alerts in a dispensing pharmacy are called prospective drug utilization review (ProDUR) alerts and appear at the point-of-sale (POS) when prescriptions are filled. According to Centers for Medicare & Medicaid Services (CMS), ProDUR is used to identify problems with prescription drug claims.

The District's POS system provides a comprehensive ProDUR program which monitors and reviews each drug claim submitted by pharmacies to identify the following potential problems listed in Table 1.

The District's system response to the ProDUR alerts vary depending on settings such as severity levels and therapeutic drug class. For example, drug-drug interactions (DDIs) with severity level 1 or therapeutic duplication for CII controlled substances will show a denial and require a prior authorization. These are commonly known as hard stops.

Other potential DUR problems identified will either deny and require an override at the pharmacy level or pay with a clinical warning message returned to alert the pharmacist. These are commonly known as soft stops.

During the first quarter calendar year of 2025, the District's fee-for service (FFS) ProDUR total paid claim alerts were 52,883. The drug to disease and drug- drug interaction was a total of 15,095 and 10,956 respectively. There is a greater need to remain curious and utilize sound professional judgement in this regard. To show how important this is, let's offer an example of a case.

Table 1: FFS Calendar Year Q1 2025

Clinical Alert	Posted Alert Total Paid Claims
Drug To Inferred Disease	15,095
Minimum/Maximum Dose	1,009
Drug Gender	56
Duplicate Therapy	8,021
Drug Pediatric	960
Too Soon Clinical	1,413
Drug-Drug Interaction	10,956
Drug Geriatric	15,373
Total	52,883

A middle-aged patient visited the ER with several painful itchy rashes and was diagnosed with shingles. The medical doctor stabilized the patient's symptoms and prescribed a high dose antiviral. The prescription was filled as a new patient at a busy pharmacy across the street from the hospital.

The patient started taking the antiviral as prescribed and in less than 24 hours was re-hospitalized with central nervous system (CNS) adverse reactions such as confusion, agitation, hallucinations, and delirium. After numerous tests and evaluations, the medical team finally realized the error after consulting the pharmacy team. It was determined that the patient had chronic renal impairment and was prescribed six times the appropriate antiviral dose. The antiviral used to treat shingles required a dose adjustment for renal impairment based on the creatine clearance (CrCl). CNS adverse reactions and acute renal failure may develop in patients with renal disease who receive higher than recommended doses.

The root cause was the prescriber did not exercise dose adjustment awareness. In hindsight, the pharmacist should have been aware of practice limitations in an outpatient pharmacy (in this case CrCl). Along with curiosity about dose adjustment drugs especially if prescribed in unusually higher dosages. The pharmacist could have intervened with ProDUR alerts and called the hospital to inquire about the patient's CrCl so the doctor could adjust the antiviral to the appropriate dose.

PHARMACIST PRACTICE NUGGETS: Utilize ProDUR alerts, professional judgment, and remain curious to appropriately intervene with potential prescription issues. Be aware of practice limitations in outpatient pharmacies. Familiarize yourself with drugs that require renal or hepatic dose adjustments. Select several top medications known to have numerous DDIs and remain curious during clinical review. These are just some examples of how to make a difference in practice.

DID YOU KNOW?? Auto refills are not allowed for DC Medicaid members.

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