

310-FF MONITORING CONTROLLED AND NON-CONTROLLED MEDICATION UTILIZATION

EFFECTIVE DATES: 01/01/16, 03/15/17, 10/01/18

REVISION DATES: 01/05/17, 09/20/18

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: Tribal ALTCS, TRBHAs, and the American Indian Health Program (AIHP), and FFS populations including Hospital Presumptive Eligibility (HPE), and FFS Permanent as delineated within Policy. This Policy does not apply to Federal Emergency Services (FES) as there is no prescription benefit for this population.

This Policy outlines requirements for monitoring controlled and non-controlled medication use. This Policy also delineates minimum requirements to ensure members receive clinically appropriate prescriptions. These requirements are also referred to as interventions.

II. DEFINITIONS

CONTROLLED SUBSTANCE	Drugs and other substances that are defined as controlled substances under the Controlled Substance Act (CSA).
CSPMP	Arizona State Board of Pharmacy Controlled Substance Prescription Monitoring Program
DRUG DIVERSION	Redirection of prescription drugs for illicit purposes.
EXCLUSIVE PHARMACY	Individual pharmacy, which is chosen by the member or assigned by the Contractor to provide all medically necessary federally reimbursable pharmaceuticals to the member.

III. POLICY

A. MINIMUM MONITORING REQUIREMENTS

1. Contractors and the AHCCCS Administration for Fee-For-Service are required to monitor controlled and non-controlled medications on an ongoing basis. Monitoring shall 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 this list includes:
- a. Atypical Antipsychotics,
 - b. Benzodiazepines,
 - c. Hypnotics,
 - d. Muscle Relaxants,
 - e. Opioids, and
 - f. Stimulants.
2. Contractors and the AHCCCS Administration for Fee-For-Service 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, and
 - e. Other pertinent data.
 3. Contractors and the AHCCCS Administration for Fee-For-Service 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, and
 - d. Other potential indicators of medication misuse.

B. MINIMUM INTERVENTION REQUIREMENTS

Contractors and the AHCCCS Administration for Fee-For-Service shall implement the following interventions to ensure members receive the appropriate medication, dosage, quantity, and frequency. Contractors may implement additional interventions and more restrictive parameters for #4 below. Contractor interventions required include:

1. Provider education in accordance to AMPM Policy 310-V.
2. Point-of-Sale (POS) safety edits and quantity limits.
3. Care/case management.
4. Referral to, or coordination of care with, a behavioral health service provider(s) or other appropriate specialist.
5. Assignment of members who meet any of the evaluation parameters in Table 1 to an exclusive pharmacy, in accordance with 42 CFR 431.54, for up to a 12-month period except for the following members. Contractors may assign members who meet these parameters to a single prescriber in addition to the assignment to an exclusive pharmacy. 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	<p>Member utilized the following in a 3 month time period: ≥ 4 prescribers; and ≥ 4 different abuse potential drugs; and ≥ 4 Pharmacies.</p> <p style="text-align: center;">OR</p> <p>Member has received 12 or more prescriptions of the medications listed in section A-1 in the past three months.</p>
Fraud	Member has presented a forged or altered prescription to the pharmacy.

6. A member who is assigned to an exclusive pharmacy and/or an exclusive prescriber for up to 12 months shall be provided a written notice detailing the factual and legal bases for the restriction. This restriction shall be treated as an “action” pursuant to A.A.C. R9-34-202 and A.A.C. R9-34-302. The notice shall inform the member of the opportunity to file an appeal and the timeframes and process for doing so as described in A.A.C. Title 9, Chapter 34, Articles 2 or 3. Neither AHCCCS nor Contractors shall implement the restriction before providing the member notice and opportunity for a hearing. If the member has filed an appeal, no restriction shall be imposed until:
 - a. Director’s Decision has affirmed the restriction,
 - b. The member has voluntarily withdrawn the appeal or request for hearing, or
 - c. The member fails to file an appeal or request for hearing in a timely manner.
 Contractors and the AHCCCS Administration for FFS members shall utilize Attachment A.
7. At the end of the designated 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 shall 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.
8. The intervention of assigning an exclusive pharmacy and/or provider does not apply to emergency services furnished to the member. The Contractor shall 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 and Fee-For-Service Providers 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 an exclusive pharmacy or Prescriber/Providers due to excessive use of prescriptive medications (narcotics and non-narcotics).
4. Contractors are also required to report to AHCCCS as specified in the Contract Chart of Deliverables, when the Contractor changes and implements additional interventions and more restrictive parameters as noted in Section B.
5. The AHCCCS Administration will work with all appropriate entities regarding the implementation of the interventions outlined above on an as-needed basis.