Part D Quality Assurance Program

Ochsner Health Plan (OHP) Medicare-Advantage Part D (MAPD) plans establish quality assurance (QA) measures and systems to reduce medication errors and adverse drug interactions and improve medication use. OHP MAPD's comprehensive quality assurances system will ensure enrollees receive access to high quality prescription drug coverage.

The Components of the Part D Quality Assurance Program include:

1. Concurrent Drug Utilization Review (DUR)
2. Retrospective Drug Utilization Review (RDUR)
3. Medication Therapy Management Program (MTMP)
4. Opioid Safety Programs
5.

1. Concurrent Drug Utilization Review (DUR)

OHP MAPD has concurrent DUR systems, policies, and procedures designed to ensure that a review of the prescribed drug therapy is performed before each prescription is dispensed to an OHP member, typically at the point-of-sale or point of distribution. OHP MAPD's concurrent DUR program includes, but is not limited to, the following checks each time a prescription is dispensed:

- Screening for potential drug therapy problems due to therapeutic duplication
- Age/gender-related contraindications
- Over-utilization and under-utilization
- Drug-drug interactions • Incorrect drug dosage or duration of drug therapy
- Drug-allergy contraindications
- Clinical abuse/misuse

2. Retrospective Drug Utilization Review (RDUR)

OHP MAPD has retrospective drug utilization review systems, policies, and procedures designed to ensure ongoing periodic examination of claims data and other records, through computerized drug claims processing and information retrieval systems, in order to identify patterns of inappropriate or medically unnecessary care among members or associated with specific drugs or groups of drugs.

After a comprehensive analysis of these various data streams, CMS has identified several key Part D performance areas CMS believes are the basis for evaluating prescription drug coverage across the Part D program. Some of these areas include member service, grievances, appeals, data systems, member satisfaction, and drug pricing. While these measures are broad, elements of each can be integrated together to ensure beneficiaries receive superior services. For instance, independent review entity (IRE) data are used in conjunction with information

from CTM and OHP's self-reported appeals information to assess whether plan members are obtaining access to the Part D drugs they need to sustain or improve their health. Star ratings are assigned and displayed on plan finder.

3. Medication Therapy Management Program (MTMP)

OHP MAPD has established a MTMP that:

- is designed to ensure that covered Part D drugs prescribed to targeted members,
- are appropriately used to optimize therapeutic outcomes through improved medication use;
- is designed to reduce the risk of adverse events, including adverse drug interactions, for targeted members;
- may be furnished by a pharmacist or other qualified provider; and
- may distinguish between services in ambulatory and institutional settings. While services and interventions may vary across setting, the criteria for identifying targeted members eligible for MTMP cannot.

To take part in this program, members must meet certain criteria set forth in part by CMS. These criteria are used to identify people who have multiple chronic diseases and are at risk for medication-related problems. If members meet these criteria, we will send them a letter inviting them to participate in the program and information about the program, including how to access the program. Members' enrollment in MTMP is voluntary and does not affect coverage for drugs covered under OHP's Part D benefit.

To qualify for OHP MAPD's MTMP program, members must meet one of the two following criteria:

1. Be an At-Risk member or
2. Meet ALL of the following criteria:
    a. Have at least 3 of the following conditions or diseases: Chronic Heart Failure (CHF), Diabetes, Dyslipidemia, Hypertension, Asthma, COPD, AND
    b. Take at least 8 covered Part D medications, AND
    c. Are likely to have medication costs of covered Part D medications greater than $4,696 per year.

To help reduce the risk of possible medication problems, the MTMP program offers two types of clinical review of members' medications:

- **Targeted medication review:** at least quarterly, OHP MAPD will review all of MTMP-participating members' prescription medications and contact members, their caregiver, their pharmacist, and/or their doctor if OHP MAPD detects a potential problem.

- **Comprehensive medication review:** at least once per year, OHP MAPD offer a free discussion and review of all of participating members' medications by a pharmacist or other health professional to help them use their medications safely. This review, or CMR, is provided to members confidentially via telephone. The CMR may also be provided in person or via telehealth at members' provider's office, pharmacy, or long-term care facility. If members or their caregiver are not able to participate in the CMR, this review may be completed directly with their provider. This review requires about 30 minutes of time. Following the review, members will get a written summary of this call, which you can take with you when you talk with your doctors. This summary includes:
    - Medication Action Plan (MAP): The action plan has steps members should take to help them get the best results from their medications.
    - Personal Medication List (PML): The medication list will help members keep track of their medications and how to use them the right way.

4. Opioid Safety Program

OHP MAPD administers opioid safety programs according to the established Centers for Medicare and Medicaid Services (CMS) opioid safety program requirements. Opioid safety programs prevent the overutilization of prescribed medications by placing drug utilization controls to increase patient safety and reduce fraud, waste, and abuse. The programs focus on improving drug utilization management (UM) for medications known to be prone to misuse, addiction and/or overdose.

There are two components to OHP MAPD's Opioid Safety Program:

- Point of Sale (POS) Safety Intervention Edits
- Opioid Case Management Services

The POS Safety Intervention Edits

- **Acetaminophen (APAP) Safety Controls at POS** - This program will reject a claim when the incoming claim's daily dose of APAP exceeds the maximum cumulative daily dose of 4000mg. This program ensures that when APAP/APAP-containing drugs are prescribed to a member the cumulative amount is within the maximum allowable daily dose.

- **Opioid Overutilization-Benzodiazepine/Potentiators Retrospective Intervention** - Identify members receiving opioids with an average morphine milligram equivalent (MME) greater than or equal to 90 mg/day for any duration from 3 or more prescribers and 3 or more pharmacies OR 5 or more prescribers regardless of the number of pharmacies in the previous 6 months. This review also includes the member's concurrent use of benzodiazepines, gabapentin (>2400 mg/day), and/or pregabalin.

- **Naloxone Retrospective Intervention** - Identify patients 18 years of age or older who received an opioid(s) over the previous three month time period without a history of a naloxone claim in the prior twelve months. In addition, at least one of the following criteria must be met: history of opioid addiction, obtained an average daily opioid dosage of ≥ 50 mg morphine milligram equivalent (MME), or have been taking an opioid in combination with a benzodiazepine for at least 30 days.

- **Opioid Cumulative Dosing at POS (OCDP)** - The OCDP program will block an incoming claim that puts a member's Morphine Milligram Equivalent (MME) dose per day equal to or exceeding a soft-stop threshold of 90 MME across a single or multiple opioid-containing claim(s) and hard-stop threshold for incoming claims with cumulative MME that meets or exceeds 200 MME. The claim must meet or exceed both prescriber threshold and MME soft or hard threshold before it can be denied.

- **Opioid – Benzodiazepine Concurrent Use at POS** - The Opioid-Benzodiazepine Concurrent Use program will identify and deny concurrent use of benzodiazepines and opioids when there is any overlap in days supply. Edit works bi-directionally (i.e., triggered by an incoming claim of opioid with concurrent use of benzodiazepine or vice versa). The claim must meet or exceed prescriber threshold and qualify for concurrent use of opioids and benzodiazepines before it can be denied.

- **Opioid Naïve Day Supply Limitation** - which will limit initial opioid prescription fills for the treatment of acute pain to no more than a 7-days supply for a patient with no opioid history within the prior 60 days. Qualifying opioid prescription fills include any previous fill where the remaining days supply overlaps into the 60-day lookback period.

- **Duplicative Long-Acting Opioid (LAO) Therapy at POS** - the Duplicative LAO Therapy program will identify and deny concurrent use of long-acting opioids when there is any overlap in days' supply. A concurrent or duplicative long-acting opioid drug is defined as another long-acting opioid product with a different Hierarchical Ingredient Code List (HICL), so that two unique HICLs must be filled for the edit to deny a claim. A HICL represents a chemical entity. The claim must meet or exceed the prescriber threshold and qualify as concurrent use of duplicative long-acting opioids before it can be denied.

- **Opioid – Buprenorphine Concurrent Use Limitation** - the Opioid Buprenorphine Concurrent Use at POS will identify and deny concurrent use of opioids when there is any overlap in days supply with a pre-existing claim for buprenorphine for medication-assisted treatment (MAT). The edit works uni-directionally. This means it will only soft-stop analgesic opioids when patients are currently taking buprenorphine for MAT. This edit will never stop a claim for buprenorphine for MAT.

Opioid Case Management Services:
Case management services for monitoring opioid overutilization include a review of the prescriber fax-back forms from the Opioid Overutilization-Benzodiazepine/Potentiators Retrospective Intervention Program. If opioid utilization is deemed inappropriate, OHP MAPD will collaborate with the prescriber to determine the best course of action to resolve the overutilization, which may include member-level drug/quantity edits or prescriber and/or pharmacy "lock-in" edits. MedImpact will prepare and mail notification to prescribers, members, and pharmacies (if applicable) of any member-level restrictions deemed necessary after case management.