



Pharmacy Coverage Policy Retrospective Drug Utilization Review Quality Assurance

Humana Gold Plus Integrated (Medicare-Medicaid Plan)

Description

The Retrospective Drug Utilization Review (RDUR) program's purpose is to make your care better by making sure your drugs are:

1. The right drugs,
2. Needed for your care, and/or
3. Not going to cause bad results.

This check happens "after" the drug has been given to you.

Each Retrospective Drug Utilization Campaign is checked and approved by the Pharmacy and Therapeutics Committee (P&T). The P&T Committee puts rules in place for the Concurrent and Retrospective DUR programs. The Committee is a group of active doctors, pharmacists, and other health care people that check the safe use of drugs (Food and Drug Administration approved and untested [new] drugs) and the way drugs are taken. The Committee gives advice to doctors who give prescriptions, to pharmacists and helps to make patterns of fraud, waste and abuse better.

Drugs that may be unsafe if not used the right way have Utilization Management (UM) (i.e. Prior Authorization, Step Therapy, and Quantity Limits) rules for use. If the P&T Committee finds that rules are needed and should be put into place, these rules are made with help from drug experts.

Retrospective DUR checks the number of adverse drug events (ADEs), checks drug use in patients or checks patterns of doctors who give drugs. Concurrent DUR review allows pharmacists to work with doctors who wrote for the drugs to be changed or stopped from possible problems.

Retrospective DUR can be used as a tool for doctors who give prescriptions. The DUR program checks for the possible drug related problems, patients' age, number of doctors and pharmacists the patient uses and other drugs being taken. Criteria used are:

Medical criteria

- Drug-drug interactions: Checks for members who are taking 2 or more drugs at the same time that can cause bad problems.
- Drug-disease interactions: Checks for members who are taking drugs with certain health condition that may make them feel bad or cause problems to happen.

Use Criteria

- Overuse: Checks for members who get too much drugs or for longer periods of time.
- Underuse: Checks for members who may not be taking drugs as needed to them feel better.

Retrospective DUR Activities

Retrospective DUR checks are done every 3-months. Drug claims are checked against P&T approved rules. Reports are made and reviewed for correct drug



use.

Drug claims are checked for likely bad drug events. If a problem is found, letters are sent to all doctors who prescribed a drug that relates to the problem found from the check.

The review is done after a drug is handed out and tells of likely problems.

Coverage Limitations

Not all Humana contracts are the same. Coverage may differ based on individual contract language, in addition to any applicable federal and/or state mandates.

Coverage may also differ for Medicare and/or Medicaid members based on any applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP), and/or Local Coverage Determinations. See the CMS web site at <http://www.cms.hhs.gov/>. You may access your contract via the Humana website at <http://www.humana.com> or contact your Plan administrator through your employer for clarification on benefit issues. You may also call us at the number on the back of your insurance card.

Disclaimer

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Humana Gold Plus Integrated H0336-001 (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

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Discrimination Grievances

P.O. Box 14618

Lexington, KY 40512 - 4618

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You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-787-3311 (TTY: 711)**.

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Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-787-3311 (TTY: 711)**.

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