Appropriate Use & Safety Edits

Pharmacy Services provides a variety of safety edits to promote the use of the right medication, in the right patient, at the right time. These edits are routinely updated as new medication entries come to market and in cases of new medication safety alerts in an effort to maintain best-in-class safety protocols. The items listed below represent the most recent strategies implemented to improve quality of care and cost containment. It is important to note that this is NOT a comprehensive list of Pharmacy Services utilization management strategies. For specific medication restriction information, please see the specific Centene Health Plan Preferred Medication List (PDL).

Claims Processor Concurrent Drug Utilization Review (cDUR) edits

Claims processor utilizes the a drug database to evaluate each drug being prescribed and compares it to the patient's demographic and claims history. The following point-of-sale edits are currently implemented at point of sale. These edits are independent of any formulary edits (quantity limits, step therapy and prior authorization).

cDUR edits are available in three forms:

- A message (M) will alert the pharmacist of the edit, but will not cause the claim to reject. The alert is sent along with the paid claim.
- A soft reject (S) will cause the claim to reject, but the reject can be overridden by the dispensing pharmacist.
- A hard reject (H) will cause the claim to reject and the reject cannot be overridden by the dispensing pharmacist. The pharmacist must call Customer Care to request an override.

Please refer to the AUSE document, which is a standard version on the P&T SharePoint site. We recognize individual plans may have variations for their specific benefits. It is the plans' responsibility to modify and update as appropriate for the needs of their particular plan.

STANDARD cDUR Edits are associated with a message (M) that will alert pharmacists of the Edit, but will not cause the claim to reject.

STANDARD cDUR Edits:	Description
Age-Related Caution (DRUG_AGE) This edit "alerts" the pharmacist when contraindications based on age is identified.	• Identifies contraindications based on age. • These contraindications are classified as either absolute, potential or precautionary.
Gender-Related Caution (DRUG_SEX) This edit "alerts" the pharmacist when contraindications based on gender is identified.	• Identifies contraindications based on the member's gender. • These contraindications are classified as either absolute, potential or precautionary.
Drug Regimen Compliance (COMPLIAN) This edit "alerts" the pharmacist when late prescription refills may indicate the member is non-compliant with prescribed medications.	• Identifies late refills and highlights possible non-compliance. • This edit checks to make sure the member is not underutilizing a drug by making sure that he/she picked up the last refill when the previous fill was scheduled to run out (underuse precaution/drug regimen compliance). • Uses Medispan Maintenance indicator.
Drug-Diagnosis Caution (DIAGCAUT) This edit "alerts" the pharmacist when contraindications based on diagnosis is identified.	• Identifies contraindications based on the member's diagnosis. • These contraindications are classified as either absolute, potential or precautionary.
Dosing/Duration (DOSECHEK) This edit "alerts" the pharmacist when daily dosages or duration of therapy are **too high** or **too low** based upon pediatric, adult or geriatric age groups. This edit also checks duration–compares the days' supply on the claim with the recommended duration for the drug (min and max).	• Identifies dosages that are **too high** or **too low** based upon pediatric, adult or geriatric age groups included on Clinical Dosing/Duration Information screen in the product record. ○ Identifies doses that are lower than the recommended starting dose or that exceed the maximum recommended dose by 25% (CVS Health standard). • Also checks duration–compares the days supply on the claim with the recommended duration for the drug (min and max). • Detects regimens that are longer than the maximal limit of therapy for a drug product based on the product's common uses.

STANDARD cDUR Edits:	Description
Duplicate Therapy (DUPTHER) This edit "alerts" the pharmacist when prescribed drugs have the same therapeutic effects as medication(s) the patient is currently taking.	• Identifies two or more medications from the same therapeutic category if a previous prescription in the same class was dispensed within a given time period of the current prescription, the alert would be transmitted to the dispensing pharmacy. • This edit allows you to put a custom list of drugs together that doesn't follow the plan default.
Duplicate Exact Rx (DTHERAPY) When the duplicate therapy edit identifies exact duplicate ingredient therapy, a hard reject, requiring an override by a call center representative, is required. This edit is not transition fill eligible except for the Level of Care changes (e.g., admission or discharge from a long-term care facility or long-term care emergency fill). *This cDUR edit is associated with a hard reject (H)	• Works in conjunction with Refill Too Soon: If the client allows for 90 days coded at 75% threshold, then DTHERAPY would be coded at 25%. This edit and the Refill Too Soon edit must equal 100%. • Duplicate Exact Rx (DTHERAPY): The Duplicate Exact Rx differs from Refill too Soon edit in that DUR looks across pharmacy ID numbers and/or prescription numbers, and/or NDC numbers which share the same GPI number. (The Refill Too Soon edits on claims sharing the same pharmacy ID, prescription number and NDC number). • Checks for ingredient duplications.
Drug-Inferred Health State (DINFERRD) This edit "alerts" the pharmacist when drugs that may be contraindicated based on the patient's known health state (e.g., disease-state contraindications, broader conditions such as pregnancy, lactation and patient age) are identified.	• Drug-disease contraindications inferred from drug therapy • Drug-pregnancy inferred from drug therapy • Drug-allergy based on allergy information populated on the member's profile at the point of sale • Infers a health state and determines if the submitted drug is in conflict with the member's health state

STANDARD cDUR Edits:	Description
Drug-Drug Interactions (DDI-DTMS) This edit "alerts" the pharmacist when interacting drug combinations are identified. - **Major:** Interactions are either well-documented and have the potential of being harmful to the member or have a low incidence of occurrence, but have the potential of serious adverse outcomes (i.e., life threatening). The response level is generally set at hard reject, so that the pharmacy cannot override the reject by itself. - **Moderate:** Interactions are less likely than major interactions to cause harm to the member or are not documented as well as major interactions. - **Minor:** Interactions may occur, but are the least significant because documentation is poor or conflicting. These interactions are also those that pose a limited or unclear risk to the member. - **None:** No known interactions.	• Checks the member's prescription history for interactions between two or more drugs, as determined by the DTMS (Medispan's Drug Therapy Monitoring System). • In the detailed set up of this edit, the client has options to turn on hard rejects or soft messaging at the severity level of the drug interaction. • Parameters that drive this edit include a field for 'extended days' supply from the date of fill plus the days' supply. • Another parameter is 'assume x% slow consumption of medication. This edit discards a found interaction since the drug is assumed to be no longer active in the patient's body. • Severity–Indicates the intensity of the drug-to-drug interaction and qualifies the medical risk of the interaction. The four severity type are:
Teratogenic Edits This edit "alerts" the pharmacist when interacting drug-female gender combinations are identified.	• Restrictions on claims implemented to prevent female members from receiving potentially harmful medications prior to confirmation of pregnancy status. • Messaging is generated for pregnancy category X and D drugs.

OPTIONAL cDUR Edits can be implemented with either a message only (M), soft reject (S) or hard reject (H). The soft reject will cause the claim to reject, but the reject can be overridden by the dispensing pharmacist. The hard reject will cause the claim to reject and the reject cannot be overridden by the dispensing pharmacist.

OPTIONAL cDUR Edits:	Description
Cumulative Acetaminophen Edit (APAPCHEK)	• Identifies members exceeding **4 grams (4,000 mg) of acetaminophen** across different drugs by calculating the cumulative "acetaminophen ingredient" contribution **across multiple active APAP containing prescriptions** (tablets and liquids). • The historical look back period will ensure that the days' supply will overlap with APAP-containing product presented at the point of sale. * This differs from the current Medispan maximum daily dose edit (Dosing/Duration: DOSECHEK) and quantity limits imposed by the formulary, which only captures members taking more than the maximum daily dose of acetaminophen within a single prescription.
Max Dose Edit (DOSECHEK) Note: This is an enhanced version of dosing/duration edit.	• Identifies doses of medications that greatly exceed the FDA-approved maximum dose. • The purpose of this multiplier is to identify egregiously high doses at the point of sale. The default value for the multiplier has been selected at **"5" times the maximum daily dose** for the claim presented at the point of sale. • Applies to ALL drugs, not just controlled substances. * This differs from the base edit which triggers at 1.25 times the maximum daily dose assigned by Medispan (which is not necessarily set at the FDA-labeled max dose) and returns a message response, this enhanced functionality adds a multiplier that is configurable to the Medispan maximum daily dose edit.
Multiple Pharmacies Edit (CHKPHARM)	• Identifies members filling multiple prescriptions within the same drug class (GPI 2) at **four or more pharmacies**. • The goal of this edit is to support a consolidated approach to care by reducing therapeutic duplication, potential drug interactions and pharmacy shopping. • Applies to ALL drugs, not just controlled substances.
Multiple Prescribers Edit (CHKPRES)	• Identifies members filling multiple prescriptions within the same drug class (GPI 2) by **four or more prescribers** within past 30 days. • The goal of this edit is to support a consolidated approach to care by reducing therapeutic duplication, potential drug interactions and doctor shopping. • Applies to ALL drugs, not just controlled substances.

OPTIONAL cDUR Edits:	Description
Excessive Controlled Substance Edit (EXCCLAIM) Note: This is an enhanced version of Excessive Controlled Substance Screening	• The enhanced Excessive Controlled Substance edit targets more egregious potential controlled substance overutilization than the base edit. The enhanced edit will return a soft reject requiring the pharmacist to enter an override. There are two triggers for this edit (neither edit is recommended for long-term care plans): • **Multiple drugs:** This edit targets members taking **five or more unique controlled substances** within a class of drugs (same GPI 2) within the previous 30 days. • **Multiple claims:** This edit targets members filling prescriptions for **8 or more claims for the same controlled substance** (GPI 10) within the previous 30 days. * This differs from the "base" edit which "alerts" the pharmacist when four or more claims for the same controlled substance is prescribed within 90 days.
Cumulative Morphine Milligram Equivalent (cMME) Edit (CMEDCHEK)	• Identifies excessive opioid utilization (GPI-65) via cumulative morphine milligram equivalent (cMME) dose across multiple drugs and prescriptions. This edit will identify all active opioid prescriptions in a member's drug profile and convert the opioid dose to the equivalent dose of morphine. • The cMME is calculated as follows: (1) MME per day is calculated for each opioid prescription; (2) the cumulative MME is calculated based on all prescriptions in the last 90 days of the member's claim history that are still active on the day of the new opioid claim The goal of this edit is to identify potentially dangerous levels of opioid use, including potential misuse and prescriber shopping
EXCLUSIONS: • Cancer diagnosis • Residence in a Long-Term Care facility • Hospice • Palliative Care	**VARIABLES: (per Health Plan)** • MME threshold • # Pharmacies • # Prescribers Note: # of pharmacies/# of prescribers need not be included in the edit

OPTIONAL cDUR Edits:	Description
Buprenorphine/ Opioid (BUPRENORP)	• Identifies opioid use after the patient has begun opioid use disorder treatment with a buprenorphine product. • The patient should not receive any new opioid Rx after they start buprenorphine. After reviewing the patient's medication history, the pharmacist will have the option of: 1. Filling the Rx as written based on his/her professional judgment OR 2. Contacting the prescriber to determine a further course of action.
HIV Duplicative Use	• Identifies members filling multiple prescriptions for HIV drugs with duplicative ingredients.
HIV Interaction	• Identifies members filling multiple prescriptions for HIV drugs that have interactions
HIV Unboosted Protease Inhibitor Therapy	• Identifies members filling prescriptions for an antiretroviral drug that must be boosted with other protease inhibitors to increase the virological benefit and increase drug exposure.
Opioid/Benzodiazepine Drug Interaction Edit	• Identifies opioid use when members are using benzodiazepines or vice versa.
Duplicate Long-Acting Opioid Edit	• A safety edit set up to soft reject when prescribed drugs have the same therapeutic effects as medication(s) the member is currently taking.
Opiate Naïve Edit	• A safety edit reject that limits the initial opioid prescription fill for the treatment of acute pain to no more than a seven day supply. * Currently used for Medicare Part D and Medicare-Medicaid Plan (MMP) lines of business ** Lookback period for prior opiate use = 90 days utilizing Smart PA functionality

Pharmacy Services Drug Restriction / Benefit Design (CVS)

Custom Duplicate Therapy Edits (may overlap with claims processor cDUR edits)

Restrictions on claims implemented to prevent members from receiving excessive medication regimens within the same, or similar, medication class. *Please note that members may utilize up to two medications in any classes listed below with an asterisk (*).* Current medication classes with duplicate therapy edits include, but are not limited to:

- ACE Inhibitor/Angiotensin Receptor Blockers (ARB)
- Alpha Agonists (pediatrics only)
- Antidepressants* (all classes)
- Antivirals*
- Atypical Antipsychotics
- Benzodiazepines*
- Diabetic Medications (sulfonylurea/meglitinides)
- Long-Acting ADHD Medications (stimulants & non-stimulants)
- Opioids*
- Muscle Relaxants
- Sedative-Hypnotics
- Selective Serotonin Receptor Inhibitors (SSRI) & Serotonin Norepinephrine Receptor Inhibitors (SNRI)
- Short-Acting ADHD Medications (stimulants only)*
- Tricyclic Antidepressants (TCA)

Age Limit Edits*

Restrictions on age implemented to prevent children from utilizing medications below FDA recommended age limits. Current medication classes with age limits include, but are not limited to:

- Atypical Antipsychotics
- Benzodiazepines
- Long-Acting ADHD Medications (stimulants & non-stimulants)
- Migraine Rescue Medications (triptans & non-triptans)
- Opioid Agonists
- Sedative-Hypnotics
- Short-Acting ADHD Medications (stimulants only)
- Smoking Deterrents

Quantity Limit Edits*

Restrictions on claim quantity per day implemented to optimize daily dose and to prevent daily doses above FDA recommendations. Multiple medications within different medication classes have quantity limit requirements. Current medication classes with quantity limits include, but are not limited:

- Antibiotics
- Antiemetics
- Antifungals
- Anti-Hypertensives
- Asthma Medications
- Cough & Cold Therapy
- Diabetic Medications
- Gastrointestinal Treatment & Prophylaxis
- HIV Therapy
- Hormone Replace Therapy (HRT)
- Hypercholesterolemia Therapy
- Migraine Therapy
- Non-Steroidal Anti-Inflammatory Drugs (NSAID)
- Opioid Analgesics
- Osteoporosis Therapy
- Sedative/Hypnotics
- Skeletal Muscle Relaxants
- Topical Steroids

Step Therapy Edits*

Restrictions on claims implemented to steer members toward the preferred medication in a particular medication class.