

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NURSING FACILITY RESIDENT DRUG UTILIZATION REVIEW

§1. Definitions. The following words and terms, when used in this regulation, shall have the following meanings unless the context clearly indicates otherwise:

“DMAS” means the Department of Medical Assistance Services consistent with the Code of Virginia, Chapter 10, Title 32.1, §§32.1-323 et seq.

“Drug utilization review” means a formal continuing program for assessing medical and/or drug use data against explicit standards and, as necessary, introducing remedial strategies.

“Drug Utilization Review Committee (DUR Committee)” means a committee composed of knowledgeable health care professionals who make recommendations for developing and modifying drug therapy review standards or criteria, participate in retrospective reviews, recommend remedial strategies, and evaluate the success of the interventions.

“Exceptional drug utilization pattern” means 1) a pattern of drug utilization within a nursing facility that differs substantially from predetermined standards established pursuant to §3(B); 2) individual resident’s drug use patterns that differ from the established standards; or 3) individual resident’s drug use patterns that exhibit a high risk for drug therapy induced illness.

“Retrospective drug review” means the drug utilization review process that is conducted using historic or archived medical and/or drug use data.

“Targeted facility” means a nursing facility where residents’ patterns of drug utilization demonstrate an exceptional drug utilization pattern as defined herein.

§2. Scope

A. Medicaid shall conduct a drug utilization review program for covered drugs prescribed for nursing facility residents. The program shall help to ensure that prescriptions are appropriate, medically necessary, and are not likely to cause adverse actions. The primary objectives are 1) improvement in the quality of care; 2) conserving program funds and individual expenditures; and 3) maintaining program integrity (i.e., controlling problems of fraud and benefit abuse).

B. Retrospective drug utilization review will be conducted on an ongoing basis in targeted nursing facilities demonstrating exceptional drug utilization patterns.

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- C. With the aim of improving prescribing practices, the program shall provide for ongoing educational outreach programs to educate practitioners on common drug therapy problems.

§3. Utilization Review Process

- A. The program shall provide, through its drug claims processing and information retrieval systems, for the ongoing periodic examination of claims data and other records for targeted facilities to identify patterns of inappropriate or medically unnecessary care for individuals receiving benefits under Title XIX of the Social Security Act.
- B. The program shall, on an ongoing basis, assess data on drug use against predetermined standards (as described in this section) including, but not limited to, monitoring for therapeutic appropriateness, overutilization and underutilization, appropriate use of generic products, therapeutic duplication, drug-disease contraindications, drug/drug interactions, incorrect drug dosage or duration of treatment, clinical abuse/misuse, fraud, and, as necessary, introduce to physicians and pharmacists remedial strategies in order to improve the quality of care.
- C. The Department of Medical Assistance Services may assess data on drug use against such standards as the American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information, American Medical Association Drug Evaluations, and peer-reviewed medical literature.

§4. Drug Use Review Committee

- A. DMAS shall provide for the establishment of a drug use review committee (hereinafter referred to as the “DUR Committee”). The Director of DMAS shall determine the number of members and appoint the members of the DUR committee.
- B. The membership of the DUR Committee shall include health care professionals who have recognized knowledge and expertise in one or more of the following areas:
 1. the clinically appropriate prescribing of covered drugs;
 2. the clinically appropriate dispensing and monitoring of covered drugs;

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- 3. drug use review, evaluation, and intervention; and
 - 4. medical quality assurance;
 - 5. Clinical practice and drug therapy in the long term care setting.
- C. The membership of the DUR Committee shall include physicians, pharmacists, and other health care professionals, including those with recognized expertise and knowledge in long term care.
- D. Activities of the DUR Committee shall include, but not be limited to, the following:
- 1. retrospective drug utilization review as defined in §2(B) of this regulation;
 - 2. application of standards as defined in §3(C) of this regulation; and
 - 3. ongoing interventions for physicians and pharmacists, targeted toward therapy problems of individuals identified in the course of retrospective drug use reviews.
- E. The DUR Committee shall re-evaluate interventions after an appropriate period of time to determine if the intervention improved the quality of drug therapy, to evaluate the success of the interventions and recommend modifications as necessary.

§5. Medical Quality Assurance

- A. Documentation of drug regimens in nursing facilities shall, at a minimum:
- 1. Be included in a plan of care that must be established and periodically reviewed by a physician;
 - 2. Indicate all drugs administered to the resident in accordance with the plan with specific attention to frequency, quantity, and type and identify who administered the drug (include full name and title); and
 - 3. Include the drug regimen review prescribed for nursing facilities in regulations implementing Section 483.60 of Title 42, Code of Federal Regulations.
- B. Documentation specified in paragraph A will serve as the basis for drug utilization reviews provided for in these regulations.