20.4 – Retrospective Drug Utilization Review (RDUR)

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A Part D sponsor must have 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 enrollees in a sponsor's Part D plan, or associated with specific drugs or groups of drugs.

Part D sponsors should maintain a written retrospective DUR policy that establishes clear objectives and identifies the relevant claims data proposed for review, the evaluation period, the criteria used in the evaluation, and the proposed interventions. The policy should also include a periodic assessment that determines the success of the proposed objectives, interventions, findings, and outcomes.

Part D sponsors should be innovative in improving the quality of care provided to enrollees through application of DUR. For example, Part D sponsors may want to apply retrospective DUR upon FDA issuance of a new drug safety warning to ensure enrollees and/or physicians are aware of alternative therapies. Alternatively, Part D sponsors may consider application of retrospective DUR for purposes of ensuring appropriate Part B versus Part D payment by working to obtain additional information after point-of-sale adjudication.

It is vitally important, upon notification or discovery of an allegation of fraud, abuse or suspected pattern of inappropriate drug utilization, the Part D sponsor reviews the case with the utmost concern to eliminate obvious billing or claims processing errors and, if necessary, direct the case

to the appropriate authorities (i.e., Medic or local law enforcement). In such a case, Part D sponsors would provide prescriber and beneficiary education as appropriate. For instance, if a potential drug problem is discovered, intervention letters would be sent to all providers who ordered a drug relevant to the identified problem. An intervention might consist of an informational letter to the prescriber, a response form for the prescriber to complete, along with a pre-addressed return envelope, and a patient drug profile. Part D sponsors should not implement programs that decrease beneficiaries' access to their Part D benefit. This includes any sort of a "lock-in" program that limits beneficiaries to utilizing only a single pharmacy.