

## **Optima Medicare's Utilization Management and Quality Assurance Programs**

Optima Medicare works with physicians to make sure members get the most appropriate, safe and cost-effective drugs. The plan's Utilization Management and Quality Assurance program is designed to assure adverse drug events and drug interactions are avoided and ensure optimum medication use. The Utilization Management and Quality Assurance program is provided at no additional cost to members or providers.

Utilization Management and Quality Assurance programs incorporate tools to encourage appropriate and cost-effective use of Part D drugs. These tools include prior authorization, quantity limits, additional charges and clinical interventions. Other tools may be used if necessary.

PA= Prior Authorization. Optima Medicare requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Optima Medicare before you fill your prescriptions. If you don't get approval, Optima Medicare may not cover the drug.

QL= Quantity Limits. For certain drugs, Optima Medicare limits the amount of the drug that it will cover. This may be in addition to a standard one-month or three-month supply.

AN= Additional Charge. If you obtain a brand name drug when a generic equivalent is available, you will be required to pay the difference between the cost of the generic drug (which is paid by Optima Medicare) and the cost of the brand name drug in addition to the appropriate brand copay.

See Optima Medicare's formulary for drugs that have prior authorization requirements, quantity limits or where additional charges may apply.

As part of the Utilization Management and Quality Assurance program, all prescriptions are screened by systems to detect and address the following:

- Drug-drug interactions that are clinical significant
- Duplication of drugs (taking more than one drug in the same drug class)
- Inappropriate drugs
- Incorrect drug
- Patient-specific drug contraindications
- Over-utilization of drugs
- Under-utilization of drugs
- Abuse or misuse of drugs

A review of prescriptions is performed before the drug is dispensed. These are concurrent drug reviews and are clinical edits at the point-of-sale (at the pharmacy counter).

Retrospective drug utilization reviews identify inappropriate or medically unnecessary care. Optima Medicare performs periodic reviews of claims data to evaluate prescribing patterns and drug use that may indicate inappropriate use.

Physicians treating patients who are receiving potentially inappropriate drug therapy will receive provider-specific reports detailing the patient's drug utilization. The providers receive educational materials explaining the report and the intervention it addresses. The reports identify individual patients who may require evaluation, the reason for the report and options for the provider to consider