



State of Georgia
In conjunction with
NASPO ValuePoint

Electronic Request for Proposals ("eRFP")
eRFP (Event) Number: 41900-DCH0000136
Event Name: Pharmacy Benefit Services

Attachment G -
Pharmacy Clinical Management Services
Scope of Work

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1 INTRODUCTION

The Contractor shall provide Pharmacy Clinical Management Services for the State's Fee-for-Service (FFS) Medicaid pharmacy program.

The purpose of this document is to provide a high-level, comprehensive description of the scope and requirements of the Pharmacy Clinical Management Services along with a comprehensive narrative that reflects the State's guiding principles.

2 CLINICAL PROGRAM AND UTILIZATION MANAGEMENT

2.1 OVERVIEW

2.1.1 The Pharmacy Clinical Management Services Contractor shall:

- a. Work closely with the State and all parties participating in the successful implementation and coordination of all clinical programs.
- b. Support the State Preferred Drug List (PDL) and Provider Administered Drug List (PADL). This support will include making recommendations for coverage and developing clinical monographs to be presented to the State Advisory Board.
- c. Provide information regarding new drugs, as well as updates to existing drugs, and facilitate weekly clinical meetings with the State and other participating parties deemed necessary by the State.
- d. Maintain a Preferred Drug List (PDL) to assure clinically appropriate and cost-effective coverage in high-use and high-cost drug categories.
- e. Increase the use of clinically appropriate generic and other lower cost drugs.
- f. Protect the health of Members through use of Retrospective Drug Utilization Review (RetroDUR) and Prospective Drug Utilization Review (ProDUR) editing to prevent inappropriate drug dispensing and/or use.
- g. Review Covered Outpatient Drugs that generally follow a seasonal trend and update the Utilization Management criteria prior to the start of the expected season (e.g., respiratory syncytial virus (RSV) season which typically starts in the fall and ends in the spring). The Contractor shall be responsible for providing Utilization Management services, including development of Utilization Management criteria for Covered Drug Products designated on the PDL.



2.2 STATE ADVISORY BOARD

- 2.2.1 The Contractor will be responsible for overseeing and implementing State Advisory Board meetings, as well as, but not limited to:
- a. Developing drug monographs for new drug entities;
 - b. Creating presentation material for the State Advisory Board meeting;
 - c. Providing all State Advisory Board materials, regardless of size, produced by the Contractor or State or submitted by interested stakeholders (e.g., Manufacturers, Providers, advocacy organizations) through a secured file;
 - d. Preparing and distributing meeting agendas to State Advisory Board members;
 - e. Posting meeting agendas on the website required under the Contract;
 - f. Recording meeting minutes and forwarding them to the State within three (3) Business Days after the meeting; and,
 - g. Posting meeting minutes on the State's website.
- 2.2.2 The Contractor shall provide a Key Staff position to manage and direct the State Advisory Board meetings.
- 2.2.3 The Contractor shall make recommendations to the State and the State Advisory Board regarding new or enhanced Utilization Management criteria, including, but not limited to, clinical, fiscal, and Step Therapies for covered Products and all new Products, taking into consideration, the efficacy, medical appropriateness, quality of life, safety, and cost considerations within the applicable therapeutic categories.
- 2.2.4 The Contractor will be responsible for recruiting State Advisory Board members as directed by the State. All members of the State Advisory Board are appointed by the State.

2.3 DRUG UTILIZATION REVIEW (DUR)

- 2.3.1 The Contractor will be responsible for developing a Drug Utilization Review (DUR) program targeted, in part, at reducing clinical abuse and misuse of outpatient prescription drugs covered on the PDL that includes ProDUR, RetroDUR, data assessments of drug use against predetermined standards, and ongoing educational outreach activities conducted by the Contractor on behalf of the State.



- 2.3.2 The Contractor must provide a Clinical Pharmacist to manage and direct the State's DUR program and act as the Contractor's representative at the State Advisory Board meetings.
- 2.3.3 The Clinical Pharmacist will be required to review State programs and claims data monthly, reporting progress-based results of current programs offered by the State, accompanied by recommendations of effectiveness, improvement, enhancements, and general observations.
- 2.3.4 The Contractor must facilitate quarterly evaluations of focused ProDUR and RetroDUR criteria and interventions, recommend draft standards and criteria, and implement approved changes.
- 2.3.5 The Contractor shall conduct literature reviews related to its ProDUR and RetroDUR activities and report findings to the State on a regular basis as defined by the State.
- 2.3.6 The Contractor shall present findings to the State and State Advisory Board, including educational material on supportive clinical research, protocols, and financial analyses for drug therapies and their indications, and use research models such as control-comparison groups or repeated time series to assess the effectiveness of current ProDUR and RetroDUR practices.
- 2.3.7 The Contractor shall implement DUR recommended changes after State approval and generate educational materials for prescribers, pharmacies, and beneficiaries to support State-approved interventions.
- 2.3.8 The Contractor must provide monthly and quarterly DUR summary reports to the State and State Advisory Board as specified by the State.
- 2.3.9 The Contractor shall prepare and submit, upon the State's approval, an annual DUR report that describes the activities of the DUR by the State Advisory Board and such other information as specified by the State and the Centers for Medicare and Medicaid Services (CMS). The annual DUR report shall be prepared and submitted to the State at least thirty (30) Calendar Days prior to the deadline for submission to CMS. Following the State's approval, the annual report must be submitted to CMS no later than CMS's required deadline.

2.4 UTILIZATION MANAGEMENT PROGRAM

- 2.4.1 The primary goal of the Utilization Management program is to promote the most appropriate utilization of select Products. The State, along with the State Advisory Board, will approve requirements to target a chosen Product or group of Products. Additional Products to require Utilization Management may be presented for review by the State Advisory Board

and approved by the State in accordance with all state and federal laws and regulations.

- 2.4.2 The Contractor shall develop and maintain criteria for covered Products. Products requiring Utilization Management, including Metabolic and Nutritional Formulas, must meet State-approved guidelines before they are recognized as covered Products.
- 2.4.3 The Contractor must include medical exception reviews and overrides, quantity limits, non-preferred Product determinations, Step Therapy rules, and benefit exclusions as specified and directed by the State.
- 2.4.4 The Contractor shall develop and maintain protocols for all Products identified as requiring Utilization Management, Step Therapy, and Quantity Level Limits (QLLs) by the State and for developing web-based versions of this criteria at no additional charge. Criteria shall be customizable and allow for open-ended question responses. All Utilization Management criteria and web-based criteria require State approval. The Contractor agrees that customized Utilization Management criteria as approved by the State shall be the property of the State and shall not be considered proprietary to the Contractor.
- 2.4.5 On an annual basis, the Contractor will review and update Utilization Management algorithm criteria for each therapeutic class and Utilization Management Forms and provide the State with the finalized Utilization Management algorithm criteria with web-based criteria and Utilization Management forms for web posting.
- 2.4.6 The Contractor shall provide the State with an automated workflow tool that the State shall use for its review and approval of prior authorization criteria changes, modifications, deletions, or alterations as part of the Utilization Management program.

2.5 RETROSPECTIVE DRUG UTILIZATION REVIEW SERVICES

- 2.5.1 The Contractor shall merge medical service claims provided by the State, or its designee, in addition to pharmacy claims provided by the State's PBA vendor, to identify and monitor drug usage for potential abuse/misuse and fraud assessments by Member, pharmacists, pharmacies, and prescribers.
- 2.5.2 The Contractor's RetroDUR program shall have oversight of a Clinical Pharmacist and shall include Data Mining, clinical rules, algorithms, and profiling including, but not limited to, drug-disease contraindications, drug-induced illness, drug-drug interactions, incorrect drug dosage, incorrect duration of drug therapy, overutilization, ProDUR, therapeutic



appropriateness, therapeutic duplication, underutilization, age/ gender contraindications, adverse drug effects, use of high-cost prescriptions, and other criteria identified by the state or its State Advisory Board.

- 2.5.3 The RetroDUR program must alert prescribers by letter of potential drug therapy problems among their beneficiaries including therapeutic duplication, drug-disease contraindications, incorrect drug dosage or duration, drug-induced illness, or clinical abuse and beneficiary misuse.
- 2.5.4 The Contractor shall update RetroDUR files and criteria tables as recommended by the State Advisory Board within ten (10) Business Days of the State's approval.
- 2.5.5 The Contractor shall implement active and on-going educational outreach programs that, using State Advisory Board data and other data, educate physicians and pharmacists on common drug therapy problems to improve prescribing and dispensing practices. Any findings of fraud, waste or abuse shall be communicated to the Program Integrity vendor.

3 CLINICAL MANAGEMENT SERVICES COMMON REQUIREMENTS

3.1 OVERVIEW

- 3.1.1 This section contains additional requirements related to those provided in Attachment C – Common Scope Requirements and Security Standards for which the Contractor is responsible.

3.2 DOCUMENT MANAGEMENT

- 3.2.1 The Contractor's document repository shall support file size limits no less than 2GB per file. Types of electronic files may include medical images (digital X-rays, MRI, ultrasounds, etc.).