

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

APPENDIX—DRUG UTILIZATION EVALUATION (DUE) GUIDELINE

I. PURPOSE:

The purpose of this guideline is to expand on drug utilization evaluation processes and procedures.

II. GUIDELINE AND PROCEDURES:

- A. The Director of Pharmacy or designee(s) of the Medical Director shall collect or cause to have collected data relevant to drug utilization.
- B. Medications should be selected for evaluation based on both volume of use and relative risks of the medication or class of medications chosen for evaluation.
- C. In general, a drug utilization evaluation should be conducted twice per year, such that a given facility completes 2 DUEs per year.
 - 1. Local facilities may discharge this requirement by participating in department-wide drug utilization evaluations conducted by the Clinical Operations Division.
 - 2. Collected data, along with analysis of the data and recommendations for either further study or corrective actions should be reported to the Pharmacy & Therapeutics (P&T) Committee.
- D. The P&T Committee should review drug utilization evaluations at its meetings and should provide oversight regarding further studies and should review or revise proposed corrective actions.
 - 1. Proposed corrective actions, along with the supporting data and analysis should then be forwarded to the Medical Executive Committee for action.
- E. A DUE should focus on domains including:
 - 1. Whether appropriate indications are present for studied medication(s)
 - 2. Whether any contraindications were present for any studied medication(s)
 - 3. Whether a risk/benefit analysis was documented for relevant precautions

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4. Whether pretreatment workup and both physical and laboratory monitoring requirements were met
5. Whether dosing guidelines and precautions were followed
6. Whether appropriate consultations were obtained in cases of dosing above maximums reflected in the DSH Psychotropic Medication Policy or in cases of adverse responses described in individual medication protocols.

III. SAMPLES:

- A. In studies wherein more than 100 individuals are taking the target medication or class of medications
 1. The minimum sample size should be 20 cases.
 2. If < 20 individuals are taking the targeted medication, then all should be included in the drug utilization evaluation.
- B. In studies wherein fewer than 100 individuals are taking the target medication or class of medications
 1. The sample size should be approximately 20% of the population.
 2. Typically, the sample size should not be more than 100 cases.
- C. If the individuals taking the target medication or class of medications are distributed across units or programs, then a proportionally stratified random sampling approach should be pursued so as to achieve a balanced representation across the facility.

IV. REPORTING:

- A. The P&T Committee shall be responsible for reporting drug utilization evaluation data, along with relevant analysis and recommendations to the Medical Executive Committee.
- B. In studies where systematic departures from prescribing policies and procedures are discovered via drug utilization evaluation, the P&T Committee will be responsible for making recommendations for corrective actions to the Medical Executive Committee.
- C. In studies which identify any immediate threat of harm to served individuals, the Chair of the P&T Committee will immediately inform the

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Chief of Staff and the Medical Director, as well as the Pharmacy Director, regarding the threat and any proposed corrective action(s).

- D. Additionally, the results of drug utilization evaluations also should be shared with the Medical Staff, to increase awareness of relevant prescribing policies and procedures and to diminish departures from such policies and procedures.
- E. Drug Utilization Evaluations conducted pursuant to this Chapter shall be afforded all immunities, privileges, and protections available to “peer review bodies” as defined under Section 805 of the Business and Professions Code, including the protections of Section 1157 of the Evidence Code.