Colorado has had a Drug Utilization Review Committee composed of one physician and several pharmacists for some 4½ years. Several months ago, a second physician and additional pharmacists were added to this committee because of the increase in workload. This committee travels from different parts of Colorado at no reimbursement, and spends one-half day monthly with pharmacy section personnel reviewing those cases of drug abuse and overutilization which have been developed based on certain parameters: a "patient profile," a "social summary" from the county, a "patient detail profile" showing physicians and hospital activity regarding the recipient, as well as other pertinent information.

The committee evaluates and recommends corrective action. Based upon a number of parameters, for example, recipients who visit more than one physician and or one pharmacy and require the same drug, recipients who receive prescriptions costing more than $25 per perscription, recipients who receive more than five prescriptions per month, et cetera, in "drug utilization review" cases are developed. Literally hundreds of letters are mailed to pharmacists, physicians, and county personnel. We consider the activities of these three drug committees essential contributions to the success of the Colorado medicaid drug program.

A brief resume is in order of the overview for the procedures governing the program in the State of Colorado.

BILLING FORM AND PLASTIC IDENTIFICATION CARD

The drug program in the State of Colorado utilizes a three-part individual prescription billing form in conjunction with a plastic I.D. card, which is used with a data recorder. There have been, and still exist, problems concerning the use of a plastic I.D. card, a medicaid authorization card, and the data recorder. It is my personal feeling that the plastic I.D. card has been beneficial in recording the State I.D. number on the billing forms.

"POSSIBLY EFFECTIVE" OR "INEFFECTIVE" DRUGS

For a number of months, the State of Colorado has enforced a policy whereby the Department would not include as a benefit drugs classified by the Food and Drug Administration to be "medically ineffective" or drugs discontinued by the Food and Drug Administration for other reasons; drugs found by the Food and Drug Administration to be "possibly ineffective" unless included in the "Color X Drug Formulary." Removal of this group of drugs from our drug formulary caused more complaints than any single policy yet implemented, but the policy accomplished two things:

1. It focused attention to the drug program, and motivated the Colorado Medical Society to appoint two physicians to serve on the Color X Drug Formulary Committee.
2. A new policy was developed whereby those drugs approved by the Drug Formulary Committee which were "possibly effective" could be allowed as a benefit.

PRICING—RED BOOK VS. ACQUISITION COST

The Colorado medicaid drug program for some time reimbursed pharmacists bsaed on average wholesale price. This pricing informa-