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United States Army Medical Department Activity  
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\* MEDDAC  
Memorandum 40-7

**Medical Services**  
**Drug Utilization Evaluation (DUE) Program**

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**History.** This is the fifth update of the memorandum. It was originally published on 6 March 1992.

**Summary.** This memorandum covers the policies, procedures, and responsibilities for administering the DUE Program within Kimbrough Ambulatory Care Center (KACC). This update supersedes paragraph 2-2 and deletes a portion of paragraph 2-3b.

**Applicability.** This memorandum applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) (i.e., KACC).

**Proponent.** The proponent of this memorandum is the Chief, Pharmacy Service.

**Suggested improvements.** Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-PS, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by e-mail to [john.schneider@na.amedd.army.mil](mailto:john.schneider@na.amedd.army.mil) or fax to (301) 677-8088.

**Distribution.** Distribution of this memorandum is by electronic medium only.

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\* This update supersedes MEDDAC Memorandum 40-7, dated 29 June 2000.

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### Chapter 1 Introduction

#### 1-1. Purpose

The purpose of this memorandum is to establish responsibilities, policies, and procedures to improve the appropriate, safe, and effective use of drugs in a manner designed to improve the quality of patient care.

#### 1-2. References

Related references are listed in appendix A.

#### 1-3. Explanation of abbreviations

Abbreviations used in this memorandum are explained in the glossary.

#### 1-4. Responsibilities

a. *The Executive Committee.* The Executive Committee, of which the MEDDAC Commander is the chairperson, oversees the DUE Program and, as necessary, authorize and support the actions of the DUE Committee to improve drug use.

b. *The Chief, Pharmacy Service.* The Chief, Pharmacy Service will cooperate with the medical staff to—

- (1) Prepare criteria.
- (2) Review medication orders.
- (3) Drug use data compilation.
- (4) Data analysis and report preparation.
- (5) Participate in educational programs to include presentation of inservices.
- (6) Coordinate with other activities related to the DUE Program.

- c. *The Pharmacy and Therapeutic (P&T) Committee.* The P&T Committee will—
  - (1) Review and approve recommendations from the DUE Committee regarding the scope of drug use and drugs to be monitored.
  - (2) Communicate the results of drug utilization evaluation efforts to the Medical Staff Functions Committee and the Executive Committee.
- d. *The DUE Committee.*
  - (1) The DUE Committee is the primary focal point for the entire DUE Program and will—
    - (a) Discuss, amend as necessary, and approve department and service recommendations on drugs to be monitored, indicators and thresholds for evaluation, data collection methods, and corrective actions before these activities are initiated; identify drugs to monitor, and indicators and thresholds for evaluation; evaluate the use of specific drugs when thresholds are reached, recommend corrective actions, and assess the results of those actions.
    - (b) Report findings, conclusions, recommendations, and actions to the P&T Committee.
  - (2) Members of the DUE Committee, while working in their individual departments and services will—
    - (a) Identify drugs to be monitored under the program.
    - (b) Identify DUE indicators.
    - (c) Establish thresholds to evaluate, collect, and organize DUE data.
    - (d) Evaluate care when DUE-related thresholds are reached.
    - (e) Take action to solve problems DUE-related.

## **Chapter 2**

### **General, and Administering the DUE Program**

#### **2-1. General**

The DUE Program is a structured, criteria based, on-going, planned, and systematic program that provides a rational approach for improving the quality of drug use and patient outcomes. This program provides the medical staff a mechanism to monitor and evaluate the prophylactic, therapeutic, and empiric use of drugs.

#### **2-2. Selecting drugs for evaluation**

The selection of drugs for evaluation should be based on priorities to make the best use of limited resources. DUEs may address drugs that are—

- a. *High volume.*
  - (1) Large volume prescribed.
  - (2) Trend demonstrated toward increased prescribing over time.
- b. *Problem prone.*
  - (1) Potential for inappropriate use (i.e., indication, administration, dosing or monitoring.)
- c. *High risk.*
  - (1) Narrow therapeutic window.
  - (2) Potential for adverse effect alone or when used with other drugs.
  - (3) Use in population at risk.

- (a) Neonatal.
  - (b) Geriatric.
  - (c) Organ failure.
  - (d) Other disability.
- d. *High benefit.*
- (1) Critical component of the care provided for a specific diagnosis or condition.
  - (2) Critical component of the care provided for a specific procedure.
- e. *Cost.*
- (1) One of the top 20 percent of drugs in the pharmacy budget based on acquisition cost.
- f. *Designated for P&T Committee or other patient care committee for evaluation.*
- (1) Formulary addition or potential deletion.
  - (2) Usage of any drug in inpatient or outpatient setting based on specific concern.
  - (3) Reevaluation suggested based on previous target drug program evaluation (i.e., time since last evaluation and criteria compliance).
- g. *Designated by quality assurance activities.* (E.g., medication error reports, reaction reports, etc.)
- h. *Suggested by clinicians (i.e., physicians, pharmacists and nurses) for evaluation based on clinical experience with the drug or class of drug.*
- (1) Suggested to the P&T Committee.
  - (2) Suggested to the DUE Coordinator through target drug program evaluation.

### **2-3. Criteria for evaluating drugs**

- a. *Developing criteria.* After priorities have been set and drugs have been selected for evaluation under the DUE Program, explicit criteria for evaluation will be developed by the medical staff. A current literature search will be conducted to ensure that all aspects of the criteria are up-to-date. Criteria will always be established in conjunction with the persons expected to comply with them, and with individuals who have expertise in the area. Criteria should not be expected to ensure improvement in patient care and outcomes.
- b. *Approval of criteria.* All criteria will be approved by the DUE Committee.

### **2-4. Data collection, analysis, follow up, and dissemination of information**

- a. *Collection.* After evaluation criteria is approved for a drug, data will be collected and documented. The method of collection may be retrospective, concurrent, or prospective.
- b. *Analysis.* Collected data will be analyzed by the medical staff in cooperation with the Pharmacy Service, Nursing Services, and/or administrative staff. Problems in the use of the drug(s) will be identified. Findings will be documented in a written report which will also include recommendations for solution of problems, and plans for follow up.
- c. *Written report.* The written report will be submitted to the DUE Committee for approval. Once the written report is approved, the recommendations will be implemented and follow up begun.
- d. *Follow up.* During follow up, the drug will be monitored and evaluated until the problems identified no longer exist and there is no evidence that continued follow up will provide meaningful information or contribute significantly to improve quality of care.
- e. *Dissemination of information.* DUE findings, recommendations, and follow up actions will be fully documented and shared with the medical staff via the P&T Committee, Medical

Staff Functions Committee, and the Executive Committee, as required or deemed necessary.

## **2-5. DUE in the reappointment of staff providers' privileges**

Names of staff providers involved in all DUE activities will be provided to the Credentials Committee for use in the reappointment and privilege delineation process of the medical staff. When a provider exhibits performance problems that he or she is unable or unwilling to improve, modifications will be made in his or her clinical privileges and or job assignments.

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## **Appendix A References**

### **Section I Required Publications**

This section contains no entries.

### **Section II Related Publications**

A related publication is merely a source of additional information. The user does not have to read it in order to understand this publication.

### **Accreditation Manual for Ambulatory Care Centers**

Joint Commission on Accreditation of Health-care Organizations

### **AR 40-3**

Medical, Dental, and Veterinary Care

### **AR 310-50**

Authorized Abbreviations, Brevity Codes, and Acronyms

### **Section III Prescribed Forms**

This section contains no entries.

### **Section IV Referenced Forms**

This section contains no entries.

## **Glossary**

### **Section I Abbreviations**

#### **DUE**

drug utilization evaluation

#### **KACC**

Kimbrough Ambulatory Care Center

#### **MEDDAC**

U.S. Army Medical Department Activity, Fort George G. Meade

#### **P&T**

Pharmacy and Therapeutics [Committee]

### **Section II Terms**

This section contains no entries.

