Drug Utilization Review Board By-Laws

Article I - POLICY

The Pennsylvania Department of Human Services (DHS) shall provide for a drug use review program for covered outpatient drugs designed to assure that prescriptions are appropriate, medically necessary, and not likely to result in adverse medical results. The drug use review program is designed to educate physicians and pharmacists to identify and reduce:

1. The frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, among physicians, pharmacists, and patients, or associated with specific drugs or groups of drugs.
2. Potential and actual severe adverse reactions to drugs including education on:
    A. Therapeutic appropriateness
    B. Over utilization and underutilization
    C. Appropriate use of generic products
    D. Therapeutic duplication
    E. Drug-disease contraindication
    F. Drug-drug interactions
    G. Incorrect drug dosage or duration of drug treatment
    H. Drug-allergy interaction, and
    I. Clinical abuse/misuse.

The Department's drug use review program shall consist of the following:

The DUR Board will serve to promote patient safety by an increased review and awareness of outpatient prescribed drugs in the Medical Assistance (MA) Program. The establishment, membership and activities of the DUR Board shall be consistent with the provisions in the Social Security Act §1927(g)(3).

Article II - PURPOSE

<u>Section I - Activities</u>

The DUR Board will recommend the application of predetermined standards related to Prospective DUR (ProDUR), Retrospective DUR (RetroDUR), and related administrative and educational interventions designed to protect the health and safety of MA Program recipients.

The DHS DUR Board will:

1. Review and evaluate pharmacy claims data and prescribing practices for efficacy, safety, and quality against predetermined standards using nationally recognized drug compendia and medical literature as a source.

2. Recommend appropriate utilization controls and protocols for individual medications or for therapeutic categories. These controls and protocols include, but are not limited to clinical prior authorization, automated prior authorization, system edits and guidelines, generic substitution programs, quantity limitations, and therapeutic interchange.
3. Recommend ongoing interventions for physicians and pharmacists, targeted toward therapy problems or individuals identified in the course of retrospective drug use reviews, including:
    A. Information dissemination sufficient to ensure the ready availability to prescribing providers and pharmacists in the State of information concerning its duties, powers, and basis for its standards;
    B. Written, oral , or electronic reminders containing patient-specific or drug-specific (or both) information and consideration of potential changes in prescribing or dispensing practices communicated in a manner designed to ensure the privacy of patient-related information;
    C. Use of face-to-face discussions between health care professionals who are experts in rational drug therapy and selected prescribers and pharmacists who have been targeted for educational intervention, including discussion of optimal prescribing, dispensing, or pharmacy care practices, and follow-up face-to-face discussions; and
    D. Intensive overview or monitoring of selected prescribers or dispensers.
4. Re-evaluate utilization controls and interventions after an appropriate period of time to determine if the intervention improved the quality of drug therapy, to evaluate the success of the interventions and recommend modifications as necessary.
5. Monitor Preferred Drug List (PDL) outcomes.

Article III - MEMBERSHIP

Section I - Appointment

The DHS DUR Board will include at a minimum at least 1/3 but no more than 51% licensed, actively practicing physicians and at least 1/3 licensed and actively practicing pharmacists. The DUR Board will also include at least one consumer or family member and physician representing consumers with serious mental illness.

Medical specialists and consultants may be added on an Ad Hoc basis when addressing certain therapies or drug classes at the discretion of, and invitation from, the Chairperson.

All professional members shall be licensed under Pennsylvania law in their respective fields. The members will be chosen by specialty, board certification, prior DUR experience, state residency, experience treating MA Program recipients, absence of conflicts of interest, ability to represent a broad base of constituents, and number of years in practice.

Section II - Term

Each DUR Board member is appointed by the Secretary of Public Welfare for a two-year term after which each member will come up for review and new members may be considered. Members may serve an unlimited number of terms.

Section III – Responsibilities

The DHS DUR Board is a standing committee that will report all activities and recommendations to the Department. It is an advisory committee for DHS, designed to ensure unbiased clinical perspective in areas such as prospective and retrospective utilization controls, protocols and interventions.

Each DUR Board member is expected to attend all Board meetings, unless otherwise excused by the Chairperson. If a DUR Board member is unable to attend a Board meeting in person, the member will be permitted to participate via teleconference at the discretion of the Chairperson.

DUR Board members are expected to volunteer and apply their knowledge of current medical and therapeutic practice during discussion.

DUR Board members and other participants must complete a Disclosure of Interest Forms and provide updated information prior to each meeting.

Section IV – Officers

The Chairperson will be the OMAP Pharmacy Director.

A Vice-Chairperson will be nominated and elected by the Board. The Vice-Chairperson will take the place of the Chairperson upon his or her absence or request.

Section V - Termination and Resignation

The Secretary may dismiss a DUR Board member. Termination may result due to unexcused absences from two consecutive meetings, not disclosing a conflict of interest, or participating in wrongdoing or misconduct while a member of the DUR Board.

A DUR Board member may resign by submitting a written notice to the Chairperson. The Chairperson may resign by submitting a written notice to the Secretary.

Article IV - MEETINGS

Section I - Frequency

The DUR Board will meet semi-annually. Additional meetings may be called by the Chairperson or Board at any time.

Section II - Procedure

The DUR Board members will be given notice of the meeting at least ten (10) days prior to its occurrence. The agenda will be disclosed at the time of announcement.

Prior to the meeting each member will receive the agenda, the previous meeting's minutes, and any proposed or existing prior authorization, step therapy, or quantity limit programs.

The Department shall post on the Web site the final agenda at least 10 days prior to the meeting.

The minutes from each meeting will be posted for pubic view within 30 days of the date of the meeting at which the minutes are approved. Minutes will include vote totals.

Article V - QUORUM

The presence of a majority of DUR Board members will be considered a quorum. A simple majority will determine the Board's recommendation, and any ties will be broken by the Chairperson.

Article VI - DISCLOSURE OF INTERESTS

Members of the DUR Board and any invited medical specialists and consultants will be required to submit Disclosure of Interest Forms and will have an ongoing duty to disclose any interests that develop after completion of the form.

If a member has an interest that may affect or be perceived to affect the member's independence of judgment, the member must recuse himself/herself from the voting process for the drug or drug class concerned. This recusal includes but is not limited to refraining from deliberation or debate, making recommendations, volunteering advice, and/or participating in the decision-making process in any way.

The Chairperson will review the criteria that DUR Board members should use to determine whether to recuse themselves from the voting process at the beginning of each meeting and ask whether any members need to recuse themselves from consideration of a particular drug or class of drugs.

Article VII – PUBLIC RESOURCES

The DHS website will exhibit information for public view. The website will include the DUR Board member list, the meeting minutes and the meeting agendas. The website also includes all policies and regulations that govern pharmacy services in the Medical

Assistance Program, Medical Assistance Bulletins and provider handbooks, including the Prior Authorization of Pharmacy Services Handbook.

Article VII - AMENDMENT OF BY-LAWS

Amendments to the By-Laws of the DUR Board may be decided by majority vote at any DUR Board meeting. Any proposed amendments must be submitted prior to the meeting and included in the agenda of the meeting during which the vote will be taken.