

CHARTER OF THE INDIANA DRUG USE REVIEW BOARD

Approved December 10, 1993

The Indiana Drug Use Review Board is appointed by the governor to serve in an advisory capacity to Indiana Medicaid with regard to the prescription and dispensing of drugs by Medicaid providers and the use of drugs by Medicaid recipients. The board, composed of representatives of the pharmacy, medical, and scientific community has a responsibility to establish criteria for both retrospective review and prospective surveillance of drug prescription and dispensing for and use by Medicaid recipients. Through the expert opinion of the board members, aided, when appropriate, by consultants, the board will provide the Medicaid Agency with advice on matters of drug usage so as to allow for the appropriate and cost effective delivery of medical and pharmaceutical care.

In order to fulfill its responsibility for retrospective drug use review, the board will establish criteria, by therapeutic class, for optimum cost effective medical care as it relates to the use and effects of pharmaceutical agents. The board will evaluate, on the basis of established criteria, Medicaid claim data for compliance to these criteria by providers. Various activities which are educational and non-punitive in nature will be undertaken for all providers and especially those not in compliance with established criteria. Data will be further evaluated to determine the impact of board activities on both the quality of care provided to recipients and the overall cost of pharmaceuticals to the Medicaid Agency.

Criteria will also be established for prospective drug use review for the use of providers at the time at which pharmaceutical agents are dispensed. Initially this will primarily consist in the review and approval of computer software and reference material necessary for this purpose.

The board may request program data from the State Medicaid Agency and its contractors to fulfill its review duties. When drug use review data become available, the board will also be obligated to review at least certain selected cases. Although this activity will likely not commence in earnest until outside review agency services are in place, some decisions such as timely turn around of reports, division of case review labor on the part of board members, rules for use of outside consultants, etc., may need to be made prior to case review.

In the event that individual healthcare providers are in disagreement with board recommendations or approved drug use review criteria, a hearing before the board will be scheduled upon written submission of the grievance to the board. In addition, procedures for maintaining confidentiality of providers as well as recipients will be developed by the board.

Information reviewed by the board that identifies an individual Medicaid recipient or provider is to be considered confidential and cannot be disclosed by the board.

The board will normally meet in open public sessions, but can Meet in executive session to review confidential information.

It is not the purpose of the board to deal with issues of fraud and abuse, although Medicaid may use the board in an advisory capacity for issues involving drug use or abuse. For the board to discharge its duties effectively, there will be no duplication of the activities of other governmental bodies such as licensing boards. There will, however, be a working relationship with these bodies in the form of a mutually agreed upon liaison between the Drug Use Review board, the state Pharmacy board, the Medical Licensing board, and other agencies as required.

The board will annually elect a chair and vice chair-person. Roberts Rules of order will be used in the conduct of meetings. With the exception of prior specified requirements in cases of due process, a simple majority vote will carry motions duly made and seconded in any official board meeting.

The board will submit requests for funding of board related activities (e.g. outside consultations) to the state Medicaid Agency. Since the scope of board activities is potentially quite broad, the degree to which the board will be able to carry out these various activities will depend on various resources, including time (person-hours) and budget.

The board will keep regular minutes of official meetings. In addition the board may, on approval of its members, have other written documents or transcripts of oral presentations appended to the minutes as part of the proceedings of the board.

In order to fulfill in part its educational role, the board will publish a regular newsletter to health care providers.

The board may solicit advice or information of outside agencies without prior approval so long as expense is not incurred and the board and its individual members are not obligated so as to avoid conflict of interest.

The board will set short and long term plans and goals by which the board and governmental agencies can assess the board's effectiveness. The board, in consultation with the appropriate state agencies will prioritize tasks and set reasonable dates for completion.

The board will, in compliance with state regulations, submit an annual written report of activities and recommendations to the state legislature.