

Revision: HCFA-PM- (MB)

State/Territory: INDIANACitation1927(g)
42 CFR 456.700

4.26 Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:

- Appropriate
- Medically necessary
- Are not likely to result in adverse medical results

1927(g)(1)(a)
42 CFR 456.705(b) and
456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce 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 as well as:

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

1927(g)(1)(B)
42 CFR 456.703
(d)and(f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopeia-Drug Information
- American Medical Association Drug Evaluations

TN No. 93-032

Supersedes

TN No. 93-006

Approval Date

1-6-94

Effective Date

12-1-93

Revision: HCFA-PM- (MB)

State/Territory: INDIANACitation1927(g)(1)(D)
42 CFR 456.703(b)

- D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:

Prospective DUR
 Retrospective DUR.

1927(g)(2)(A)
42 CFR 456.705(b)

- E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)
42 CFR 456.705(b),
(1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

-Therapeutic duplication
 -Drug-disease contraindications
 -Drug-drug interactions
 -Drug-interactions with non-prescription or over-the-counter drugs
 -Incorrect drug dosage or duration of drug treatment
 -Drug allergy interactions
 -Clinical abuse/misuse

1927(g)(2)(A)(ii)
42 CFR 456.705 (c)
and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)
42 CFR 456.709(a)

- F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

-Patterns of fraud and abuse
 -Gross overuse
 -Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

TN No. 93-032

Supersedes

TN No. 93-006Approval Date 1-6-94Effective Date 12-1-93

State/Territory: INDIANACitation927(g)(2)(C)
42 CFR 456.709(b)

F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)
42 CFR 456.716(a)

G.1. The DUR program has established a State DUR Board either:

- Directly, or
 Under contract with a private organization

1927(g)(3)(B)
42 CFR 456.716
(A) AND (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

927(g)(3)(C)
42 CFR 456.716(d)

3. The activities of the DUR Board include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

TN No. 93-032
 Supersedes 93-006 Approval Date 1-6-94 Effective Date 12-1-93
 TN No. 93-006

Revision: HCFA-PM-

(MB)

OMB No.

State/Territory: INDIANACitation

1927(g)(3)(C)
42 CFR 456.711
(a)-(d)

G.4 The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)
42 CFR 456.712
(A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h)(1)
42 CFR 456.722

I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

1927(g)(2)(A)(i)
42 CFR 456.705(b)

2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

1927(j)(2)
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

* U.S. G.P.O.:1993-342-239:80043

TN No. 93-032
Supersedes 93-006 Approval Date 1-6-94 Effective Date 12-1-93

State/Territory: INDIANACitation

1902(oo)

K. Indiana Medicaid has fully implemented Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P. L. 115-271). The State is in compliance with the new drug review and utilization requirements set forth in section 1902(oo) of the Act, as follows:

1. Claims Review Requirements

A. Safety Edits Including Early, Duplicate, and Quantity Limits

i. The state has implemented the following prospective opioid safety edits:

- (1) quantity limits, including days' supply limits
- (2) length of therapy limits
- (3) refill frequency (percent to refill) limits
- (4) duplicate fills
- (5) maximum Morphine Milligram Equivalents (MME)/day limits

ii. The state has implemented the following retrospective opioid safety reviews:

- (1) quantity limits, including days' supply limits
- (2) length of therapy limits
- (3) refill frequency (percent to refill) limits
- (4) duplicate fills
- (5) maximum MME/day reviews

B. Concurrent Utilization Alerts

i. Opioid and Benzodiazepines Current Fill Reviews

- (1) The state has implemented and monitors results of prior authorization requirements for concomitant opioids and benzodiazepines

ii. Opioid and Antipsychotic Concurrent Fill Reviews

- (1) The state has implemented and monitors results of DUR edits

2. Program to Monitor Antipsychotic Medications by Children

A. The state has implemented and monitors results of the following:

- i. age restrictions
- ii. quantity limits
- iii. prior authorization requirements for duplicate antipsychotic therapy
- iv. Department of Child Services Psychotropic Medications report

3. Fraud and Abuse Identification Requirements

TN No. 19-019
Supersedes
TN No. NEW

Approval Date: 3/13/20

Effective Date: November 28, 2019

State/Territory: INDIANA

A. The state has implemented and monitors results including but not necessarily limited to the following:

- i. limits on number of opioid prescribers over a period of time
- ii. prior authorization requirements for concomitant opioid and buprenorphine-based substance use disorder treatment
- iii. ad hoc PDMP reviews corresponding to prior authorization requests
- iv. pharmacy claims audits

TN No. 19-019
Supersedes
TN No. NEW

Approval Date: 3/13/20

Effective Date: November 28, 2019