

**MaineCare
Drug Utilization Review Committee
Bylaws**

SUMMARY

The purpose of these rules is to describe the establishment and operation of the DRUG UTILIZATION REVIEW COMMITTEE (DUR COMMITTEE), created to comply with the Omnibus Budget Reconciliation Act of 1990 relative to the pharmaceutical services furnished under the MaineCare (formerly Maine Medicaid) Program.

Section I. Definitions.

- A. “Department of Health and Human Services (OMS)” means the organizational unit within the Department of Health and Human Services designated to administer the MaineCare program.
- B. “Drug Utilization Review (DUR)” means a process designed to insure that prescriptions shall be appropriate, medically necessary and not likely to result in adverse medical results.
- C. “Drug Utilization Review Board (DUR Committee)” means an advisory committee, comprised of physicians and pharmacists, to the State’s MaineCare program.
- D. “Provider” means an entity or individual who furnishes health care services or supplies to MaineCare members under an agreement with the Department of Health and Human Services, and is licensed or certified pursuant to applicable State law(s) to provide such services and supplies.
- E. “Member” or “MaineCare member” means a person who is eligible for and receiving MaineCare, pursuant to Title XIX or XXI.
- F. “Surveillance and Utilization Review Systems (SURs)” or “Program Integrity (PI)” means the function within the Department of Health and Human Services to ensure that accurate billing and proper reimbursement has been made for the care, services, or appropriate supplies.

Section II. Board Composition.

The intention is to strive for 50-50 balance between pharmacists and physicians. The DUR Board shall be composed as follows:

- A. A minimum of four members shall be allopathic physicians currently licensed and actively practicing medicine in Maine.
- B. One member shall be an osteopathic physician currently licensed and actively practicing medicine in Maine.
- C. Three members shall be pharmacists currently licensed and actively practicing pharmacy in Maine.
- D. One member shall be either the Bureau's Medical Director or designated Pharmacy Physician Consultant.
- E. One member shall either be a hospital pharmacist currently licensed and actively practicing pharmacy in Maine or a pharmacist with Pharmacy Benefit Management experience with or without a prior hospital pharmacy background at the discretion of the Bureau Director.
- F. One pharmacist shall be provided by the DUR Committee contractor.

Section III. **Method of Selection.**

Appointed members of the DUR Committee shall be chosen by the Director of the OMS from lists of nominees presented by the following groups (These lists shall contain sufficient numbers of nominees in order to allow the Director of the OMS flexibility in selecting a Committee with diverse membership).

- A. The physicians may be nominated by the Maine Medical Association, the DUR Committee, and other State medical societies including the Nursing Home Medical Director Association, and the Department's offices of Mental Health, Mental Retardation, and Substance Abuse Services.
- B. The osteopathic member may be nominated by the Maine Osteopathic Association, other medical societies, or the DUR Committee.
- C. The community pharmacists shall be nominated by the Maine Pharmacy Association, or the DUR Committee.
- D. The hospital pharmacist or pharmacist with PBM (pharmacy benefit management) experience shall be nominated by the Maine Society of Hospital Pharmacists, or the DUR Committee.
- E. The committee may nominate candidates for ad-hoc specialty committees to offer advice on an as needed basis.

Section IV. **Staff Support.**

The Department of Health and Human Services shall provide one person to consult with and participate in the DUR Committee's deliberations. This individual shall not be a voting member of the Committee and shall not be assigned any PI function within the OMS.

Section V. **Terms of Appointment.**

Members of the DUR Committee shall be appointed to terms as follows:

- A. All physician and pharmacist members are appointed for three-year terms.
- B. All vacancies shall be filled by the appointment of a person to fill the remainder of the term. Such person shall be from the same category as the person (s)he is replacing.
- C. No appointed person may serve more than three terms, except that appointees with initial terms of less than three years may be reappointed for three subsequent full three-year terms.
- D. Except as otherwise noted, all subsequent appointments shall be for three year terms.
- E. Regarding (C) and unfilled appointments: in order to ensure the successful , uninterrupted operation of the DUR Committee, if no qualified and willing candidates are found, Committee members with expired appointments may have their term extended at the discretion of the Bureau Director until such time as a suitable replacement is obtained.

Section VI. **Operation of the DUR Committee.**

The DUR Committee shall develop and adopt formal policies and procedures for its use. These policies shall include but not be limited to:

- A. Selection of a chairperson;
- B. Setting a schedule for regular meetings, (at least quarterly);
- C. Setting quorum requirements;
- D. Publishing notices of meetings;
- E. Affirmation that all DUR activities will be consistent with confidentiality requirements of the OMS, including 42 CFR 431, part f;
- F. Establishing, as needed, regional DUR committees to assist the DUR Committee in its evaluations;
- G. Establishing procedures for appeal of its decisions;
- H. Preparing and disseminating its minutes;

- I. Agreeing to use consensus process to resolve differences between source materials; and

- J. Providing direction for the preparation and approval of its annual report.

Section VII. **Functions and Responsibilities.**

The DUR Committee shall be responsible for the following duties and functions.

- A. In compliance with Federal and State requirements the DUR Committee shall determine policy, procedures, and standards for the implementation of the Maine DUR efforts, the primary focus of which shall be the utilization of drugs and education of providers and recipients to maximize the quality of care provided. The DUR Committee may also review drug utilization from other pharmacy benefits. The Committee is also authorized to review all data, including net drug costs, that are necessary to monitor and maintain the Department's Preferred Drug List(s).

- B. The development of a working agreement for the DUR Committee with related boards, agencies or societies, including, but not limited to:
 - the Board of Commissioners of the Profession of Pharmacy,
 - the Board of Registration in Osteopathy Medicine,
 - the Board Registration in Medicine,
 - the PI staff,
 - the Maine Medical Association
 - the Maine Osteopathic Association, and
 - the staff of the Department of Health and Human Services

in order to clarify the areas of responsibility for each where such may overlap.

- C. The DUR Committee shall develop a drug utilization review initiative in accordance with the following:
 - 1. The DUR Committee shall develop parameters in accordance with Federal regulations and guidelines to perform on going periodic examination of claims data and other records in order to identify patterns of fraud, abuse, gross overuse or inappropriate or medically unnecessary care among physicians, pharmacists, and MaineCare members.

 - 2. The Committee shall establish standards of review based upon compendia which shall consist of at least the following:
 - a. American Society of Hospital Pharmacists Formulary Service
 - b. United States Pharmacopoeia Drug Information
 - c. American Medical Association Drug Evaluations
 - d. The current peer-reviewed literature

3. The Committee shall resolve, by consensus, any discrepancies in the compendia.

D. The DUR Committee shall:

1. Submit recommendations to the OMS for policy changes for more efficient management of services, and
 2. Provide for on going intervention for members, physicians, and pharmacists targeted toward therapy problems including individuals identified in the course of drug reviews performed under this section, and such interventions shall include, in the appropriate instances at least the following:
 - a. Information to physicians and pharmacists concerning the DUR Committee's duties and the profile for its standards;
 - b. Written, oral, or electronic reminders concerning member-specific or drug-specific (or both) information with suggested changes in prescribing or dispensing practices, communicated in a manner designated 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. Intensified review or monitoring of selected members, prescribers or dispensers, if appropriate.
- E. The DUR Committee shall reevaluate 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.
- F. The DUR Committee shall prepare and submit at least an annual report to the OMS Director which shall include a description of the activities of the Committee, including the nature and scope of the prospective and retrospective drug use review efforts along with the DUR Committee's recommendations, a summary of the interventions on quality of care, and an estimate of the savings generated as result of such efforts.
- G. Other reports and data shall be provided by the DUR Committee to the Department of Health and Human Services at such time and in such format as the Secretary of Health and Human Services shall require from the State.

Section VIII. **Confidentiality.**

The DUR Committee shall perform its duties in compliance with the confidentiality policies and rules of the Department of Health and Human Services, including 42 CFR 431, part f and of other Maine Boards of Registration.

Section IX. Independence of the DUR Committee.

The DUR Committee's relationship to the PI Unit and to physicians' and pharmacists' regulatory boards shall be as follows:

- A. The DUR Committee shall not directly participate in any PI, fraud or abuse operation or activities except to the extent that educational materials prepared by the DUR Committee are provided to the Department of Health and Human Services, as are providers, members, and to the public.
- B. The DUR Committee shall not involve itself as an entity in any individual cases relating to professional conduct or practice standards that may be before physicians', pharmacists' or osteopaths' regulatory or oversight boards.
- C. The DUR Committee may, however, after educational interventions and other educational assessments it may perform, refer individual matters to the Department of Health and Human Services or to the appropriate regulatory board if in its judgment such referral is appropriate.

Section X. Conflict of Interest.

All DUR Committee members must disclose annually their conflicts such as financial holdings, participation in investigational drug programs, participation in advisory programs, and all receipts of gifts, hospitalities, or subsidies with a value \geq \$100. Members have a continuing duty to update their disclosure to the Committee as needed so that the Committee stays informed regarding real or apparent conflicts of interests. Members with a real or apparent conflict of interest must excuse themselves from voting on matters in any class of product in which the relevant pharmaceutical company has a business interest. Members may resume voting no sooner than one year after the last declared (most recent) date of conflict as defined above to include financial holdings, participation in investigational drug programs, participation in advisory programs, and receipt of gifts, hospitalities, or subsidies with a value \geq \$100.

Section XI. Disclosure of Persons Appearing Before Committee

The DUR Committee may ask persons appearing before it to disclose in writing or orally their relationship, if any, with pharmaceutical companies. Such disclosures shall be included as part of the record or written minutes of the meeting.