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TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

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Under IC 4-22-2-23, the Office of the Secretary of Family and Social Services intends to adopt a rule concerning the following:

OVERVIEW: Amends existing pharmacy and prior authorization regulations to allow for changes in the existing prospective drug utilization review (pro-DUR) functionality that is used by pharmacy providers in detecting possible therapeutic problems with individual Medicaid patients' drug regimens. Currently, when submitting claims for drugs via the on-line, real time claims processing system, the pharmacist enters certain information from a new prescription into the system. That information (which includes the name of the drug, dosage form and strength, quantity to be dispensed, etc.) is screened against data from claims previously paid for by Medicaid on behalf of the patient. If as a result of this review certain clinical situations are detected (such as an early refill, possible therapeutic duplication, drug-drug interaction, etc.), the pharmacist is "alerted" to that circumstance by the pro-DUR system. Under the existing pro-DUR functionality, the pharmacist has the option to "override" the alert and proceed with the dispensing of the prescription and filing of the claim. This system of unrestricted "override" capability by the pharmacist is known as "soft alerts". For quality of care and cost reasons, and based on the policies of other payers, OMPP is proposing that so-called "hard alerts" be instituted in the pro-DUR system. This would entail the denial of a pharmacy's claim upon the posting of certain pro-DUR alerts (as opposed to being able to be "overridden" by the pharmacist). Prior authorization would be required in order for the claim to be refiled and paid. OMPP proposes amending its current rules to provide OMPP with the authority to convert "soft" pro-DUR alerts to "hard" pro-DUR alerts, subsequent to review by the Indiana Medicaid DUR Board and 45 days advance provider notification. These limitations will not apply to the risk based managed care program. Statutory authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-3.