

**Bylaws of the  
Drug Use Review Board  
Nevada State Division of Health Care Financing & Policy**

*ARTICLE I*

**DEFINITIONS**

- A. “Administrator” shall mean the State’s Administrator of the Division of Health Care Financing and Policy.
- B. “DHCFP” shall mean the Division of Health Care Financing and Policy, a Division of the Department of Health and Human Services (DHHS).
- C. “DHCFP Coordinator” shall mean the DHCFP staff person assigned to coordinate the DUR Board meetings, and provide assistance to the DUR Board members.
- D. “DHCFP’s Pharmacy Benefit Program Manager (PBPM)” shall mean the DHCFP’s contractor who’s responsible for management of the Pharmacy Benefit Program
- E. “DHCFP Website” shall mean: <https://dhcfnv.gov/index.htm>
- F. “DHHS” shall mean the Department of Health and Human Services of the State of Nevada.
- G. “Director” shall mean the State’s Director of DHHS.
- H. “DUR Board” shall mean the Drug Use Review Board established in accordance with 42 § CFR 456.716 and the Social Security Act § 1927(g)(3) [42 USC § 1396r-8].
- I. “Exhibit” shall mean a document to be presented to the DUR Board whereby the DUR Board is apprised of proposed changes in policy, regulation, or the State Plan. An Exhibit may require an action/vote by the Board.
- J. “Medicaid” shall mean the Medicaid program that is administered by the DHCFP under Title XIX.
- K. “Nevada Check-Up” shall mean the State Children’s Health Insurance Program that is administered by the DHCFP under Title XXI.
- L. “Pharmacy and Therapeutics Committee” shall mean the committee created within DHCFP by Nevada Revised Statutes (NRS) 422.4035.
- M. “Presentation” shall mean public comments made orally at a meeting of the DUR Board.

- N. “Quorum” shall have the meaning stated in NRS § 241.015 (4) as a simple majority of the constituent membership of a public body or another proportion established by law.

## *ARTICLE II*

### **FORMATION AND COMPOSITION**

#### **Section I. Creation**

The Drug Use Review Board is established in accordance with 42 § CFR 456.716 and the Social Security Act § 1927(g)(3) [42 USC § 1396r-8]. The DUR Board will operate in accordance with Nevada Medicaid Services Manual Chapter 1200 and Nevada Medicaid Operations Manual Chapter 200.

#### **Section II. Number of members**

The DUR Board shall consist of no less than five members and no more than ten members.

#### **Section III. Appointment**

The Director is the Appointing Authority and shall make all appointments to the DUR Board, except any ex officio members. The DHCFP Chief of the Clinical Policy Team shall serve as the DUR Board Coordinator.

## *ARTICLE III*

### **MEMBERSHIP, OFFICERS, AND ASSISTANCE**

#### **Section I. Qualifications for Membership in the DUR Board**

- A. The DUR Board membership shall meet the following criteria:
1. At least one-third, but no more than 51 percent, of the membership of the DUR Board shall be comprised of active physicians licensed to practice medicine in Nevada.
  2. At least one-third of the membership of the DUR Board shall be comprised of active pharmacists licensed to practice medicine in Nevada.
  3. Membership of the DUR Board shall include health care professionals who have recognized knowledge and expertise in one or more of the following:
    - a. The clinically appropriate prescribing of covered outpatient drugs;

- b. The clinically appropriate dispensing and monitoring of covered outpatient drugs;
  - c. Drug use review, evaluation and intervention, and
  - d. Medical quality assurance.
4. Members serving on the DUR Board may not have a current affiliation, while serving the board/committee term, with a business or corporation that manufactures prescription drugs. This includes direct compensation through employment and contractual activities. This does not exclude members from participating in continuing educational units or conferences sponsored by the above entities.

**Section II. Term**

- A. Members of the DUR Board shall serve two years with alternating terms.
- B. During even years (i.e., 2014, 2016, 2018 ...) new members shall be appointed to the second, fourth, sixth, eighth and tenth positions.
- C. During odd years (i.e., 2015, 2017 ...) new members shall be appointed to the first, third, fifth, seventh, and ninth positions.
- D. All appointed members of the DUR Board serve at the pleasure of the Director.
- E. At the end of an appointed member's term, the Director may reappoint a DUR Board member to a subsequent term.
- F. If a vacancy occurs in the membership of the DUR Board, the Director shall fill the vacancy for the remainder of the unexpired term in the same manner as the original appointment.
- G. A member of the DUR Board may resign by written notice to the Chairperson and the DHCFP Coordinator.

**Section III. Officers**

- A. The Director shall appoint the Chairperson and Vice-Chairperson of the DUR Board from among its members.
- B. The Chairperson and Vice-Chairperson shall serve a term of one year, unless otherwise specified by the Director.
- C. The Chairperson shall preside over the DUR Board and shall confer with the DHCFP Coordinator on agenda items in advance of each meeting.

- D. The Chairperson shall be physically present to preside over a meeting.
- E. The Vice-Chairperson shall assume the duties of the Chairperson in his/her absence.
- F. If the Chairperson is unable to continue to serve, the Vice-Chairperson shall assume the responsibilities of the Chairperson until the Director appoints a new Chairperson.

**Section IV. Assistance**

- A. The DHCFP and the PBPM shall provide the DUR Board with staff assistance and independent technical assistance as needed to enable it to accomplish its functions and duties.
- B. DHCFP's PBPM shall provide the DUR Board with relevant clinical information (see Appendix A) and with support that includes, but is not limited to, accepting and summarizing submissions by pharmaceutical manufacturers and special interest groups.

***ARTICLE IV***

**MEETINGS AND PRE-MEETING ACTIVITIES**

**Section I. Frequency, Location and Attendance**

- A. The DUR Board shall meet at least quarterly.
- B. Interim meetings may be called by the Chairperson or by the DHCFP Chief of the Clinical Policy Team.
- C. A simple majority of the members of the DUR Board constitutes a quorum for the transaction of business.
- D. Members may attend meetings telephonically; however, attendance in person to the maximum extent possible is highly encouraged.

**Section II. Agenda, Meeting Preparation and Meeting Structure**

- A. The DUR Board shall conduct its meetings pursuant to the Nevada Open Meeting Law set forth in NRS Chapter 241.
- B. Drug therapies to be reviewed shall be posted on the DHCFP website 45 days prior to the scheduled meeting. Manufacturers and special interest groups will be given a deadline for submission of information at the time of this posting. The deadline shall allow at least 15 days for submission from the posting date.

- C. The DHCFP Coordinator along with the PBPM shall be responsible for developing an agenda for each DUR Board meeting. The agenda, along with Exhibits of proposals from DHCFP or its PBPM shall be distributed to each member not later than 15 business days prior to each meeting. (To the greatest extent possible, Exhibits shall be provided in electronic form or as a link to a website.) Any member of the DUR Board may request the removal of an item from the DRAFT agenda if they conclude additional time or information is required. A FINAL agenda must be posted in accordance with the Open Meeting Law.
- D. The PBPM shall ensure that:
1. 30 minutes prior to the beginning of the meeting, a sign-in sheet is available at the door where individuals, organizations, or agencies may sign up to make public comments during the meeting;
  2. Public comment is limited to five minutes per individual, organization, or agency, but may be extended at Chair's discretion.
- E. Speakers shall be required to participate according to the following guidelines.
1. Anyone presenting documents for consideration shall provide sufficient copies for each member of the DUR Board and the official record (if possible, provide documents in electronic form for record retention purposes). In addition:
    - a. Copies for public comment shall be made available at the time of sign-up and shall be distributed at the time of the meeting;
    - b. DHCFP or its PBPM shall not distribute public comment information prior to the public meeting; and
    - c. Exhibits, proposals and handouts must meet the standards set forth in Article IV, Section III of these Bylaws.
  2. Each presentation must include:
    - a. The speaker's name;
    - b. Affiliation/representation;
    - c. Any funding, grants, affiliations and/or compensation received from special interest groups (e.g., pharmaceutical manufacturers including, but not limited to, speakers bureau memberships, advisory committee appointments or financial interests/holdings); and
    - d. The source of funding for all studies cited.

3. Products jointly represented by more than one company may be represented during the public comment period by only one individual.

### **Section III. Exhibits, Proposals and Handouts**

- A. Exhibits, proposals and handouts will include the following items, as applicable:
  1. Statement of need/purpose;
  2. History;
  3. Present policy or regulation, to include coverage and cost in other states and by Medicare and private insurance, if available;
  4. Reason for change/justification;
  5. Proposed policy or regulation change or adoption; and
  6. Effect of change, to include potential cost and/or savings.
- B. Exhibits, proposals and handouts may be submitted to the Board for consideration, in accordance with the following guidelines:
  1. Electronic submissions are preferred;
  2. Summaries must be broad and not exceed two pages, 8½ x 11, one side; and
  3. Whenever possible, summaries should include a web site URL as an option for obtaining additional details.
- C. Documentation of a purely marketing or soliciting nature is discouraged.

### **Section IV. Briefings**

DHCFP staff will be available to conduct oral presentations on pending issues of significance to the DHCFP. The DUR Board may request written briefings.

### **Section V. Submission of Clinical Information**

- A. Pharmaceutical manufacturers and special interests groups wishing to provide the DUR Board with clinical information, questions or comments about drug therapies must make submissions directly to the DHCFP's PBPM. (See submission details in Appendix B.)
- B. Written comments are encouraged; electronic transmittal is preferred.

- C. As noted in Article IV, Section II, Part B of these Bylaws, drug therapies to be reviewed shall be posted on the DHCFP website no later than 45 days prior to the scheduled meeting. Clinical information that manufacturers or special interest groups wish to have considered in the review process should be submitted to DHCFP's PBPM no later than 15 days prior to the meeting. The deadline for submission shall be posted on the website when the drug therapies to be reviewed are posted.
- E. Information provided to the DHCFP's PBPM shall be summarized at a high level for review by members of the DUR Board. Upon request of any of the Board members, additional details shall be provided.

**Section VI. Voting**

- A. Each of the members constituting a quorum of the DUR Board shall vote to approve or disapprove each action item on the agenda.
- B. An affirmative vote of a majority of members present of the DUR Board is required to take action.

**Section VII. Minutes**

- A. Records/minutes of the DUR Board meeting will be kept and made available in accordance with the Open Meeting Law.
  - 1. The minutes may be a summary of discussions, but they must reflect the substance of matters proposed, discussed, or decided.
  - 2. The substance of public comment will be included if the member of the general public requests their comments to be included for the record.
- B. Minutes and other relevant materials shall be accessible via the DHCFP website. Individuals who do not have access to the Internet may request hard copies by calling the DHCFP (775) 684-3600.

## *ARTICLE V*

### **FUNCTIONS AND DUTIES**

#### **Section I. Functions**

##### **A. Prospective Drug Utilization Review (Prospective DUR)**

1. The DUR Board shall review and make recommendations on prospective drug therapy edits submitted to it by the DHCFP or the DHCFP's PBPM. These prospective drug therapy edits shall be used by the DHCFP or the DHCFP's PBPM to screen for potential drug therapy problems due to therapeutic duplication, drug-disease contraindications, drug-drug interactions (including non-prescription drugs), incorrect drug dosage or duration of drug treatment, drug-allergy interactions, and clinical abuse/misuse prior to the dispensing of a prescription. The prospective drug therapy edits are based upon the compendia and literature referred to under §1927 (g)(B) of the Social Security Act as predetermined standards.

##### **B. Retrospective Drug Utilization Review (Retrospective DUR)**

1. The DUR Board shall review and make recommendations on predetermined standards submitted to it by the DHCFP or the DHCFP's PBPM. These standards shall be applied by the DHCFP or the DHCFP's PBPM to drug claims data in order to generate reports that identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists and individuals receiving benefits under Title XIX or Title XXI, or associated with specific drugs or groups of drugs.
2. The DUR Board shall evaluate the use of the predetermined standards, including assessing the operational effect of the predetermined standards in use, and make recommendations to the DHCFP or the DHCFP's PBPM concerning modification or elimination of existing predetermined standards or the addition of new ones.

##### **C. Application of Standards**

The DUR Board, on an ongoing basis, will serve in an advisory role to the DHCFP, assessing data on drug use against explicit predetermined standards including but not limited to monitoring for therapeutic appropriateness, over-utilization and under-utilization, appropriate use of generic products, therapeutic duplication, drug-disease contraindications, drug-drug interactions, incorrect drug dosage or duration of drug treatment, and clinical abuse/misuse.



D. Educational Program

1. The DUR Board shall identify and develop educational topics if education of practitioners on common drug therapy problems is needed to improve prescribing or dispensing practices.
2. The DUR Board shall make recommendations as to which interventions would most effectively lead to improvement in the quality of drug therapy.
  - a. The recommendations must be based on an in-depth review conducted by the DHCFP or the DHCFP's PBPM of the results of the application of predetermined standards against claims data reports.
  - b. The recommendations must also be appropriate based upon program experience.
  - c. The recommendations must match the educational program with the drug therapy problems identified. According to Social Security Act § 1927(g)(3)(c), possible interventions include:
    1. Information dissemination sufficient to ensure the ready availability to physicians and pharmacists in the State of information concerning its duties, powers and basis for its standards;
    2. Written, oral or electronic reminders containing patient-specific or drug-specific (or both) information and suggested changes in prescribing or dispensing practices, communicated in accordance with privacy standards mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA);
    3. 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
    4. Intensified review or monitoring of selected prescribers or dispensers.
3. The DUR Board shall periodically re-evaluate and, if necessary, modify the interventions.

E. Annual Report

The DUR Board shall review and approve a mandated annual report to the Centers for Medicare and Medicaid Services (CMS). The report submitted to CMS must be in accordance with federal guidelines.

F. As mandated by NRS 422.403, the DHCFP's step therapy and prior authorization program for prescription drugs, the DUR Board shall also:

1. Advise the DHCFP concerning the use by the Medicaid program of step therapy and prior authorization for prescription drugs.
2. Develop step therapy protocols and prior authorization policies and procedures for use by the Medicaid program for prescription drugs. These policies and procedures shall not be used to influence the Pharmacy and Therapeutics Committee as it works independently to create the List of Preferred Prescription Drugs.
3. Review and approve, based on clinical evidence and best clinical practice guidelines and without consideration of the cost of the prescription drugs being considered, step therapy protocols used by the Medicaid program for prescription drugs.
4. The DUR Board shall NOT develop, review, or approve any policies or procedures that are deemed specifically necessary for the operation of the List of Preferred Prescription Drugs developed by the Pharmacy and Therapeutics Committee.

**ARTICLE VI**

**COMPENSATION**

**Section I. Compensation**

- A. Members of the DUR Board serve without compensation.
- B. Each member of the DUR Board who is an officer or employee of the State of Nevada or a local government must be relieved from his/her duties without loss of his regular compensation so that he/she may prepare for and attend meetings of the Board and perform any work necessary to carry out the duties of the Board in the most timely manner practicable. A state agency or local governmental entity shall not require an officer or employee who is a member of the DUR Board to make up the time that he/she is absent from work to carry out his/her duties as a member of the Board or to use annual vacation or compensatory time for the absence.

**Section II. Per Diem and Other Expenses**

A member of the DUR Board is entitled, while engaged in the business of the Board, to receive travel expenses provided for state officers and employees generally, including per diem, transportation, lodging, and associated miscellaneous expenses.

***ARTICLE VII***

**ADOPTION AND AMENDMENTS TO THE BYLAWS**

Proposed amendments to these Bylaws must be submitted, in writing, to the DUR Board members and the Director 15 days in advance of a scheduled meeting in order to be acted upon. An affirmative vote of a majority of members present of the DUR Board shall be required to adopt a proposed amendment, and such amendments must be approved by the Director to become effective.