Omnibus Budget Reconciliation Act of 1990 (OBRA ’90)

The U.S. Congress enacted the Omnibus Budget Reconciliation Act of 1990 (OBRA ’90) on November 5, 1990. This legislation contains thirteen titles addressing a variety of areas. Many provisions included in Section 4401 of OBRA ’90 however, directly affect Medicaid pharmacy programs and Medicaid pharmacy providers. In short, the framers of OBRA ’90 are counting on the strength of Drug Use Review (DUR) to ensure quality care and reduce medical costs within State Medicaid programs.

While state Medicaid agencies will set up the programs mandated by OBRA ’90, pharmacy providers are responsible for performing many required provisions. OBRA ’90 requirements, in support of state Medicaid recipients, make pharmacists responsible for the following, effective January 1, 1993:

- Prospective Drug Use Review (ProDUR)
- Patient Counseling
- Maintaining Proper Patient Records

Prospective Drug Utilization Review

OBRA ’90's ProDUR language requires state Medicaid provider pharmacists to review Medicaid recipients' entire drug profile before filling their prescription(s). OBRA ’90 requires evaluation of the following drug therapy problems: therapeutic duplication; drug-disease contraindications; drug-drug interactions (including serious interactions with nonprescription or Over the Counter drugs), incorrect drug dosage or duration of drug treatment, drug-allergy interactions, and evidence of clinical abuse/misuse.

To comply with OBRA ’90's ProDUR requirements, state Medicaid agencies must adapt criteria and standards (to detect these conditions) from the following sources: American Hospital Formulary Service Drug Information, the United States Pharmacopeia-Dispensing Information, the American Medical Association Drug Evaluations, and other peer-reviewed medical literature.

Patient Counseling Standards

OBRA ’90 also requires states to establish standards governing patient counseling. In particular, dispensing pharmacists must offer to discuss the unique drug therapy regimen of each Medicaid recipient when filling prescriptions for them.

Such discussions must include matters that are significant, (in the professional judgment of the pharmacist) which include, but are not limited to, the following: name and description of the medication, route of administration, dose, dosage form, and duration of drug therapy. OBRA ’90 also mandates pharmacists discuss special directions and precautions for preparation of drugs, administration and use by the patient; common severe side effects or adverse effects or interactions and therapeutic contraindications that may be encountered (including their avoidance and the action required if they occur); techniques for self-monitoring drug therapy; proper storage; refill information; and appropriate action in case of a missed dose.

Maintenance of Patient Records

Under OBRA ’90 Medicaid pharmacy providers also must make reasonable efforts to obtain, record, and maintain at least the following Medicaid patient information: name, address, telephone number; age and gender, individual history (where significant); including disease state or states, known allergies and/or drug reactions, and a comprehensive list of medications and relevant devices, and the pharmacist's comments about the individual's drug therapy.
Drug Use Review Board

OBRA ‘90 also requires that state Medicaid programs maintain a Drug Use Review Board. The State of Indiana requires that the Board be comprised of the following:

• Four individuals licensed and actively engaged in the practice of medicine or osteopathic medicine in Indiana.
• Four individuals licensed by the State of Indiana who are actively engaged in the practice of pharmacy.
• One individual with expertise in therapeutic pharmacology who is neither a physician nor a pharmacist.
• One representative of the office who shall serve as an ex-officio non voting member of the board.
• One individual who:
  1) is employed by a health maintenance organization that has a pharmacy benefit; and
  2) has expertise in formulary development and pharmacy benefit administration.

The individual may not be employed by a health maintenance organization that is under contract or subcontract with the state to provide services to Medicaid recipients.
• One individual who is a health economist.