PHARM TECH BASICS · ONE-PAGER

OBRA 90: Drug Use Review and the Offer to Counsel

The seven prospective DUR screens, the offer to counsel, the patient profile, what the technician does and does not do, and a timeline of the federal drug laws on the exams

31 sources + more detail
pharmtechbasics.com/sheets/pharm-obra90-dur.html
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1 OBRA 90 in brief

The Omnibus Budget Reconciliation Act of 1990 made each state Medicaid program run a drug use review (DUR) program for outpatient prescriptions. The rules are in 42 CFR 456 Subpart K. The federal text covers Medicaid patients; state law sets the details, and many states apply the counseling rules to every patient.

PART	WHEN	WHAT IT IS
Prospective DUR	Before each prescription is filled or handed over	Screen the new drug against the patient's profile; offer to counsel; keep a profile
Retrospective DUR	At least quarterly, after dispensing	The state reviews claims for patterns of fraud, abuse, overuse or poor care
Education	Ongoing	The state DUR Board teaches prescribers and pharmacists about problems it finds

2 Prospective DUR: the seven screens

SCREEN	MEANING	EXAMPLE ALERT
Therapeutic duplication	Two or more drugs from the same class, with risk or extra cost and no added benefit	Two drugs of one class from two prescribers
Drug-disease contraindication	A disease changes the drug's effect, or the drug worsens the disease	Propranolol for a patient with asthma
Drug-drug interaction	Two drugs together risk a clinically significant harm (OTC drugs count)	Sildenafil for a patient filling nitroglycerin
Incorrect dosage	Daily dose outside the standard range; dose = strength × quantity ÷ days supply	Metformin 1,000 mg, #90 for 30 days = 3,000 mg a day (label maximum 2,550)
Incorrect duration	Days of therapy longer or shorter than the standard	A course far longer than the drug is meant for
Drug-allergy interaction	Significant risk of an allergic reaction	Amoxicillin for a patient with a penicillin allergy
Clinical abuse or misuse	Abuse, gross overuse, overuse or underuse	Early refill of an opioid

⚠ SAFETY The days supply is part of the dose check. Enter it correctly: a wrong days supply makes the software compute a wrong daily dose, so a real overdose can pass, or a correct dose can be flagged.

3 The offer to counsel and the profile

- Offer: made to each patient or caregiver who presents a prescription, in person when practicable or by a toll-free line for long-distance calls (mail order must have one).
- Counseling: by the pharmacist, on what the pharmacist judges significant: name and description; dosage form, dose, route and duration; directions and precautions; common severe side effects, interactions and contraindications; self-monitoring; storage; refills; what to do after a missed dose.
- Refusal: the patient may decline; the pharmacist need not counsel. The state decides what is recorded.
- Profile (a reasonable effort to obtain, record and keep): name, address, phone, date of birth or age, gender; disease states, allergies and drug reactions, all medicines and relevant devices; pharmacist comments.

💡 EXAM TIP Federal law requires an OFFER to counsel, not counseling. State law decides: new prescriptions only or refills too, whether a technician may make the offer, what is documented, and what happens when the patient is not there (delivery, mail).

4 Technician or pharmacist

TECHNICIAN	PHARMACIST ONLY
Collects and updates the profile: allergies, conditions, other medicines including OTCs	Adds clinical comments to the profile
Enters the prescription accurately (drug, strength, quantity, days supply)	Reviews every DUR alert and decides what to do
Stops and brings any DUR alert or claim rejection to the pharmacist	Overrides an alert, calls the prescriber, changes therapy
Makes the offer to counsel where state law allows; records a refusal per policy	Counsels; answers questions about the drug
Sends every clinical question (side effects, OTC choice, 'is this safe with...') to the pharmacist	Recommends OTC products and therapeutic substitutions

⚠ SAFETY A technician never overrides or dismisses a DUR alert, never sends an override to the insurer and never tells a patient an interaction 'is fine'. Pass it to the pharmacist.

5 Federal laws on the exams

YEAR	LAW	KEY POINT
1906	Pure Food and Drugs Act	Bans interstate sale of adulterated or misbranded foods and drugs
1938	Food, Drug, and Cosmetic Act	New drugs must be shown safe before marketing (after Elixir Sulfanilamide)
1951	Durham-Humphrey Amendment	Creates prescription (legend) vs OTC drugs; oral prescriptions and refills
1962	Kefauver-Harris Amendment	Drugs must be proven effective as well as safe (after thalidomide)
1970	Controlled Substances Act	Five schedules by abuse potential and medical use; closed system, registration (now with DEA)
1970	Poison Prevention Packaging Act	Child-resistant containers for most oral prescription drugs
1972	Drug Listing Act	Manufacturers list their drugs with FDA; the National Drug Code (NDC)
1983	Orphan Drug Act	Incentives for drugs for rare diseases (fewer than 200,000 people in the US)
1984	Hatch-Waxman Act	Generic approval by bioequivalence (ANDA); patent term extension for brands
1990	OBRA 90	Prospective DUR, offer to counsel, patient profiles (Medicaid)
1990, 2004	Anabolic steroid acts	Anabolic steroids become controlled (schedule III); 2004 bans OTC precursors
2003	Medicare Modernization Act	Medicare Part D drug benefit; plans must run DUR and MTM
2005	Combat Methamphetamine Epidemic Act	Pseudoephedrine behind the counter: ID, logbook, 3.6 g a day, 9 g in 30 days
2013	Drug Supply Chain Security Act	Electronic, package-level tracing of prescription drugs

💡 EXAM TIP Exam pairs: safety 1938, effectiveness 1962; Rx vs OTC 1951; generics 1984; NDC 1972; child-resistant caps 1970 (PPPA); offer to counsel 1990; pseudoephedrine 2005; track and trace 2013. Federal law is the floor: where a state law is stricter, follow the state.

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