NEW YORK STATE | Department of Health

NYRx, the Medicaid Pharmacy Program

Drug Utilization Review Program (DUR)

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- The Drug Utilization Review Program (DUR) helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary, and not likely to result in adverse medical consequences.
- This program uses professional medical protocols, computer technology, and claims processing data to inform clinical requirements regarding the prescribing and dispensing of prescriptions.
- Criteria requirements may include:
  - Confirmation of diagnosis
  - Frequency/Quantity/Duration (F/Q/D) limits
  - Step Therapy parameters

Drug Utilization Review Board (DURB)

Federal legislation that requires states to implement DUR programs also requires states to establish DUR boards whose function is to play a major role in each state's DUR program. Pursuant to state law, the DURB was created to establish and implement medical standards and criteria for Medicaid's DUR programs. The New York State Medicaid DURB is comprised of health care professionals appointed by the Commissioner of Health and includes physicians and pharmacists that actively practice in New York.

Drug Utilization Review Board (DURB)

Responsibilities of the DURB include:

- The establishment and implementation of medical standards and criteria for the retrospective and prospective DUR program.
- The development, selection, application, and assessment of educational interventions for physicians, pharmacists and recipients that improve care.
- The collaboration with managed care organizations to address drug utilization concerns and to implement consistent management strategies across fee-for-service and managed care.
- The review of therapeutic classes subject to the Preferred Drug Program.

How Does the DUR Program Differ From PDP?

The **DUR** program applies coverage criteria to select drugs or drug classes covered by NYRx.

The **PDP** program identifies drugs in select drug classes as preferred or non-preferred. Non-preferred drugs require prior authorization unless otherwise indicated. Drugs or drug classes in the PDP may also be subject to the DUR program.

DUR Criteria

Diagnosis requirements, Frequency/Quantity/Duration (F/Q/D), and Step Therapy parameters are implemented to ensure clinically appropriate and cost-effective use of these drugs and drug classes.

Lipid Lowering Agents

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
Lipid Lowering Agents: • alirocumab (Praluent®) • evolocumab (Repatha®) • lomitapide (Juxtapid®) • bempedoic acid (Nexletol™) • bempedoic acid/ezetimibe (Nexlizet™)	• Require trial of an HMG-CoA Reductase Inhibitors (statin) at maximum tolerated dosage		• Confirm diagnosis of FDA-approved or compendia-supported indication **PCSK-9 Inhibitors** (alirocumab [Praluent®], evolocumab [Repatha®]) and **ACL inhibitors** (Bempedoic acid [Nexletol], Bempedoic acid/ ezetimibe [Nexlizet]): • Require concurrent statin therapy