Drug Utilization Review Program (DUR) Frequently Asked Questions

1. What is the Drug Utilization Review Program (DUR)?

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.

2. How does the DUR Program work?

This program uses professional medical protocols, computer technology, and claims processing data to inform clinical requirements regarding the prescribing and dispensing of prescriptions.

3. What are the criteria requirements used within this program?

This program uses diagnosis requirements, Frequency/Quantity/Duration (F/Q/D) limits, and Step Therapy (ST) parameters to ensure clinically appropriate and cost-effective use of these drugs and drug classes. The criteria may apply to a therapeutic class, pharmacological class, or an individual drug.

4. Are DUR drugs classified as preferred and non-preferred?

Drugs in the preferred drug program (PDP) may also be subject to the DUR program. DUR requirements are identified on the preferred drug list (PDL).

5. Who is responsible for implementing the criteria for the DUR program?

The Drug Utilization Review Board (DURB) is appointed by the Commissioner of Health and is comprised of providers and pharmacists actively practicing in New York. DURB is responsible for the following:

- Establishment and implementation of the 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.