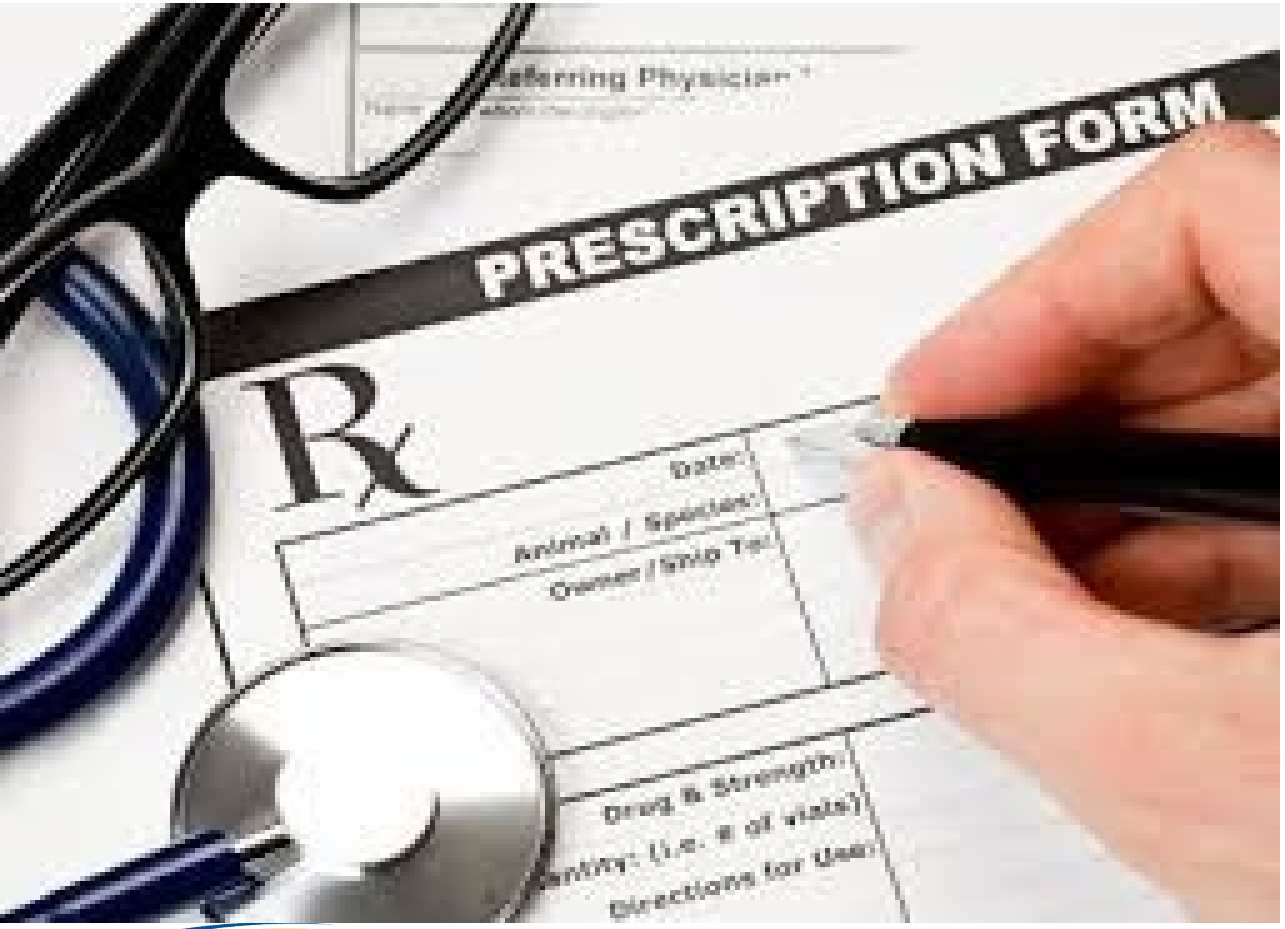
Drug Utilization Review (DUR)



Centers for Medicare & Medicaid Services,
Center for Medicaid and CHIP Services,
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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Drug Utilization Review (DUR) Background

- Section 1927(g) of the Social Security Act (Act) requires each state to develop a DUR program to assure that prescriptions:
  - (i) are appropriate,
  - (ii) are medically necessary, and
  - (iii) are not likely to result in adverse medical results.

- DUR programs are tasked, in part, with reducing clinical abuse and misuse of outpatient prescription drugs covered under the state's Medicaid program. DUR programs in managed care delivery systems must meet the same federal requirements as applicable in a fee for service (FFS) delivery system.

- States are required to establish a drug use review board (DUR Board) that assists the state with DUR activities. The scope of DUR activities must include prospective and retrospective DUR, assessment of drug use against predetermined standards, and educational programs.

- Each state is required to submit to the Centers for Medicare & Medicaid Services (CMS) an annual report on the operation of its DUR program. See section 1927(g)(3)(D) of the Act.

DUR Background

- The Medicaid DUR Program promotes patient safety through state-administered tools and systems that interface with the claims processing systems.
- The goal of the state's DUR program is to ensure appropriate drug therapy, while permitting sufficient professional prerogatives to allow for individualized drug therapy
- To achieve these goals, Medicaid prescription claims are reviewed:
  - Prospectively, and
  - Retrospectively.
- States conduct ongoing educational outreach activities to educate practitioners on common drug therapy problems with the goal of improving prescribing and/or dispensing practices.

Prospective (ProDUR)

ProDUR involves evaluating a patient's planned drug therapy before a medication is dispensed.

- Allows pharmacists to identify and resolve problems before the patient has received the medication.
- Often done during the online claims adjudication process, prospective DUR relies on computerized algorithms to check for key clinical issues such as:
  - ✓ Potential and actual adverse effects,
  - ✓ Therapeutic duplication,
  - ✓ Drug-disease interactions and contraindications,
  - ✓ Incorrect dosage, frequency, or duration of treatment,
  - ✓ Drug allergy,
  - ✓ Clinical misuse or abuse,
  - ✓ Drug-drug interactions,
  - ✓ Medication appropriateness,
  - ✓ Incorrect drug dosage, duration or overutilization and underutilization of drug treatment, and
  - ✓ Pregnancy alerts.

Retrospective (RetroDUR)

RetroDUR is performed after the patient has received the medication.

- It is often performed during the course of treatment and involves the ongoing monitoring of drug therapy to foster positive patient outcomes.
- RetroDUR involves state Medicaid agencies reviewing claims data to identify patterns of:
  - ✓ Therapeutic appropriateness,
  - ✓ Adverse events,
  - ✓ Appropriate use of generic products,
  - ✓ Incorrect duration of treatment,
  - ✓ Over or under utilization,
  - ✓ Inappropriate or medically unnecessary care,
  - ✓ Gross overuse,
  - ✓ Abuse, and
  - ✓ Fraud.

Educational Programs

- States, through their DUR Board, provide educational outreach programs to educate practitioners on common drug therapy problems with the goal of improving prescribing and/or dispensing practices.

- States, through their DUR Boards, develop educational programs based on the utilization data gathered through their DUR programs.

State Actions

- States must ensure that their DUR programs align with DUR requirements for all states that provide Medicaid coverage of covered outpatient drugs.
  - States may target their efforts to specific drugs and/or drug categories where they believe there is an enhanced risk of clinical abuse or misuse.
  - States should review the notification to State Medicaid Directors dated April 11, 2025, and consider any actions to take with respect to their DUR programs: https://www.cms.gov/files/document/letter-stm.pdf
- Outside of DUR programs, and pursuant to section 1927(d) of the Act, there are other tools states may employ to ensure appropriate use of medications. These include prior authorizations, quantity limits, and preferred drug lists.