



**DRUG UTILIZATION REVIEW (DUR)
BOARD ADVOCACY TOOLKIT**

January 2021



Section 1: What is a DUR Board?



Overview: Drug Utilization Review

What are Medicaid Drug Utilization Review (DUR) Boards and Pharmacy and Therapeutics (P&T) Committees?

States must review new medications when they come on the market to decide where the medication will be placed on the drug formulary for Medicaid. To facilitate this process, federal Medicaid rules require each state to have a comprehensive Drug Utilization Review (DUR) program that assesses the utilization, quality, medical appropriateness, and cost of prescribed medication through the evaluation of claims data. The DUR program must be targeted, in part, at reducing misuse of outpatient prescription drugs covered under the state's Medicaid program.

Each state has its own process. In some states, the DUR program is run by a DUR Board, and in some states, it is run by a Pharmacy and Therapeutics (P&T) Committee. DUR programs can conduct both prospective and retrospective drug utilization review – they can review drugs newly on the market, or drugs that have been available on the market for some time. They only review drugs that have received FDA approval.

Why do DUR Boards and P&T Committees matter?

DUR Boards and P&T Committees determine **how** each drug must be covered by Medicaid in that state. This often means putting criteria in place to limit or even restrict coverage. Some examples of those limits include age requirements, step therapy requirements, or even invasive tests for the patient. These limits can have the practical effect of blocking patient access to a drug.

Who serves on DUR Boards and P&T Committees?

The people who serve on DUR Boards and P&T Committees come from a wide variety of experience and backgrounds. Requirements differ by state, but in general, those who serve are not required to have any expertise or knowledge regarding the specific disease or condition treated by the drug they are reviewing. They may or may not have medical experience. For example, DUR Boards and P&T Committees may include doctors and pharmacists, but they may also include social workers and lawyers.

What is the Medicaid Drug Rebate Program (MDRP) and how does it affect DUR decisions?

The Medicaid Drug Rebate Program (MDRP) is an agreement between the Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and participating drug manufacturers. It is designed to help offset the federal and state costs of most outpatient prescription drugs dispensed to Medicaid patients. Participation in the program is voluntary, but if states utilize the MDRP, they are mandated to cover all drugs that are FDA-approved.

How often do DUR Boards and P&T Committees meet?

Each state is different. Some meet quarterly, others meet monthly, and others meet as needed. Look at [Section 7](#) of this toolkit for a list of each state's DUR body – including a link to the DUR or P&T website – along with other information about their meeting dates.

Glossary of common terms:

DUR Boards and P&T Committees use a variety of terms that may not be familiar, or may mean something different than when they're used in other contexts. Here are some of the most common terms.

- **Drug Utilization Review (DUR) Board**: A state DUR Board is usually comprised of health care professionals. The DUR Board reviews, evaluates and ultimately provides recommendations for the Medicaid preferred drug list (or drug formulary).
- **Drug Formulary**: A formulary is a list of generic and brand name prescription drugs covered by a particular public or private health insurance plan.
- **Fail First policy**: Another term for Step Therapy. A policy or practice used by insurers that requires the least expensive drug to be prescribed to a patient first, even if the patient's doctor has prescribed a different therapy or believes another therapy is the best medical option for the patient's condition. To gain access to the preferred treatment, the patient must "fail first" on the least expensive drug.
- **Medicaid**: Medicaid is a joint federal and state program that, together with the Children's Health Insurance Program (CHIP), provides health coverage for people with disabilities, pregnant women, and low-income adults, children, and

elderly people. Every state's Medicaid program is different, and most states are modernizing and updating their programs.

- **Out-of-Pocket Expenses**: Expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.
- **Pharmacy and Therapeutics (P&T) Committee**: The P&T Committee is responsible, among other things, for all matters related to the use of medications in the state's Medicaid program, including developing and maintaining the Medicaid formulary for the state.
- **Rebate**: A form of price concession paid by a pharmaceutical manufacturer to the sponsor of a health plan (or to a pharmacy benefit manager working on the plan's behalf). Rebates are a tool that can be used to keep certain drugs on a plan's formulary, or to give certain drugs preferential treatment – or even block other treatments from being on the formulary. [This brief video](#) developed by the Kaiser Family Foundation in response to a Trump-era rebate proposal gives a good overview of how rebates work in health care.
- **Step Therapy policy**: A policy or practice used by insurers that requires the least expensive drug to be prescribed to a patient first, even if the patient's doctor has prescribed a different drug or believes another drug is the best medical option for the patient's condition. To gain access to the preferred treatment, the patient must start with the least expensive drug as a first step, and depending on the state and insurance plan, may have to go through other "steps" before getting coverage for the preferred treatment.



Section 2: Get Involved



Drug Utilization Review: Get Involved

While each state's process is a little bit different, here are some of the ways to make your voice heard in the DUR process.

Attend the DUR Board meeting

All of these meetings are open to the public, whether they are occurring in person or virtually. Some states require you to register in advance to attend the meeting. For others, you can just show up! See [Section 7](#) of this toolkit to find links to the DUR Board/P&T Committee sites, meeting schedules, and other information for each state.

Many states include instructions on their DUR Board site on how to register or attend the meeting. However, if that information isn't readily apparent, no problem! There is usually a secretary or other administrative person's contact information listed on the site. Don't hesitate to call or email this person and ask for more information or help getting registered.

Speak at the meeting

Visit the DUR Board site to see if there are instructions or requirements to speak. If you don't see the information on the site, call the administrative person and ask for help.

Each state has a different process for allowing people to speak at the actual meeting, but assume that you'll have to register in advance. Some states use a "first come, first served" approach, and others use a random lottery system to determine who will get to speak. Keep in mind that there is likely to be a deadline to register to speak that could be weeks ahead of the meeting itself, so if you want to have a chance to speak, start the process early!

Assume you will have to fill out some kind of paperwork to speak. The most common requirement is some kind of disclosure about your interest in the proceedings. This might include who you are representing, whether you are being compensated to participate, whether you own stock or have other financial interests in the product,

and/or other information showing whether you stand to gain financially from the decision. These disclosure requirements are for transparency purposes, and are often required by state law or some other regulation. They don't make your input matter more or less.

If you get the chance to speak, there are likely strict limits on how much time you have. Usually speakers are limited to five minutes at most, and more likely far less than that, so plan accordingly! Practice your remarks and time yourself so you have a good sense of how much you'll be able to say.

See [Section 3](#) of this toolkit for some tips on making your statement as compelling as possible, and [Section 4](#) for a template to help you get started.

Submit a statement in advance or after the fact

If you are not selected to speak or aren't comfortable speaking, that's ok – you can still weigh in. Most states have a process in place to submit statements or testimony in advance of the meeting, and/or even after the fact. The window varies by state, but best to assume you have to submit your statement before the meeting occurs, or within a very short time period afterward. Visit the DUR Board site to see if there are instructions, and if you don't see the information on the site, call the administrative person and ask for help.

There may be limits on the length, format, file size, and file type for written submissions, so make sure you know what those limits are and stick to them! There may also be some kind of disclosure required about who you represent and what you stand to gain, so make sure you have an understanding of the disclosure requirements as well.

The same tips apply whether your remarks will be delivered live or in a written submission, so use the same tips in [Section 3](#) and template in [Section 4](#) to help you get started.

Other ways to amplify your voice

Regardless of whether you attend the meeting, speak at the meeting, and/or submit a statement, you can help bring attention and focus on just what's at stake for you, your loved one, or your organization. Here are some ways to amplify your voice.

- **Invite others to participate.** Activate your network! Get as many other patient-focused organizations and individuals involved as you can. Establishing a steady drum beat of support for patients can make a huge difference.
- **Outreach to state legislators.** Remember, DUR Boards are run at the state level, so reaching out to your state legislators to let them know of your interest in the proceedings – whether it's frustration about the process, disappointment regarding a DUR Board decision, or other feedback – is valuable. Call, email, send letters, or use whatever other means are available to contact these people. A draft template to get your letter to your legislator started is available in [Section 6](#) of this toolkit.
- **Write an op-ed, letter to the editor, or make other local media outreach.** If you have relationships with local media, this is a great time to put them to use. Consider teaming up with other advocates on an op-ed or letter to the editor, for example. You may also want to give a local reporter a heads up you're attending or speaking at a DUR Board meeting, and explain what's at stake for you or your loved one. A template for a letter to the editor is in [Section 5](#) of this toolkit. Keep the letter short – under 200 words – and get right to the point. Make sure to proofread it, and after you submit it, follow up with the publication to ensure they received it and have all the information needed to publish it.
- **Use social media.** Whether you're capturing your experience with photos, spreading awareness about an upcoming meeting, or drawing attention to some other aspect of the process, social media is a great tool to spread the word quickly. Make sure you tag the relevant people and/or organizations, and use the relevant hashtags (if there are any).



Section 3: Crafting your statement, DOs and DON'Ts



Drug Utilization Review: Crafting Your Statement

Whether you're speaking during the meeting or submitting a written statement, your real-life experience as a patient or with a patient helps give the DUR Board members really critical context for the decisions they will be making. See [Section 4](#) of this toolkit for a template to help get your statement started.

To help you make the most effective and compelling case possible, here are some DOs and DON'Ts to consider when you are crafting your statement.

DO....

- **Introduce yourself and explain your connection to the disease state.** This can be brief, but explain who you are and why you are there. This gives the Board members context and helps them understand how you got your insight.
- **Share your personal experience.** How would your life be enhanced or improved with a therapy that helps treat your condition? Or how has it already been improved or enhanced by that treatment? What are the consequences of NOT having access to the treatment? Include clinical benefits, but also consider including other factors, such as days of work missed.
- **Discuss the treatment itself.** What experience do you have with the treatment in question? What are the other options available to treat the disease? How does this treatment differ? What personal data can you share to help the DUR Board understand the treatment's value to the patient?
- **Ask the board to support coverage for the treatment.** State clearly and directly your request that the Board supports coverage for this treatment, without any unnecessary restrictions, such as "fail first," step therapy, or invasive testing.
- **Give context.** Approximately how many people in the state could benefit from this therapy? Reach out to other organizations if you need data to come up with a reasonable estimate. Especially in cases of costly treatments, it is important for the DUR Board to understand that there is a limited number of patients in their state who would even be eligible for the treatment in question.

- **Familiarize yourself with the Board members.** Know your audience and speak to them in terms that they'll understand and be familiar with.
- **Use facts and information you can verify.** Whenever possible, use independently verifiable facts rather than generalizations or guesses. Cite your sources. This includes your personal experience and observations!
- **Make sure you understand any requirements for the statement.** This includes time or page limits, format, file size, file type, and any other style requirements. Also make sure you know the deadline by which the statement must be submitted, and how to submit it.

DON'T...

- **Assume the Board members know about your disease state.** Assume the DUR Board members **are not** familiar with your specific disease state – they are not experts. What is the typical disease progression? How does the treatment impact that progression? What else is important to understand about the disease state to make an informed decision about this treatment?
- **Be combative or disrespectful.** No matter how compelling your case may be, if your tone is combative or disrespectful, it takes the focus away from your message.
- **Make your statement overly emotional.** While this is a deeply personal issue for you, being overly emotional in your remarks can backfire. The Board members are more likely to respond to an earnest request based on relevant information – including your personal experience – and other data rather than an emotional appeal devoid of any evidence that the treatment merits coverage.
- **Try to tackle every single argument in your statement.** With any treatment, there are many points to argue – sometimes dozens! If you have a time or page limit for your statement, don't try to tackle every single point. Choose the points that you are the most expert on, and focus on making a compelling case for those points. For example, if you are a parent of a child who was part of a clinical trial for the treatment being considered, you can discuss your first-hand experience with how effective it has been for your child, and how that tracks other clinical data.



Section 4: Statement Template

DUR STATEMENT TEMPLATE

My name is XXX and I am a [patient/caregiver/loved one] who has spent XXX years [living/working with/caring for someone] with [disease]. [If relevant, add professional background.] I am asking you to support coverage for [treatment] without restrictions or barriers that would block access to patients who may benefit.

[Disease state] affects XXX people worldwide. According to data from [source], approximately XXX patients whose condition makes them amenable to this treatment live in our state. [Disease state] affects patients by... It is [chronic/fatal/debilitating] and typically results in... My personal experience with the disease is...

This treatment helps patients by... My personal experience with [treatment] is... It [has improved/would improve] my life by... Without access to this treatment, I would...

Clinical data shows that the treatment is effective. For example, according to [source], patients [were able to/didn't have to]... My experience reflects... This treatment is [different from/complementary to/superior to] existing treatments because... This treatment is important to patients because...

Again, I ask that you support coverage for [treatment] according to the FDA label without requirements like ["fail first," step therapy, invasive testing, and/or other requirements] that will limit patient access to this treatment.

Thank you for your consideration.



Section 5: Letter to the Editor Template

DUR LETTER TO THE EDITOR TEMPLATE

Dear Editor:

My name is XXX and I am from XXX. On [date] the Drug Utilization Review (DUR) Board for [state] will meet to consider whether and how our state Medicaid program will cover [treatment] for [disease].

Most people probably aren't aware that DUR Boards even exist or what they do, but their decisions have a big impact on patients. I am a [patient/caregiver/loved one] who has spent XXX years [living/working with/caring for someone] with [disease], and I am concerned that our state's DUR Board may adopt policies or practices that make it difficult or impossible for patients to get access to [treatment].

[Disease state] affects XXX people worldwide. It is [chronic/fatal/debilitating] and typically results in... My personal experience with the disease is...

This treatment gives [me/my loved one/patients] hope for a better life by [impact of treatment]. Clinical data shows that the treatment is effective, and the FDA has approved it.

I ask others in our community to join me in supporting patient access to FDA-approved treatments, and encourage all to watch the actions of the DUR Board closely.

Sincerely,

XXX



Section 6: Outreach to State Legislator Template

DUR OUTREACH TO STATE LEGISLATOR TEMPLATE

Dear XXX:

My name is XXX and I am from XXX. On [date] the Drug Utilization Review (DUR) Board for [state] will meet to consider whether and how our state Medicaid program will cover [treatment] for [disease].

I am a [patient/caregiver/loved one] who has spent XXX years [living/working with/caring for someone] with [disease], and I am concerned that our state's DUR Board may adopt policies or practices that make it difficult or impossible for patients to get access to [treatment]. For example, [fail first/step therapy, invasive testing]... would have the practical impact of blocking [my/my patient's/my child's/my loved one's] access to [treatment].

[Disease state] affects XXX people worldwide. It is [chronic/fatal/debilitating] and typically results in... My personal experience with the disease is...

This treatment gives [me/my loved one/patients] hope for a better life by [impact of treatment]. Clinical data shows that the treatment is effective, and the FDA has approved it.

I respectfully request that you use your authority to urge the [state] DUR Board to put [treatment] on the state Medicaid formulary without barriers like step therapy or invasive testing.

Thank you for your consideration. I would welcome the opportunity to discuss this with you further. I can be reached at...

Sincerely,
Xxxxxx



Section 7: State DUR and P&T Committee Information

State	ST	Link to DUR site	Frequency	Link to 2021 Schedule
Alabama	AL	Alabama Medicaid - DUR Board	Quarterly	AL DUR Schedule
Alaska	AK	Alaska Medicaid- DUR Board	Quarterly	AK DUR Schedule
Arizona	AZ	Arizona Medicaid- P&T Committee	Triannually	AZ P&T Schedule
Arkansas	AR	Arkansas Medicaid- DUR Board	Quarterly	AR DUR Schedule
California	CA	California Medi-Cal- DUR Board	Quarterly	CA DUR Schedule
Colorado	CO	Colorado Medicaid- DUR Board	Quarterly	CO DUR Schedule
Connecticut	CT	Connecticut Medicaid- DUR Board	Quarterly	CT DUR Schedule
Delaware	DE	Delaware Medicaid- DUR Board	Varies	DE DUR Schedule (contact directly)
Florida	FL	Florida Medicaid- P&T, DUR Board	Quarterly	FL DUR Schedule
Georgia	GA	Georgia Medicaid-DUR Board	Quarterly	GA DUR Schedule
Hawaii	HI	Hawaii Medicaid- Pharmacy	Varies	HI DUR Schedule (contact directly)
Idaho	ID	Idaho Medicaid- DUR Board	Quarterly	ID DUR Schedule
Illinois	IL	Illinois Medicaid-DUR Board	Quarterly	IL DUR Schedule
Indiana	IN	Indiana Medicaid-DUR Board	Monthly	IN DUR Schedule
Iowa	IA	Iowa Medicaid- DUR Board	Quarterly	IA DUR Schedule
Kansas	KS	Kansas Medicaid- DUR Board	Quarterly	KS DUR Schedule
Kentucky	KY	Kentucky Medicaid-P&T Committee	Bimonthly	KY P&T Schedule
Louisiana	LA	Louisiana Medicaid-DUR Board	Biannually	LA DUR Schedule
Maine	ME	Maine Medicaid-DUR Board	Quarterly	ME DUR Schedule
Maryland	MD	Maryland Medicaid- Pharmacy Program	Quarterly	MD DUR Schedule
Massachusetts	MA	Massachusetts Medicaid- DUR Board	Monthly	MA DUR Schedule
Michigan	MI	Michigan Medicaid- P&T Committee	Quarterly	MI P&T Schedule
Minnesota	MN	Minnesota Medicaid- DUR Board	Quarterly	MN DUR Schedule

State	ST	Link to DUR site	Frequency	Link to 2021 Schedule
Mississippi	MS	Mississippi Medicaid- DUR Board	Quarterly	MS DUR Schedule
Missouri	MO	Missouri Medicaid- DUR Board	Quarterly	MO DUR Schedule
Montana	MT	Montana Medicaid- DUR Board	Varies	MT DUR Schedule
Nebraska	NE	Nebraska Medicaid- DUR Board	Bimonthly	NE DUR Schedule
Nevada	NV	Nevada Medicaid- DUR Board	Quarterly	NV DUR Schedule
New Hampshire	NH	New Hampshire Medicaid- DUR Board	Biannually	NH DUR Schedule
New Jersey	NJ	New Jersey Medicaid- DUR Board	Quarterly	NJ DUR Schedule
New Mexico	NM	New Mexico Medicaid- DUR Board	Quarterly	NM DUR Schedule
New York	NY	New York Medicaid- DUR Board	Triannually	NY DUR Schedule
North Carolina	NC	North Carolina Medicaid- DUR Board	Quarterly	NC DUR Schedule
North Dakota	ND	North Dakota Medicaid- DUR Board	Quarterly	ND DUR Schedule
Ohio	OH	Ohio Medicaid- DUR Board	Quarterly	OH DUR Schedule
Oklahoma	OK	Oklahoma Medicaid- DUR Board	Monthly	OK DUR Schedule
Oregon	OR	Oregon Medicaid- P&T Committee	Monthly	OR DUR Schedule
Pennsylvania	PA	Pennsylvania Medicaid- DUR Board	Biannually	PA DUR Schedule
Rhode Island	RI	Rhode Island Medicaid- DUR Board	Quarterly	RI DUR Schedule
South Carolina	SC	South Carolina Medicaid-P&T Committee	Quarterly	SC P&T Schedule
South Dakota	SD	South Dakota Medicaid- DUR Board	Quarterly	SD DUR Schedule
Tennessee	TN	Tennessee Medicaid- Board of Pharmacy	Bimonthly	TN DUR Schedule
Texas	TX	Texas Medicaid- DUR Board	Quarterly	TX DUR Schedule
Utah	UT	Utah Medicaid- P&T Committee	Quarterly	UT DUR Schedule
Vermont	VT	Vermont Medicaid- DUR Board	Varies	VT DUR Schedule

State	ST	Link to DUR site	Frequency	Link to 2021 Schedule
Virginia	VA	Virginia Medicaid- DUR Board	Quarterly	VA DUR Schedule
Washington	WA	Washington Medicaid-DUR Board	Quarterly	WA DUR Schedule
West Virginia	WV	West Virginia Medicaid- P&T Committee	Quarterly	WV DUR Schedule
Wisconsin	WI	Wisconsin Medicaid- DUR Board	Quarterly	WI DUR Schedule
Wyoming	WY	Wyoming Medicaid- DUR Board	Quarterly	WY DUR Schedule