

**RETRODUR INTERVENTION NOTICE: DIABETES MELLITUS TYPE-2 STANDARDS OF CARE**

May 29, 2013

Dear Prescriber,

The New York State Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications and their corresponding therapies in order to ensure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. At the September 6, 2012 Drug Utilization Review (DUR) Board Meeting, the Board reviewed diabetes mellitus type-2 standards of care within the NY Medicaid program.

Guidelines presented to the Board for management of diabetes mellitus type-2 were based on the most recent information published by the American Diabetes Association (ADA)<sup>1</sup> and incorporated into federal Healthcare Effectiveness Data and Information Set (HEDIS®) measures<sup>2</sup> and NYS Department of Health Quality Assurance Reporting Requirements (QARR).<sup>3</sup> The DUR Board was presented with the following statistics based on New York State Medicaid utilization data and representing claims by all providers within the program (*Source: eMedNY data warehouse 1/1/11 – 12/31/11*).

- **HbA1C testing** - only 34.1% of beneficiaries received the minimum testing (1 test) to meet HEDIS® and QARR requirements
- **Lipid screening and/or treatment** - only 36.2% of beneficiaries either received treatment with a statin or annual lipid monitoring to meet HEDIS® and QARR requirements.
- **Nephropathy screening and/or treatment** - only 55.3% of beneficiaries received medical attention or monitoring for kidney damage to meet HEDIS® and QARR requirements.
- **Annual influenza vaccine** - only 16.2% of beneficiaries aged 18 – 64 received influenza vaccination as recommended by ADA in 2011 and 15.9% of beneficiaries aged 50 – 64 received influenza vaccination to meet HEDIS® and QARR requirements.
- **Smoking cessation treatment** - only 31.8% of beneficiaries identified as smokers (by diagnosis code or use of smoking cessation agent) received smoking cessation treatment in 2011 as recommended by both ADA and NYS QARR.

The DUR Board recommended that informational letters be sent to providers where available Medicaid utilization data was lacking relevant to these standards.

New York State Medicaid utilization data indicates that you have written prescription(s) for diabetes therapy for Medicaid beneficiaries and there was an absence of evidence that the indicated standards were substantially met. Please consider this information relating to diabetes standards of care, promoting screening and treatment measures consistent with current treatment guidelines. In presenting this information to you, the Drug Utilization Review Program recognizes that safe and effective therapy depends on the assessment of the patient's entire clinical profile.

Thank you for your professional assistance in this matter.

Sincerely,

John F. Naioti, Jr., R.Ph.  
Manager, Drug Utilization Review Program

1. Standards of medical care in diabetes--2012. *Diabetes care*. Jan 2012;35 Suppl 1:S11-63.
2. National Committee for Quality Assurance (NCQA) Health Effectiveness Data and Information Set (HEDIS) 2012, Volume 2: pp.146-163.
3. New York State Department of Health Quality Assurance Reporting Requirements (QARR). 2011; [http://www.health.ny.gov/health\\_care/managed\\_care/reports/eqarr/2011/about.htm](http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2011/about.htm). Accessed July 31, 2012.