



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

### **RETRODUR INTERVENTION NOTICE**

### **Concurrent Use of Antipsychotic and Opioid Medications Related to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act**

November 5, 2019

Dear Medicaid Provider:

The New York State (NYS) Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications to ensure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. The SUPPORT for Patients and Communities Act requires States to have in place a program to monitor and manage the concurrent use of antipsychotic and opioid medications in patients enrolled in the Medicaid program.

Under the purview of the DUR Program, the NYS Medicaid DUR Board reviewed the concurrent use of antipsychotic and opioid medications within the Medicaid program. Our review indicates that you have recently prescribed in a circumstance where a patient would have an oral antipsychotic and opioid medication concurrently.

The DUR Board evaluated the concurrent use of antipsychotic and opioid medications at the September 2019 DUR Board meeting. The report was presented by the clinical research staff from the State University of New York at Buffalo School of Pharmacy and Pharmaceutical Sciences. This review was based on guidance issued from the Centers for Medicare and Medicaid Services (CMS) in August 2019.<sup>1</sup> CMS reviewed the Food and Drug Administration (FDA) warning from 2016, which noted that concurrent use of opioid and central nervous system (CNS) depressants, including antipsychotics, may cause extreme sleepiness, slowed/difficulty breathing, unresponsiveness, CNS/respiratory depression, or death.<sup>2</sup> As a result, the FDA added boxed warnings to the labeling of all opioid products and recommended that prescribers limit concurrent prescribing of these agents or consider using the lowest dose and/or shortest duration if concurrent treatment is necessary. Based upon this, CMS asserted that a retrospective, automated, claims-review process may reduce concurrent use of these agents and recommended that patients using these agents concurrently could benefit from improved treatment of comorbid mental health conditions and increased coordination of care.<sup>1</sup>

The DUR Board recommended that a targeted, prescriber educational letter be sent highlighting the SUPPORT Act requirements addressing the concurrent use of antipsychotic and opioid medications and the importance of mental health treatment and coordination of care. The DUR Board also emphasized the importance of adherence to antipsychotic medications and recommended that prescribers consider alternative agents to opioid treatment (see: [https://health.ny.gov/health\\_care/medicaid/program/opioid\\_management/](https://health.ny.gov/health_care/medicaid/program/opioid_management/)).

The DUR Program recognizes that safe and effective pharmacotherapy depends on the assessment of the patient's entire clinical profile. This letter is to make you aware of the SUPPORT Act requirements, as well as CMS' recommendations regarding implementation.

Thank you for your professional assistance in this matter.

Sincerely,  
New York State Medicaid DUR Program  
[dur@health.ny.gov](mailto:dur@health.ny.gov)

<sup>1</sup>CMS informational bulletin. 2019; <https://www.medicaid.gov/federal-policy-guidance/downloads/cib080519-1004.pdf>.

<sup>2</sup>FDA drug safety communication. 2016; <https://www.fda.gov/media/99761/download>.