

**New York State Medicaid
Drug Utilization Review (DUR) Board
Meeting Summary for December 12, 2013**

The Medicaid DUR Board met on Thursday, December 12, 2013 from 9:00 AM to 4:00 PM in Meeting Room 3, Concourse, Empire State Plaza, Albany, New York

An archived audio webcast of the meeting proceedings is available on the Department of Health website for 60 days from the meeting date: <http://www.health.ny.gov/events/webcasts/>

A. Welcome and Introductions (Audio Webcast Time 0:00:22- 0:04:00)

Department of Health Staff

Janet Zachary-Elkind

Anthony Merola, RPh, MBA

Robert Correia, PharmD

John Naioti, RPh

Monica Toohey, RPh

Robert Sheehan, RPh

Charles J. Gonzalez, MD

Donna Frescatore

Anita Murray, RPh

DUR Board Members

Michelle Rainka, PharmD

John Noviasky, PharmD

Jadwiga Najib, PharmD

Anita Radix, MD

SUNY – University at Buffalo Staff

Barbara Rogler, PharmD, MS

Linda Catanzaro, PharmD

Irene Hong, PharmD

Holly Coe, PharmD

Diana Nagrecha, PharmD

B. Public Comment Period (Audio Webcast Time 0:04:00 - 0:11:45)

The following speakers provided public comment to the DUR Board:

1. Michael R. DeLucia, Managed Markets Liaison, field Medical Affairs
Otsuka America Pharmaceuticals – Abilify
2. Shalini Hede, PharmD, Director, Health Economics and Outcomes Research
Bristol-Myers Squibb – Atripla

C. Presentations and Recommendations (Audio Webcast Time 0:12:30 - 5:20:18)

1. Medicaid Managed Care Website Overview (Audio Webcast Time 0:12:30 - 0:25:50)

Monica Toohey presented an overview of the Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information Center. A “walk through” of the website capabilities was

demonstrated.

2. Internet System for Tracking Over-Prescribing (I-STOP)

(Audio Webcast Time 0:26:00 - 0:56:45)

Anita Murray provided an update of the prescription Drug Reform Act including I-STOP, Electronic Prescribing, Controlled Substance Schedule Updates, Prescription Pain Medication Awareness Program and the New York State's Safe Disposal Program.

3. Long Acting Opioids and Chronic Pain Management

(Audio Webcast Time 0:58:42 - 01:54:27)

Irene Hong presented a report on long acting opioid (LAO) utilization in Medicaid Managed Care as well as fee-for-service pharmacy programs. Utilization review correlated the relationship between beneficiaries, drugs, and diagnoses. Assessment of opioid naïve patients was considered. In addition, concurrent use of multiple long acting opioids was examined as well as high utilizing beneficiaries. Beneficiaries were also stratified in conjunction with the number of prescribers and pharmacies servicing those beneficiaries.

The DUR Board recommended the following:

<p>1. Point of service edit for any long acting opioid prescription for opioid naïve patients. Absence of evidence of recent opioid use in patient's claim history or medical history will require prescriber involvement. Exemption for diagnosis of cancer or sickle cell disease.</p>
<p>2. Point of service edit for any additional long acting opioid prescription for patients currently on long acting opioid therapy. Override will require prescriber involvement. Exemption for diagnosis of cancer or sickle cell disease.</p>
<p>3. Educational interventions at the individual prescriber level targeting potentially inappropriate opioid use based on:</p> <ul style="list-style-type: none">▪ Prescribing of LAOs in opioid-naïve patients.▪ SAO utilization >4 units/day with concurrent LAO therapy.▪ Concurrent prescribing of more than one LAO (per patient). <p>Consideration for future evaluation: SAO utilization in patients utilizing LAOs.</p>

4. Antiretroviral Adherence

(Audio Webcast Time 1:56:05 - 02:59:55)

Linda Catanzaro presented an analysis of antiretroviral (ARV) adherence within the Medicaid Managed Care and fee-for-service programs. The analysis highlighted the importance of a confirmed HIV diagnosis or compendia supported use when evaluating antiretroviral therapy. Utilization review focused on the presence of a diagnosis with adherence being determined using a calculation of "proportion of days covered by therapy". The number of yearly drug regimens and their relationship to "proportion of days covered" (PDC) was used to identify potential non-adherence.

The DUR Board recommended the following:

1. Confirm diagnosis for FDA or compendia supported uses. Absence of covered diagnosis will require prescriber involvement.
2. Educational intervention at the prescriber level promoting appropriate anti-retroviral therapy including the following areas of concern: <ul style="list-style-type: none">▪ <80% PDC.▪ 4+ ARV regimens per year.▪ Multiple prescribers and/or pharmacies.

5. New York State of Health (Audio Webcast Time 03:00:35 - 03:48:30)

Donna Frescatore presented an overview of the NY State of Health, the Official Health Plan Marketplace. The presentation included the means by which the internet marketplace is utilized by individuals and small businesses to research high quality, low cost private health plans. Information identified the potential for obtaining subsidized and unsubsidized coverage, the ease in comparing and enrolling in a qualified health plan, and the ability to check a beneficiary’s eligibility and subsequent application for financial assistance, either by phone or through an in-person navigator.

6. Benzodiazepine Therapy (Audio Webcast Time 03:50:04 - 04:30:00)

Holly Coe presented an analysis of oral benzodiazepine (BZD) utilization including both fee-for-service and managed care organizations (MCOs). The evaluation included a review of claim data for concurrent BZD use with opioids, other BZDs, and oral buprenorphine. Multiple prescribers and chronic utilization were also examined.

The DUR Board recommended the following:

1. Confirm diagnosis for FDA or compendia supported uses. Absence of covered diagnosis in patient’s claim history will require prescriber involvement.
2. Point of service edit for initiation of concurrent opioid and benzodiazepine prescriptions. Override will require prescriber involvement.
3. Point of service edit for any additional oral benzodiazepine prescription for patients currently on benzodiazepine therapy. Override will require prescriber involvement.
4. Point of service edit for a benzodiazepine prescription for patients currently being treated with oral buprenorphine. Override will require prescriber involvement.

<p>5. Step Therapy - For diagnosis of Generalized Anxiety Disorder or Social Anxiety Disorder:</p> <p>Require trial with a Selective-Serotonin Reuptake Inhibitor (SSRI) or a Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) prior to initial benzodiazepine prescription.</p> <p>Absence of a Selective-Serotonin Reuptake Inhibitor (SSRI) or a Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) in patient's claim history will require prescriber involvement.</p>
<p>6. Step Therapy- For skeletal muscle spasms:</p> <p>Require trial with a skeletal muscle relaxant prior to a benzodiazepine.</p> <p>Absence of a skeletal muscle relaxant prescription claim in patient's claim history will require prescriber involvement.</p>
<p>7. For Panic Disorder:</p> <p>Point of service edit requiring concurrent therapy with an antidepressant (SSRI, SNRI, or tricyclic antidepressants (TCA)).</p> <p>Absence of a concurrent SSRI, SNRI, or TCA claim in patient's claims data will require prescriber involvement.</p>
<p>8. Duration limit –</p> <p>For insomnia: 30 consecutive days.</p> <p>For panic disorder: 30 consecutive days.</p> <p>Override will require prescriber involvement.</p>

7. Prescriber Education Program

(Audio Webcast Time 04:30:07 - 04:43:28)

Diana Nagrecha provided an overview of activities of the New York State Medicaid Prescriber Education Program including educational module updates, exploring outreach methods, and general program updates.

8. Atypical Antipsychotics in the Managed Care Pediatric Population

(Audio Webcast Time 04:43:34 - 05:20:18)

Barbara Rogler presented a retrospective analysis of atypical antipsychotic utilization in the managed care pediatric population. The analysis considered beneficiaries under the age of 18 years who had received an oral second generation antipsychotic during the evaluation period. The cases were then stratified to determine the presence of a FDA approved or compendia supported indication. Drug-specific minimum age clinical recommendations previously established by the DUR Board at the March 21, 2013 meeting relative to FDA approved or compendia supported age guidelines were discussed. Also considered was an evaluation of the concomitant utilization of stimulants with second-generation antipsychotic medications in pediatric beneficiaries under the age of 18 years.

The DUR Board recommended the following for consideration by managed care organizations:

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| <p>1. Medicaid Managed Care plans consider DUR Board recommended drug-specific minimum age parameters utilized by the FFS program.</p> <p>(Automatic bypass for established therapy.)</p> |
| <p>2. Medicaid Managed Care plans consider FFS diagnosis parameters* for second-generation antipsychotics in the pediatric population.</p> <p>*Diagnosis requirement for the initial prescription for patients between minimum age (as defined by the DURB for the FFS population) and 18 years of age.</p> <p>(Automatic bypass for established therapy.)</p> |
| <p>3. Medicaid Managed Care plans consider the use of provider education programs detailing:</p> <ul style="list-style-type: none">• FDA approved and compendia supported indications.• Pediatric age parameters utilized by the FFS program. |

9. Utilization Review Evaluation

(Audio Webcast Time 04:43:34 - 05:20:18)

The agenda item was tabled until a future DUR Board Meeting.

D. Final Comments and Adjournment

(Audio Webcast Time 05:20:25 - 05:21:42)

John Naioti, RPh
Janet Elkind

The meeting adjourned at 4:00 P.M.