New York State Medicaid
Drug Utilization Review (DUR) Board
Meeting Summary for February 16, 2017

The Medicaid DUR Board met on Thursday, February 16, 2017 from 9:00 AM to 4:00 PM
Meeting Room 6, Concourse, Empire State Plaza, Albany, New York

An archived audio cast of the meeting proceedings is available on the Department of Health website: http://www.health.ny.gov/events/webcasts/

A. Welcome and Introductions (Audio Cast Time 01:00 - 02:50)

Department of Health
Robert Correia, PharmD                                  Alda Osinaga, MD
Douglas Fish, MD                                            Robert Sheehan, RPh
Anthony Merola, RPh, MBA                             Monica Toohey, RPh
John Naioti, RPh

DUR Board
Lisa Anzisi, PharmD                                         Paula Panzer, MD
Donna Chiefari, PharmD                                  Michelle Rainka, PharmD
James Hopsicker, RPh, MBA                           James Saperstone, MD
Renate Ignacio, MD                                          Tara Thomas, RPh, MBA
Jadwiga Najib, PharmD

SUNY – University at Buffalo
Holly Coe, PharmD                                          Safinaz Rahman, PharmD
Linda Catanzaro, PharmD            Irene Reilly, PharmD
Terry Dunn, PharmD                                            Barbara Rogler, PharmD, MS

B. Public Comment Period (Audio Cast Time 00:02:50 - 00:14:20)

The following speakers provided public comment to the board:

1. Christopher Kant   Allergan   Second Generation Antipsychotics
2. Ted K. Riley, PharmD   GlaxoSmithKline   Inhaled Corticosteroid/LABA
C. Drug Utilization Reviews (DUR)

Linda Catanzaro, PharmD                              Irene Reilly, PharmD
Holly Coe, PharmD                                         Barbara Rogler, PharmD, MS
Terry Dunn, PharmD

1. Atypical Antipsychotic Medication Duplicative Therapy
   (Audio Cast Time 00:15:30 - 01:34:25)

A review of Atypical Antipsychotic Medication Duplicative Therapy was presented by
the State University of NY at Buffalo (SUNYUB) clinical staff. The purpose was to
examine the efficacy and safety of atypical (second generation) antipsychotics
(SGAs) and their utilization across the entire New York State (NYS) Medicaid
population, including the fee-for-service (FFS) program and managed care
organizations (MCOs).

The primary objective was to characterize the utilization of SGAs across each
pharmacy management entity (i.e., FFS and MCOs), focusing on duplication of
therapy, defined as concurrent use of more than one SGA. The review provided
current guidelines from the National Institute for Health and Care Excellence (NICE)
and the International Psychopharmacology Algorithm Project (IPAP). SUNY UB and
DOH recommendations were provided to the Drug Utilization Review Board (DURB)
based on a review of the available literature and the results from utilization data
analyses.

The impact of issues such as patient hospitalizations and missed clinic visits which may
contribute to extended duplicative therapy durations in excess of the 60-day time frame
was discussed. Therefore, it was suggested to defer on the following recommendations,
so that DOH may conduct additional analysis.

The DUR Board suggested the following:               (Audio Cast Time 01:06:34 - 01:34:25)

| Duration limit of 60 days for utilization of two or more oral second-generation antipsychotic medications concurrently. |
| Utilization beyond 60 days will require prescriber involvement. |
| (Clinical editing to allow patients currently stabilized on therapy to continue without prescriber involvement) |
| Additional analysis to be conducted by DOH |
| Send a targeted intervention letter to providers having a history of prescribing two or more second-generation antipsychotic medications concurrently for greater than 30 days, identifying safety concerns associated with antipsychotic polypharmacy. |
| Additional analysis to be conducted by DOH |
2. Medication Management of Persistent Asthma  
(Audio Cast Time 1:34:25 - 2:02:00)

A review of Medication Management of Persistent Asthma was presented by the State University at Buffalo clinical staff. The purpose was to evaluate the utilization of short-acting beta agonist (SABA) agents for members with persistent asthma not using an asthma controller medication. The review included utilization across the entire New York State (NYS) Medicaid population, including the fee-for-service (FFS) program and managed care organizations (MCOs).

The objectives included:

- Determining the number of members with persistent asthma
- Assessing the percentage of members 5-64 years of age during the measurement year identified as having persistent asthma but not receiving an asthma controller medication
- Evaluating the utilization of SABA agents for members with persistent asthma not utilizing an asthma controller medication.
- Comparing emergency room (ER) visits and hospitalizations for members with persistent asthma using an asthma controller medication to those not using a controller medication.

The report concluded that members with persistent asthma who did not utilize an asthma controller medication had a higher combined rate of ER and hospital visits when compared to those members who utilized an asthma controller medication during the treatment period.

The DUR Board recommended the following: (Audio Cast Time 1:59:40 - 2:02:00)

Implement DUR interventions that notify providers when a member has received a short-acting beta agonist medication more than four times in a 12-month period in the absence of a controller medication.

(Interventions may be inclusive of prospective DUR editing, RetroDUR interventions or targeted intervention letters)

Passed Unanimously

3. Hepatitis-C Direct Acting Antiviral Clinical Updates and Drug Interactions  
(Audio Cast Time 2:03:45 - 2:38:55)

A review of Hepatitis-C Direct Acting Antiviral (HCV DAA) Clinical Updates and Drug Interactions was presented by the State University at Buffalo clinical staff. The purpose was to evaluate system edits for identifying and managing drug-drug interactions associated with HCV DAA within the Medicaid Fee-For-Service (FFS) and Managed Care (MC) populations. The review focused on drug-drug interactions.
considered most significant and requiring action when identified at the point of service in order to avoid an adverse reaction or outcome. The report concluded that these findings presented an opportunity for educational outreach to prescribers and pharmacists.

The DUR Board recommended the following:  

| Send a targeted intervention letter to prescribers and pharmacies identified as having prescribed or dispensed HCV DAA severity level-1 drug-drug combinations. |

7 in favor, 3 opposed, 0 abstentions

### 4. Anti-Retroviral Drug Interaction Updates


A review of Anti-Retroviral Drug Interaction Updates was presented by the State University at Buffalo clinical staff. The purpose of which was to evaluate system edits for identifying and managing drug-drug interactions associated with HIV ARV within the Medicaid Fee-For-Service (FFS) and Managed Care (MC) populations.

The review focused on ARV drug-drug interactions considered most significant, requiring action if identified at the point of service to avoid potential adverse reactions or outcomes. The report concluded that these findings presented an opportunity for educational outreach to prescribers and pharmacists.

The DUR Board recommended the following:  

| Update system edits to include severity level 1 drug-drug interactions consistent with FDA (ARV) labeling.  
| (Updated system alerts may provide opportunities for prescriber communication prior to dispensing)  
| Passed Unanimously  
| Send a targeted intervention letter to providers identified as having prescribed ARV severity level 1 drug-drug combinations. |

7 in favor, 3 opposed, 0 abstentions

### 5. Zolpidem

(Audio Cast Time 2:59:45 - 3:35:40)

A utilization review of zolpidem was presented by the State University at Buffalo clinical staff, the purpose of which was to examine the utilization of zolpidem (Ambien, Ambien CR, Edluar, Intermezzo, Zolpimist) with reference to recent dosing updates for females by
the Food and Drug Administration. The review was performed across the entire New York State (NYS) Medicaid population, including the fee-for-service (FFS) program and managed care organizations (MCOs).

The objective was to determine whether there is inappropriate use of zolpidem products based on the Food and Drug Administration’s (FDA) warnings that female patients have lower clearance rates than males. This may potentially lead to increased risk for next-day impairment and adverse events when using higher doses. The FDA has recommended lower initial doses for females and strongly recommends that all patients not exceed recommended daily dosage limits.

The DUR Board modified the proposed DOH recommendations to the following:

<table>
<thead>
<tr>
<th>DOH recommendation:</th>
<th>Update editing for zolpidem dosages consistent with FDA labeling inclusive of dosing parameters associated with gender.</th>
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<tbody>
<tr>
<td>Modified to -</td>
<td>DURB recommendation:</td>
</tr>
<tr>
<td>DURB recommendation:</td>
<td>Update editing for zolpidem dosages consistent with FDA labeling inclusive of dosing parameters.</td>
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<tr>
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<td>(Dosing inconsistent with FDA labeling may require prescriber involvement)</td>
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Modified DURB Recommendation Passed Unanimously

Send targeted intervention letters to providers focused on safety concerns associated with the use of higher doses of zolpidem.

Passed Unanimously

D. Clinical Editing Reviews

The DUR Board was presented with utilization information associated with current clinical criteria and/or interventions for the following drugs/drug classes:

1. Inhaled Corticosteroids
2. Long Acting Beta-Agonists (LABA)
3. Inhaled Corticosteroid/LABA Combinations
4. Intranasal Corticosteroids
5. Montelukast
Claim information presented to the DUR board indicated that the DUR board recommendations for the classes in question appeared to have a positive impact on utilization and it was recommended to continue with the current point of service edits.

**E. Programmatic Updates**


   At the DUR Board meeting dated September 15, 2016, a review of gabapentin was presented, the purpose of which was to evaluate utilization of gabapentin across the entire Medicaid program, fee-for-service (FFS) and Managed Care (MC). Potential program actions to address retrospective utilization outliers were discussed. Since that meeting, the Department drafted a preliminary educational letter that was distributed to DUR Board members. With consideration of board comments, a final letter was drafted by the Department for distribution to providers.


   University at Buffalo clinical staff presented an overview of the purpose and successes of the New York State Medicaid Prescriber Education Program (MPEP). She described the program as a resource of clinical information for NYS Medicaid providers. MPEP modules are designed by educators and address the management and clinical guidelines for selected disease states. These modules are available on line, for office visits as well as live webinar presentations. Another integral part of the program is the Drug Information Response Center (DIRC). The DIRC regularly addresses questions from prescribers who are seeking specific information on pharmacotherapy. Overall, the MPEP receives numerous requests from prescribers for program educators to return with newly released modules.

**F. Final Comments and Adjournment** (Audio Cast Time 4:56:28 - 4:58:35)

Anthony Merola, RPh, MBA
John Naioti, RPh

Meeting adjourned at 3:15 PM