



## New York State Medicaid Drug Utilization Review (DUR) Board Meeting Summary for February 15, 2018

The Medicaid DUR Board met on Thursday, February 15, 2018 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: [https://www.health.ny.gov/events/webcasts/2018/2018-02-15\\_dur.htm](https://www.health.ny.gov/events/webcasts/2018/2018-02-15_dur.htm)

### A. Welcome and Introduction

(Audio Cast Time 0:00:00 – 0:04:40)

#### Department of Health

Amir Bassiri, MSW  
Robert Correia, PharmD  
Michael Dembrosky  
Anthony Merola, RPh, MBA  
John Naioti, RPh

Alda Osinaga, MD  
Robert Sheehan, RPh  
Monica Toohey, RPh  
Janet Zachary-Elkind

#### DUR Board

Lisa Anzisi, PharmD  
Nancy Balkon, PhD, NP  
Donna Chiefari, PharmD  
Marla Eglowstein, MD  
James Hopsicker, RPh, MBA  
Renante Ignacio, MD  
Jacqueline Jacobi, RPh  
Jill Lavigne, MS, MPH, PhD  
Peter Lopatka, FSA

Christopher Murphy, MD  
Jadwiga Najib, PharmD  
Paula Panzer, MD  
Casey Quinn, PhD  
Asa Radix, MD  
James Saperstone, MD  
Tara Thomas, RPh, MBA

#### SUNY – University at Buffalo

Holly Coe, PharmD  
Michael Krajewski, PharmD, MLS  
Diana Nagrecha, PharmD

Irene Reilly, PharmD  
Barbara Rogler, PharmD

#### SUNY – University at Stony Brook

Douglas Ried, PhD

Institute for Clinical and Economic Review

Sarah Emond, MPP

Steven D. Pearson, MD

**B. Public Comment Period**

No requests were received to provide public comment at this Board meeting.

**C. Drug Utilization Reviews (DUR)**

(Audio Cast Time 0:07:30 - 2:50:10)

1. Second Generation Antipsychotic Duplicative Therapy

(Audio Cast Time 1:38:26 – 2:50:10)

Dr. Irene Reilly of SUNY at Buffalo provided further analysis of second generation antipsychotic (SGA) medication duplicative therapy in response to additional questions raised at the previous review of this subject at the Drug Utilization Review Board (DURB) meeting on February 16, 2017. The primary objective of that presentation was to characterize the utilization of oral SGAs across each pharmacy management entity inclusive of Fee for Service (FFS) program and Managed Care organizations (MCOs), focusing on duplication of therapy or SGA polypharmacy, defined as concurrent use of greater than 1 SGA. To address these requests for additional data, key questions were identified and additional analyses were performed, inclusive of prescriber area of specialty, diagnoses, longer lengths of overlap, and relationship of time of utilization of polypharmacy to any hospitalizations. An updated literature search also identified additional guidelines and meta-analyses addressing SGA polypharmacy. The updated report concluded that that available literature suggest that antipsychotic polypharmacy should not be routinely used due to lack of supporting evidence. Discussion by the board addressed new data and new literature.

The DUR Board recommended the following:

<p>Review of Second Generation Antipsychotics (SGA)</p> <p>DoH Recommendation #1</p> <p>Informational intervention letter:</p> <p>Targeted letter to providers prescribing an SGA to patients with history of receiving 3 or more different oral SGAs for greater than 90 days.</p> <p>Recommendation Vote (17 members present): 17-Yes 0-No 0-Abstention</p>
<p>DoH Recommendation #2</p> <p>Duration limit:</p>

Prescriber involvement required for utilization of 3 or more different oral SGAs for greater than 180 days.

Recommendation Vote (17 members present): 16-Yes 0-No 1-Abstention

## 2. Sedative Hypnotics - evaluation of therapy duration

(Audio Cast Time 0:07:30 - 0:46:40)

Dr. Holly Coe of SUNY at Buffalo presented a drug utilization review of the oral sedative-hypnotic/sleep agent class across the entire New York State (NYS) Medicaid population, including the FFS program and MCOs. The primary objective was to determine whether there is appropriate usage of these medications based on Food and Drug Administration (FDA) approved labeling and insomnia treatment guidelines. The American Academy of Sleep Medicine (AASM) updated chronic insomnia guidelines in 2017. Based on treatment guidelines, the SUNY report recommended implementing a stricter duration edit of a 30-day supply with 5 refills (180 days) to address potentially inappropriate long-term use. The board discussed the question of use of these medications for longer than 180 days, the concurrent use of sedative hypnotics with other benzodiazepines, and the point of service edits currently in place.

The DUR Board recommended the following:

Sedative Hypnotics - evaluation of therapy duration

DoH Recommendation

Duration limit for zolpidem IR products:

30-day supply with 5 refills (180 days)

Recommendation Vote (15 members present): 13-Yes 1-No 1-Abstention

The board recommended a comprehensive communication process for providers regarding the changes in guidelines and the need for prescriber involvement for utilization beyond the duration limit of 180 days.

## 3. Codeine/tramadol - evaluation of safety

(Audio Cast Time 0:47:13 - 1:14:21)

Dr. Barbara Rogler of SUNY at Buffalo presented a drug utilization review of the codeine and tramadol label changes. The FDA has required the manufacturers of

codeine-and tramadol-containing products to update the Contraindications sections of their product labels to include the following:

- To avoid the use of these products to treat pain and cough in children <12 years of age
- To avoid the use of these products in adolescents 12 to <18 years of age for the treatment of pain following tonsillectomy and/or adenoidectomy

(Note: On January 11, 2018, the FDA issued a Drug Safety Communication regarding the use cough and cold preparations containing codeine or hydrocodone in patients <18 years. These preparations are no longer indicated for patients <18 years and are not recommended.)

Warnings and precautions sections have been updated to recommend against the use of these products in adolescents between 12 and less than 18 years of age who are obese and those who have breathing problems, such as obstructive sleep apnea or severe lung disease.

The board discussed the safety issues and deaths associated with use of these products in adolescents between 12 and less than 18 years of age in relation to the identified comorbidities of concern. The board also discussed the potential for use of these medications in older adolescents and teens.

The DUR Board recommended the following:

<p>Codeine Products and Tramadol Products</p> <p>DoH Recommendation #1</p> <p>Prescriber involvement required for all tramadol and codeine-containing products for members younger than 12 years of age.</p> <p>Recommendation Vote (16 members present): 16-Yes 0-No 0-Abstention</p>
<p>DoH Recommendation #2</p> <p>Educational letter to providers through retrospective drug utilization review (RetroDUR) focusing on members younger than 18 years of age receiving a codeine or tramadol containing product.</p> <p>Recommendation Vote (16 members present): 16-Yes 0-No 0-Abstention</p>

4. Methadone - evaluation in pain management (Audio Cast Time 1:14:37-1:37:50)

Dr. Barbara Rogler of SUNY at Buffalo presented a drug utilization review on the use of methadone and the evaluation in pain management. The report addresses the issue that although all prescription opioids can result in an unintentional overdose and death, methadone accounts for a disproportionate number. Per federal law, methadone products when used for the treatment of opioid addiction in detoxification or maintenance programs must be dispensed by an opioid treatment program certified by the Substance Abuse and Mental Health Services Administration and approved by the designated state authority and therefore are not included in the Medicaid pharmacy benefit. Strategies were discussed to reduce the potential for methadone related overdoses. The current quantity limits were discussed, and the board agreed that further evaluation of these limits should be revisited at a future meeting based on analysis of claims data.

The DUR Board recommended the following:

<p>Review of Methadone – Evaluation in Pain Management</p> <p>DoH Recommendation #1</p> <p>Confirm diagnosis for the FDA-approved or compendia-supported indications.</p> <p>Absence of covered diagnosis in patient’s claim history will require prescriber involvement.</p> <p>Recommendation Vote (17 members present): 17-Yes 0-No 0-Abstention</p>
<p>DoH Recommendation #2</p> <p>Step therapy:</p> <p>Trial with a long acting opioid prior to the initiation of methadone therapy for the management of chronic non-cancer pain.</p> <p>Recommendation Vote (17 members present): 17-Yes 0-No 0-Abstention</p>

**D. Lunch/Executive Session**

The board recessed the public session at 12:10 PM for the lunch break. There was no executive session and no official action was taken during this time. The board reconvened to the public session at 1:10 PM.

## **E. Programmatic Update**

(Audio Cast Time 2:50:54 - 4:51:28)

### **1. Drug Cap and Pharmacoeconomics**

(Audio Cast Time 2:53:10 - 4:13:20)

Janet Zachary-Elkind and Michael Dembrosky from the Department of Health, Dr. Douglas Ried of SUNY at Stony Brook, and Sarah Edmond and Dr. Steven D. Pearson, MD of the Institute for Clinical and Economic Review collaborated on a Drug Cap and pharmacoeconomic educational presentation for the DUR Board. The presentation addressed the application and implementation of Medicaid Drug Cap statutory provision including fiscal methodology and drug selection. The pharmacoeconomic educational presentation included background on pharmaceutical payment models, types of pharmacoeconomic studies and a conceptual value assessment framework.

### **2. COPD and Influenza Vaccine Project**

(Audio Cast Time 4:13:22 – 4:29:24)

Dr. Michael Krajewski of SUNY at Buffalo presented the Effectiveness of a Mailed Letter Intervention to Improve Influenza Vaccination Rates amongst Fee-For-Service members with Chronic Obstructive Pulmonary Disease. The presentation detailed a project of the RetroDUR Team from SUNY at Buffalo to determine if the influenza vaccination rates for FFS members with a COPD diagnosis improved from season 2015/2016 to season 2016/2017 following an educational letter sent to practitioners and pharmacists. The report concluded a member vaccination rate of increase slightly greater (1.4 % greater) among prescribers receiving the letter vs those that did not receive the letter.

### **3. Prescriber Education Program**

(Audio Cast Time 4:30:50 – 4:50:00)

Dr. Diana Nagrecha of SUNY at Buffalo presented an overview of the Medicaid Prescriber Education Program (NYSMPEP) activities from 2017. The goal of NYSMPEP is to optimize the quality of care for NYS Medicaid beneficiaries by providing the most current, unbiased, evidence-based information on best practices *in pharmacotherapy*. The presentation included resources available to providers, current therapeutic topics, and module development information. The presentation also included information about the Drug Information Response Center (DIRC), details related to prescriber visits, and information regarding collaboration with other State initiatives.

## **F. Final Comments and Adjournment**

(Audio Cast Time 4:50:00 - 4:51:28)

Janet Zachary-Elkind  
Anthony Merola, RPh, MBA

**Meeting adjourned at 3:30 PM**