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
Douglas Fish, MD
Anthony Merola, RPh, MBA
John Naioti, RPh
Alda Osinaga, MD
Robert Sheehan, RPh
Monica Toohey, RPh

DUR Board

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

SUNY – University at Buffalo

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

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: (Audio Cast Time 2:28:10 - 2:38:55)

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
(Audio Cast Time 2:38:55 - 2:57:55)

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: (Audio Cast Time 2:55:10 - 2:57:55)

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:

(Audio cast time 3:24:05 - 3:35:40)

DOH recommendation: Update editing for zolpidem dosages consistent with FDA labeling inclusive of dosing parameters associated with gender. Modified to - DURB recommendation: Update editing for zolpidem dosages consistent with FDA labeling inclusive of dosing parameters. (Dosing inconsistent with FDA labeling may require prescriber involvement) 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 (Audio Cast Time 3:35:40 - 4:36:40)

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 (Audio Cast Time 3:48:40 - 3:51:00)
2. Long Acting Beta-Agonists (LABA) (Audio Cast Time 3:36:29 - 3:43:12)
3. Inhaled Corticosteroid/LABA Combinations (Audio Cast Time 3:51:40-3:58:30)
4. Intranasal Corticosteroids (Audio Cast Time 4:06:10 - 4:11:40)
5. Montelukast (Audio Cast Time 3:58:30 - 4:03:50)

6. Ophthalmic Fluoroquinolones (Audio Cast Time 4:11:40 - 4:21:50)
7. Oral Pollen/Allergen Extracts (Audio Cast Time 3:43:12 - 3:48:40)
8. Proton Pump Inhibitors (Audio Cast Time 4:21:50 - 4:36:40)

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

1. Gabapentin - Educational Letter (old business) (Audio Cast Time 4:04:50 - 4:06:03)

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.

2. Prescriber Education Program (Audio Cast Time 4:37:25 - 4:56:28)

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