NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

RETROSPECTIVE DUR INTERVENTION NOTICE: SHORT-ACTING BETA AGONISTS

March 25, 2014

Dear Prescriber,

The New York State Medicaid Drug Utilization Review (DUR) Program, in collaboration with the State University at Buffalo School of Pharmacy and Pharmaceutical Sciences, retrospectively reviews the prescribing and dispensing of outpatient prescription medications in order to ensure that prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes. This is particularly important if multiple providers are identified for one patient.

During a recent review of medication profiles, for the month of February 2014 and looking back three months (November 2013 to January 2014), the Medicaid beneficiary with a diagnosis of asthma identified within received duplication of therapy with short-acting beta-agonists (SABA) via two different delivery methods, metered dose inhaler (MDI) and nebulizer solution. Duplication of therapy was defined as receiving consecutive months of both SABA MDIs and nebulizer solution. This duplication of therapy potentially may indicate poorly controlled asthma.

Current asthma guidelines suggest that increasing use of SABAs or using a SABA more than two days per week for symptom relief may indicate inadequate control of asthma and a need to initiate or increase the dose of inhaled corticosteroid therapy or other controller medication (See Chart on next page).[1-3,6] Verifying proper inhaler technique may also be beneficial to identify a cause for poor asthma control. Concomitant use of the two different delivery methods for SABAs is not supported in the current asthma treatment guidelines.[1-3,6] Both MDIs and nebulized treatments are equally efficacious when used correctly.[4-5]

Thank you for your professional assistance in this matter.

For questions or comments, contact the Drug Utilization Review (DUR) Program at:

DUR@Health.State.NY.US

Sincerely,

John F. Naioti, Jr., R.Ph.

Manager, Drug Utilization Review Program

References

1.VA/DoD clinical practice guideline for management of asthma in children and adults. Agency for Healthcare Research and Quality (AHRQ). (Accessed 12/18/2013, at http://www.guideline.gov/content.aspx?id=15706&search=management+of+asthma.)
2.Global strategy for asthma management and prevention. Agency for Healthcare Research and Quality (AHRQ). (Accessed 12/18/2013, at http://www.guideline.gov/content.aspx?id=39409&search=gina+asthma.)
3.Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma-Summary Report 2007. J Allergy Clin Immunol 2007; 120: S94-138.
4.Dolovich MB, Ahrens RC, Hess DR, et al. Device selection and outcomes of aerosol therapy: Evidence-based guidelines: American College of Chest Physicians/American College of Asthma, Allergy, and Immunology. Chest 2005; 127: 335-71.
5.Balzano G, Battiloro R, Biraghi M, et al. Effectiveness and acceptability of a domiciliary multidrug inhalation treatment in elderly patients with chronic airflow obstruction: Metered dose inhaler versus jet nebulizer. Journal of Aerosol Medicine: Deposition, Clearance, and Effects in the Lung 2000;13:25-33.
6.Measures of asthma assessment and monitoring. In: National Asthma Education and Prevention Program (NAEPP). Expert panel report 3: guidelines for the diagnosis and management of asthma. Bethesda (MD): National Heart, Lung, and Blood Institute; 2007 Aug. p. 36-92