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RETRODUR INTERVENTION NOTICE :
Use of Hydroxyurea in Patients with Sickle Cell Disease

June 1, 2019

Dear Medicaid Provider,

The New York State (NYS) Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications to ensure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. Under the purview of the DUR Program, the NYS Medicaid DUR Board reviewed the use of hydroxyurea in patients with sickle cell disease (SCD) within the NYS Medicaid program. Hydroxyurea is Food and Drug Administration (FDA)-approved to reduce the frequency of painful crises and to reduce the need for blood transfusions in pediatric (≥2 years of age) and adult patients with SCA with recurrent, moderate-to-severe, painful crises (generally at least 3 during the preceding 12 months).[1-2] NYS Medicaid pharmacy claims data indicate that you may have patients diagnosed with SCD.

The DUR Board evaluated hydroxyurea utilization in patients diagnosed with SCD. The report was presented by the clinical research staff from the State University of New York at Buffalo, School of Pharmacy and Pharmaceutical Sciences at the September 2018 DUR Board meeting. This review was based on guidance provided in The Evidence-Based Management of Sickle Cell Disease: Expert Panel Report, 2014 published by the National Institutes of Health (NIH) National Heart, Lung, and Blood Institute (NHLBI) which includes an overview of the management of SCD and the complications of the disease.[3] In long-term clinical trials, hydroxyurea has been shown to reduce the likelihood of acute complications, such as painful crises and blood transfusions.[4] Per the FDA prescribing information, it is recommended that patients take hydroxyurea daily and their therapy be monitored.

The DUR Board considered information relating to clinical guides, clinical trials, safety data, and reviewed retrospective utilization of hydroxyurea among Medicaid members diagnosed with SCD. The evaluation showed that hydroxyurea overall utilization and medication adherence was low for patients with SCD. The Board recommended educational interventions to prescribers who treat patients diagnosed with SCD.

In providing this information to you, the DUR Program recognizes that safe and effective pharmacotherapy depends on the assessment of the patient's entire clinical profile. We ask that you consider the information provided regarding the prescribing of hydroxyurea in patients diagnosed with SCD.

Thank you for your professional assistance in this matter.

Sincerely,

New York State Medicaid DUR Program

1. Hydroxyurea (Droxia) [product insert]. Bristol-Myers Squibb Company. December 2017.
2. Hydroxyurea (Siklos) [product insert]. Addmedica. December 2017.
3. National Institutes of Health, National Heart, Lung, and Blood Institute, Division of Blood Diseases and Resources. The management of sickle cell disease. NIH Publication No. 02-2117. Available at: https://www.nhlbi.nih.gov/files/docs/guidelines/sc_mngt.pdf.
4. Steinberg M, McCarty W, Castro O, et al. The risks and benefits of long-term use of hydroxyurea in sickle cell anemia: A 17.5 year follow-up. *Am. J. Hematol.* 2010; 85:403-408.