**The New York State Medicaid Drug Utilization Review Program Annual Report to the Governor and Legislature**

**Reporting Period: October 2023 through September 2024**

## I. Introduction

The New York State Medicaid Drug Utilization Review Program submits an annual report to the Governor and Legislature pursuant to the requirements in the State's Social Services Law, Article 5, Title 11-C and Section 1927(g)(3)(D) of the Social Security Act.

The DUR Program is composed of two separate but complementary components:

- Prospective Drug Utilization Review Program, and
- Retrospective Drug Utilization Review Program

The Prospective Drug Utilization Review Program is a point-of-service monitoring system that analyzes pharmacy claims during the claims adjudication process. The system can identify drug related problems such as therapeutic duplication, drug-disease contraindications, drug interactions, incorrect dosage or duration of treatment, drug allergy, overutilization, and underutilization. In addition, the system can identify drug therapy related to member demographics including pregnancy, age, and gender. If the system identifies a potential drug related problem, the pharmacy receives an on-line warning message. The pharmacist can then determine the appropriate action prior to dispensing.

The Retrospective Drug Utilization Review Program is designed to improve prescribing trends by alerting providers through provider education. The Program uses predetermined clinical criteria to generate case reviews of select members using claims data. Medical and pharmacy claims information is evaluated for safety and clinical appropriateness. If inappropriate drug therapy is identified, an intervention letter is sent to prescribers and/or pharmacists detailing the potential drug therapy problem. The drug related problem may include therapeutic duplication, drug-to-disease contraindications, drug-to-drug interactions, incorrect drug dosage or duration of drug treatment, and/or clinical concerns.

Federal legislation that requires a state to implement a Drug Utilization Review Program also requires states to establish Drug Utilization Review Boards. The New York State Medicaid Drug Utilization Review Board establishes medical standards and clinical criteria for the Medicaid Pharmacy Program. The Drug Utilization Review Board is comprised of health care professionals appointed by the Commissioner and includes physicians and pharmacists that actively practice in New York.

Responsibilities of the Drug Utilization Review Board include:

- The establishment and implementation of medical standards and criteria for the retrospective and prospective Drug Utilization Review Program.

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- The development, selection, application, and assessment of educational interventions for prescribers and pharmacists to improve care.
- The collaboration with managed care organizations to address drug utilization concerns and to implement consistent management strategies across the fee-for-service and managed care pharmacy benefits.
- The review of therapeutic classes subject to the Preferred Drug Program.

The legislative authorities of the Drug Utilization Review Board are provided within the following State statues:

- Medicaid Drug Utilization Review – Social Service Law, Article 5, Title 11-C https://www.nysenate.gov/legislation/laws/SOS/A5T11-C
- Preferred Drug Program - Public Health Law, Article 2A, Title I, Section 272 https://www.nysenate.gov/legislation/laws/PBH/272
- Clinical Drug Review Program – Public Health Law, Article 2A, Title I, Section 274 https://www.nysenate.gov/legislation/laws/PBH/274
- Medicaid Drug Cap – Public Health Law, Article-2A, Title II, Section 280 https://www.nysenate.gov/legislation/laws/PBH/A2-AT2
- Medicaid High-Cost Drug – Social Services Law, Article 5 Title 11, Section 367-A https://www.nysenate.gov/legislation/laws/SOS/367-A

## II. Drug Utilization Review Educational Programs

In addition to the Retrospective Drug Utilization Review program, the Drug Information Response Center provides evidence-based information on pharmacotherapy to prescribers. Pharmacotherapy related questions can be submitted by prescribers and evidence-based responses are prepared by Drug Information Response Center pharmacists. Below is a summary of topics addressed by the Drug Information Response Center:

- Concurrent use of opioids and gabapentin or pregabalin. Opioid therapy management in patients established on gabapentin or pregabalin.
- Glucagon-like peptide-1 receptor agonist medications for weight loss.
- Pitavastatin use in members living with Human Immunodeficiency Virus based on results from the Randomized Trial to Prevent Vascular Events in Human Immunodeficiency Virus (REPREIVE) trial
- 2023 European Society of Cardiology endocarditis guideline.
- Drugs for weight management.
- Review of new legislation, pharmacist role in Sublocade administration.
- Evaluation of Semaglutide Effects on Cardiovascular Outcomes in People with Overweight or Obesity (SELECT) trial.
- Narcan stability in temperatures below freezing.
- 2024 Global Initiative for Chronic Obstructive Lung Disease (GOLD) Chronic Obstructive Pulmonary Disease guideline.
- Benzathine benzylpenicillin (Extenacilline): A review and comparison to penicillin G benzathine (Bicillin L-A).
- National Institute for Health and Care Excellence (NICE) Overview of Sickle cell disease gene therapy.
- Laws, recommendations and/or policies in place for governmental agencies or other organizations to manage severe weather events. Recommendations or policies that

could be considered in the event of future power outages and the impact on pharmaceuticals and pharmaceutical stability.
- Updates to response on statins in member living with Human Immunodeficiency Virus.
- Review of American Headache Society position paper on calcitonin gene-related peptides for migraine prevention.
- Overview of rescue medications for asthma.

**III. Drug Utilization Review Interventions**

During the reporting period, there were 118.9 million on-line/point of service pharmacy claims processed. Approximately 12.2 million Prospective Drug Utilization Review warnings were issued, in which the pharmacy was alerted to potential drug related problems during the claims adjudication process.[1] The most common Prospective Drug Utilization Review warnings were associated with therapeutic duplication of therapy, drug pregnancy alert, early refill requests, and drug interactions. Below is a summary of Prospective Drug Utilization Review interventions:

| Prospective Drug Utilization Review Warning Description | Number of Warnings Issued to Pharmacies | Number of Warnings Overridden at the Pharmacy# | Estimated Number of Alternations in Pharmacy Therapy^ |
|---|---|---|---|
| Therapeutic Duplication | 12,954,956 | 8,665,507 | 4,289,449 |
| Drug Pregnancy Alert | 26,156,585 | 0 | 26,156,585 |
| Drug Age Precaution | 646,112 | 0 | 646,112 |
| Low Dose Alert | 1,097,706 | 0 | 1,097,706 |
| High Dose Alert | 1,525,858 | 0 | 1,525,858 |
| Early Refill | 10,228,555 | 183,662 | 10,0440893 |
| Drug to Drug Interaction | 16,736,987 | 1,304,005 | 15,432,982 |
| Inferred Drug Disease Precaution | 7,919,463 | 0 | 7,919,463 |

# Only severity level one warnings (i.e., therapeutic duplication, early refill, and drug to drug interaction) require pharmacy override responses.
^ The number of warnings may include more than one alert per claim or multiple pharmacy overrides within the same claim transmission.

The Retrospective Drug Utilization Review process identified approximately 11,400 members who met criteria for a drug related problem and generated an intervention/educational letter. Over 18,700 intervention/educational letters were sent to providers (i.e., prescribers and pharmacies).[4] Below is a summary of Retrospective Drug Utilization Review interventions:

| Retrospective Drug Utilization Review Clinical Criteria Description | Number of members selected for intervention | Number of intervention letters sent to providers* |
|---|---|---|
| Concurrent opioids & benzodiazepines – SUPPORT Act** | 979 | 2006 |

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|---|---|---|
| Duplicate non-steroidal anti-inflammatory drugs therapy | 674 | 1459 |
| Concurrent gabapentinoids & Central Nervous System depressants | 540 | 1374 |
| Concurrent glucagon-like peptide-1 receptor agonist & dipeptidyl peptidase 4 inhibitors | 731 | 1086 |
| Long-term use of proton pump inhibitors | 675 | 832 |
| Concurrent tirzepatide & insulin/sulfonylurea | 391 | 734 |
| Duplicate glucagon-like peptide-1 receptor agonist therapy | 315 | 521 |
| Cholesterol guidelines in diabetic patients age 40-75 | 367 | 506 |
| Concurrent opioids & antipsychotics - SUPPORT Act** | 181 | 391 |
| Duplicate dipeptidyl peptidase 4 inhibitors therapy | 260 | 389 |
| Total letters | 11,408 | 18,742 |

*A single drug related problem may result in educational letters being sent to more than one provider.

**Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act [5]

## IV. Drug Utilization Review Board

Drug Utilization Review Board members are appointed by the Commissioner of Heath and consists of twenty-three (23) members as follows:

- One (1) chairperson representing the Department of Health.
- Six (6) licensed and actively practicing physicians.
- Six (6) licensed and actively practicing pharmacists.
- Two (2) drug utilization review experts, at least one of whom is a pharmacologist.
- One (1) licensed and actively practicing nurse practitioner.
- Three (3) consumers or consumer representatives of organizations with a regional or statewide constituency and who have been involved in activities related to health care consumer advocacy.
- Two (2) health care economists.
- One (1) actuary.
- One (1) member from the New York State Department of Financial Service.

Drug Utilization Review Board Membership (2024)

- Lisa Anzisi, PharmD, MS, Pharmacist
- Roosevelt Boursiquot, MD, Physician
- Joseph Chiarella, MD, Physician
- Donna Chiefari, PharmD, Drug Utilization Review Expert
- Ah Loom Alice Choi, PharmD, Pharmacist
- Marla Eglowstein, MD, Consumer Representative
- Douglas Fish, MD, Chairperson
- Rev. Philip Fleming, PhD, Consumer Representative

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- Swapnil Gupta, MD, Physician
- James R. Hopsicker, RPh, MBA, Pharmacist
- Renante Ignacio, MD Physician
- Anna Kaltenboeck, MA, MBA, Healthcare Economist
- Brock Lape, Consumer Representative
- Jill Lavigne, PhD, MPH, Healthcare Economist
- Peter Lopatka, FSA, Actuary
- Jonathan Mizgala, DNP, Nurse Practitioner
- Jadwiga Najib, PharmD, Drug Utilization Review Expert
- Michael Pasquarella, Pharm D, Pharmacist
- John Powell, Department of Financial Services Delegate
- Asa Radix, MD, Physician
- Tara Thomas, RPh, MBA, Pharmacist
- Deborah Wittman, PharmD, Pharmacist
- Jamie Wooldridge, MD, Physician

Department of Health Drug Utilization Review Board Support Staff

- Alisha Betti
- Amanda Nolan
- Anthony Merola
- Jacqueline Sexton
- Monica Toohey

**V. Summary of Drug Utilization Review Board Activities**

The Drug Utilization Review Board held meetings on the following dates during the reporting period:

- May 16, 2024

May 16, 2024

Meeting Agenda for May 16, 2024

The Drug Utilization Review Board reviewed new clinical information (new since the previous review of the therapeutic class) for nine therapeutic classes and financial information for thirteen therapeutic classes subject to the Preferred Drug Program and recommended preferred or non-preferred status.

Meeting Summary for May 16, 2024

New Retrospective Drug Utilization Review criteria (e.g., drug interactions, diagnosis alerts, contraindications, therapeutic appropriateness, overutilization, underutilization, adherence, etc.) for the list of drugs below was vetted through Drug Utilization Review Board:

| Month | Drugs/Drug Categories |
|---|---|
| October 2023 | bexagliflozin, liraglutide, carbamazepine, pralsetinib, digoxin, ivabradine, sacubitril/valsartan, vericiguat, azelastine/fluticasone nasal, beclomethasone nasal spray, flunisolide nasal, mometasone, ciclesonide nasal spray, beclomethasone nasal aerosol, olopatadine/mometasone nasal, fluticasone propionate nasal spray, ciclesonide nasal aerosol, fluticasone nasal spray, risedronate, risedronate delayed-release, ibandronate, alendronate, alendronate effervescent, alendronate/cholecalciferol, alendronate solution |
| November 2023 | azacitidine, semaglutide, albuterol/budesonide |
| December 2023 | tepotinib, ritlecitinib, fluticasone/vilanterol, tirzepatide |
| January 2024 | etrasimod, colchicine, pexidartinib |
| February 2024 | sotagliflozin, tafamidis meglumine, lacosamide extended-release, risperidone extended-release suspension, trametinib |
| March 2024 | sitagliptin, tafamidis, levodopa inhalation, tirzepatide |
| April 2024 | quizartinib, ofatumumab, omaveloxolone |
| May 2024 | vonoprazan, fezolinetant, loxapine inhalation, apremilast |
| June 2024 | zuranolone, macitentan/tadalafil, reslizumab, mepolizumab |
| July 2024 | elagolix/estradiol/norethindrone, oteseconazole |
| August 2024 | adagrasib, diazepam buccal |
| September 2024 | pirtobrutinib, tovorafenib, pitolisant |

## VI. Assessment of Prospective Drug Utilization Review and Retrospective Drug Utilization Review Cost Avoidance/Savings

Prospective Drug Utilization Review cost avoidance/savings was calculated by estimating the number claims not overridden at the pharmacy or altered by the prescriber (using the estimated number of alternations in pharmacy therapy as a baseline^) and multiplying by the average cost per prescription claim. The estimated Prospective Drug Utilization Review cost avoidance for the reporting period was estimated at $1.59 billion (12.2 million claims x $130.57 average cost per prescription claim). This cost avoidance estimate does not take into consideration subsequent paid claims related to changes in pharmacotherapy resulting from Prospective Drug Utilization Review alerts and is prior to drug rebate offsets.[1,2] Note: the number of on-line claim warnings issued to pharmacies may include multiple alerts per claim and multiple overrides of the same claim.

Retrospective Drug Utilization Review estimated cost avoidance/savings was determined by evaluating total drug expenditures and claims for the six months prior to and six months after the intervention/alert letters are mailed. Based on this methodology, the intervention group (i.e., providers sent an intervention/alert letter) had a 6.1% decrease in pharmacy claim costs compared with the 5.8% increase in the comparison intervention group (i.e., no intervention/alert letter sent). The Retrospective Drug Utilization Review cost avoidance/savings was estimated at $7.7 million prior to drug rebate offsets.[3]

The total Drug Utilization Review Program (Prospective Drug Utilization Review and Retrospective Drug Utilization Review) cost avoidance/savings is estimated at $1.6 billion. Total

FFS pharmacy expenditures (prior to drug rebate offsets) for the reporting period was $10.3 billion.[2] The estimated Drug Utilization Review cost avoidance/savings therefore represents approximately 15.5% of the total pharmacy spend (prior to drug rebate offsets).

## VII. FFS Pharmacy Program Enhancements

The Medicaid Program underwent additional changes and updates to the Program as follows:

- The NYS Commissioner of Health issued a statewide standing order (PDF) on March 19, 2024, that can be utilized by pharmacists and pharmacies to dispense self-administered hormonal contraception. The New York State Medicaid program, NYRx has provided coverage and billing guidance and it is posted here: https://www.emedny.org/ProviderManuals/Pharmacy/communications.aspx

- Effective April 1, 2024, registered pharmacists, certified by the New York State Education Department, may administer a long-acting injectable (LAI) approved by the Food and Drug Administration for the treatment of mental health or substance abuse based on a patient specific prescription or order after the initial injection was provided in the practitioner's office. Pharmacies will be reimbursed for the medication and an administration fee when billed to NYRx. The member will not have a copayment for drug administration. https://www.health.ny.gov/health_care/medicaid/program/update/2024/no04_2024-04.htm

- In accordance with the enacted 2024-25 budget and Chapter 57 of the Laws of 2024, the New York State Medicaid program will make the following program updates:
    - New York State is preparing to update reimbursement methodology effective October 1, 2024. The pharmacy reimbursement benchmark for wholesale acquisition cost will be modified in the lower of methodology for brand prescription drugs to:
        - Wholesale acquisition cost instead of Wholesale acquisition cost minus 3.3 percent.
    - Practitioner Administered Drug reimbursement methodology and process for drugs provided and claimed separately by a medical practitioner will change to the lower of:
        - National Average Drug Acquisition Cost ; or Wholesale acquisition cost (in the event of no National Average Drug Acquisition Cost pricing available); or Federal Upper limit ; or State Maximum Acquisition Cost ; or the actual cost of the drug to the practitioner.
    - The Drug Utilization Review Board will review certain classes of over-the-counter drugs for continued coverage. Information regarding the classes, coverage updates, and implementation dates for those changes can be found on the New York State Department of Health "Drug Utilization Review" web page, under the " Drug Utilization Review Board Meeting Information" tab. https://www.health.ny.gov/health_care/medicaid/program/dur/index.htm https://www.health.ny.gov/health_care/medicaid/program/update/2024/no08_2024-08.htm#PADs

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## VIII. Future Enhancements

Effective October 24, 2024, NYRx will accept vaccine claims billed with a National Drug Code . Consistent with Medicaid immunization policy, pharmacies will be reimbursed both the administration fee and, when applicable, the acquisition cost of the vaccine using the appropriate National Drug Code in one claim submission.

Starting summer 2025, NYRx, the Medicaid Pharmacy Program, will accept electronic prior authorization, also known as ePA, requests via CoverMyMeds in addition to phone and fax requests.

The Drug Utilization Review Program continues to innovate practices including the development of a practitioner administered drug management program and the transition of the pharmacy benefit for managed care members into the NYRx program.

The Medicaid Pharmacy Program continues to evaluate the following enhancements:

- Streamline supplemental drug rebate programs, including those related to New York State Public Health Law 280 and Social Service Law 367-A.

- Align the reimbursement methodology for drugs covered under the medical benefit with the pharmacy reimbursement methodology. Also, align and expand clinical editing for drugs under the medical benefit by utilizing pharmacy prior authorization criteria and processes.

## IX. Conclusion

The Drug Utilization Review Program continues to protect and improve the health of New York State Medicaid members. The Department will continue to enhance the Prospective Drug Utilization Review and Retrospective Drug Utilization Review Programs and work cooperatively with the Drug Utilization Review Board to develop and implement medication management processes that improve patient outcomes and reduce unnecessary medication costs.

The Drug Utilization Review Program has proven to be an asset in the efforts of New York State Medicaid to protect and improve the health of Medicaid members. The Department of Health will continue to work cooperatively with the Drug Utilization Review Board to develop and implement medication management processes that improve patient outcomes and reduce unnecessary medication costs.

## X. References/Sources

[1] DOH EMedNY, Mobius Report (CR50028-R0119) for 10/01/2023 to 09/30/2024

[2] SUNY, CMS Annual Report FFY2024 20250402 V2 Draft Report for 10/01/2023 to 9/30/2024

[3] Accentra, NY RDUR Estimated Cost Savings Report (SUM4-2024-NY-CSCAM)

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[4] Accentra, Retrospective Educational Outreach Summary Report (SUM1-2024-NY-REOS)

[5] SUPPORT for Patients and Communities Act

[6] Preferred Drug and Clinical Drug Review Programs

Social Services (SOS) Chapter 55, Article 5, Title 11-C, Section 369-BB, DUR Board