New York State Medicaid
Drug Utilization Review (DUR) Board
Meeting Summary for September 12, 2013

The Medicaid DUR Board met on Thursday, September 12, 2013 from 9:00 AM to 4:00 PM in Meeting Room 6, Concourse, Empire State Plaza, Albany, New York

An archived audio webcast of the meeting proceedings is available on the Department of Health website for 60 days from the meeting date: http://www.health.ny.gov/events/webcasts/

A. Welcome and Introductions (Audio Webcast Time 02:09 – 04:39)

Department of Health (DoH)

Janet Zachary-Elkind
Anthony Merola, RPh, MBA
Robert Correia, PharmD
Monica Toohey, RPh
John Naioti, RPh
Robert Sheehan, RPh
Vallencia Lloyd

DUR Board

Michelle Rainka, PharmD
John McIntyre, MD
John Wikiera
Jadwiga Najib, PharmD
Marla Eglowstein, MD
James Saperstone, MD

SUNY – University at Buffalo

Barbara Rogler, PharmD, MS
Linda Catanzaro, PharmD
Irene Hong, PharmD
Holly Coe, PharmD
Michael Krajewski, PharmD, MLS

B. Public Comment Period (Audio Webcast Time 04:10 – 10:20)

The following speaker provided public comment to the Board:

Alberto Avendano, MD, Senior Manager for Medical Affairs, Reckitt Benckiser Pharmaceuticals, Inc. - buprenorphine

C. Presentations and Recommendations

1. Pharmacy into Managed Care Update (Audio Webcast Time 13:35 – 23:10)

Janet Elkind presented an update of MRT #11 initiative which moved the pharmacy benefit into Medicaid managed care.

2. Tazarotene Covered Indications (Audio Webcast Time 25:08 – 38:56)

Holly Coe presented a retrospective analysis of tazarotene utilization within the Medicaid fee-for-service program in consideration of FDA approved, compendia supported and Medicaid covered uses.

The DUR Board recommended the following (for the Medicaid fee-for-service program only):

1. Confirm diagnosis for Medicaid covered uses.
   Absence of covered diagnosis in member's claim history will require prescriber contact with clinical call center.

2. Informational letter for prescribers of tazarotene (for non-covered uses) reinforcing prescribing for covered uses only.

3. Pharmacy Step Edit Evaluation (Audio Webcast Time 40:10 – 1:01:14)

Barbara Rogler presented a retrospective evaluation of previous actions of the DUR Board including utilization trends.

4. Prescriber Education Program Update (Audio Webcast Time 1:01:30 – 1:15:14)

Linda Catanzaro presented an overview and update of the Medicaid Prescriber Education Program.

5. Medicaid Managed Care Update (Audio Webcast Time 1:15:24 – 1:45:55)

Vallencia Lloyd presented an overview and update of the landscape of the Medicaid Managed Care Program.

6. Anti-Retroviral Drug Interactions (Audio Webcast Time 1:47:50 – 2:14:35)

Linda Catanzaro presented a retrospective analysis of the incidence and severity of anti-retroviral drug interactions within the Medicaid Managed Care Program.

The DUR Board recommended the following:

1. Medicaid Managed Care plans consider present fee-for-service parameters addressing clinically significant drug interactions with anti-retrovirals.
   - Point of service edit for contraindicated antiretroviral/non-antiretroviral combinations.
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7. RetroDUR Case Study (Audio Webcast Time 2:14:55 – 2:34:17)
Michael Krajewski presented an overview of the RetroDUR process including the steps involved and intervention processes.

8. Short -Acting Opioid Duration of Therapy (Audio Webcast Time 2:39:30 –3:36:05)
Irene Hong presented a retrospective analysis of Short Acting Opioid utilization within the Medicaid fee-for-service and Managed Care Programs.

The DUR Board recommended the following:

1. Duration limit for "opioid naïve" patients:
    - Fifteen day limit on all initial opioid prescriptions.
    - Prior authorization needed to exceed limit.

    Will not apply to patients whose claim history contains a diagnosis of sickle cell disease, cancer, or chronic pain*.

    Note: buprenorphine containing products are not subject to the duration limit.

    *DoH modification to the recommendation of the DUR Board: "Chronic pain" to be removed from the parameter.

2. Medicaid Managed Care plans consider parameters comparable to current FFS parameters:
    - Monthly limit: No more than 4 opioid prescriptions every 30 days.
    - Duration limit: 90 days of consecutive therapy.
    - Quantity limits based on FDA labeling.

    Will not apply to patients whose claim history contains a diagnosis of sickle cell disease or cancer.

3. Educational interventions promoting appropriate use of opioid drugs at the individual prescriber level through the Prescriber Education Program.

9. Buprenorphine and Concurrent Opioids (Audio Webcast Time 03:36:07 – 4:09:39)
Irene Hong presented a retrospective analysis of oral buprenorphine utilization with concurrent opioid therapy within the Medicaid fee-for-service and Managed Care programs.

The DUR Board recommended the following:

1. Denial of any opioid claim when there is evidence of established oral buprenorphine therapy. Medical necessity rationale for opioid therapy required.
2. Establish a retrospective drug utilization review criterion enabling evaluation of concomitant use of opioids with oral buprenorphine containing products.

10. Systemic Immunomodulators Place in Therapy (Audio Webcast Time 4:12:57 – 4:42:59)

Barbara Rogler presented a retrospective analysis of Medicaid fee-for-service and managed care data including utilization subsequent to a trial of a disease modifying anti-rheumatic drug (DMARD)

The DUR Board recommended the following:

1. Confirm diagnosis for FDA or compendia supported uses. Absence of covered diagnosis will require prescriber contact with call center.
2. Step therapy - trial of a disease-modifying anti-rheumatic drug (DMARD) prior to treatment with an immunomodulator. Automatic bypass for patients with established immunomodulator therapy.

D. Final Comments and Adjournment (Audio Webcast Time 4:43:00 – 4:44:48)

John Naioti, RPh
Janet Elkind
Jack McIntyre, MD

The meeting adjourned at 3:15 P.M.