Dear Prescriber,

The New York State Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications and their corresponding therapies in order to ensure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. At the March 21, 2013 Drug Utilization Review (DUR) Board Meeting, the Board reviewed long-acting beta agonists (LABAs) utilization within the NY Medicaid program.

Established treatment guidelines, including those from the National Heart, Lung, and Blood Institute of the National Institutes of Health, state that a LABA should not be used as monotherapy for the long-term control of asthma. Additionally, FDA labeling for LABAs states that use of a LABA for the treatment of asthma without a concomitant long-term asthma control medication such as an inhaled corticosteroid is contraindicated.

The DUR Board recommended prospective DUR edits* for all new long-acting beta agonist prescriptions for beneficiaries under FDA or compendia supported age for the following single entity and combination products. (Note: Electronic bypass for established therapy identified in the claims system.)

Arformoterol (Brovana®): ≥ 18 years  
Formoterol powder (Foradil®): ≥ 5 years  
Formoterol solution (Perforomist®): ≥ 18 years  
Indacaterol (ArcaptaTM): ≥ 18 years  
Salmeterol (Serevent®): ≥ 18 years  
Budesonide/formoterol (Symbicort®): ≥ 12 years  
Fluticasone/salmeterol (Advair HFA®): ≥ 12 years  
Fluticasone/salmeterol (Advair Diskus®): ≥ 4 years  
Mometasone/formoterol (Dulera®): ≥ 12 years

In presenting 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 long acting beta agonist therapy for your patients.

Thank you for your professional assistance in this matter.

Sincerely,

John F. Naioti, Jr., R.Ph.  
Manager, Drug Utilization Review Program

* Clinical Call Center must be contacted to override edit