



ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

## Use of Leukotriene Receptor Antagonists (LTRA) in Individuals with Asthma

February 25, 2020

Dear Medicaid Provider:

The purpose of this letter is to inform you of the New York State (NYS) Medicaid Drug Utilization (DUR) Board's recommendation that a leukotriene receptor antagonist (LTRA) should not be used alone to treat asthma. Our review of Medicaid claims indicates that you have recently prescribed a LTRA for a patient with asthma without evidence in claims history of a concomitant reliever (rescue) medication. We are providing you with this information and ask that you consider the DUR Board recommendation regarding the prescribing of LTRAs for the treatment of asthma.

The NYS DUR Program retrospectively reviews 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 recently reviewed the use of LTRAs in members within the Medicaid program with asthma. 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 2019 DUR Board meeting. The review was based on published clinical guidelines for the treatment of asthma.<sup>1-3</sup>

LTRAs should be used in combination with reliever (rescue) medications. At the time of preparation of this review, a short-acting beta agonist (SABA) was the recommended reliever.<sup>1,3</sup> Recently, new guidelines from the Global Initiative for Asthma (GINA) have been released that have updated the recommendations for relievers: <https://ginasthma.org/wp-content/uploads/2019/06/GINA-2019-main-report-June-2019-wms.pdf>.<sup>1</sup>

GINA guidelines state that LTRAs may be used as an alternative to inhaled corticosteroids (ICS) for an initial controller, but they are not as effective.<sup>1,2</sup> LTRAs may be appropriate for some patients who are not willing or able to use ICS or who have intolerable adverse effects with ICS. They may also be appropriate for patients who have concomitant allergic rhinitis. In addition, LTRAs may be added to other controllers for the treatment of asthma.

As stated above we are providing you with this information for your consideration, as we recognize that safe, effective pharmacotherapy depends on the assessment of the patient's entire clinical profile.

Thank you for your professional assistance in this matter.

Sincerely,

New York State Medicaid DUR Program  
[dur@health.ny.gov](mailto:dur@health.ny.gov)

1. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention. Updated 2019. <https://ginasthma.org/wp-content/uploads/2019/06/GINA-2019-main-report-June-2019-wms.pdf>. Accessed July 18, 2019.
2. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention. Updated 2018. <https://ginasthma.org/wp-content/uploads/2018/04/wms-GINA-2018-report-V1.3-002.pdf>. Accessed June, 26, 2019.
3. Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma-Summary Report 2007. *J Allergy Clin Immunol.* 2007;120(5 Suppl):S94-138.