

New York State Medicaid  
 Drug Utilization Review (DUR) Board  
 Meeting Summary for May 18, 2023

The Medicaid DUR Board met on Thursday, May 18, 2023, at 9:00am.

The meeting was available for public viewing by way of Meeting Room 2, Empire State Plaza, Concourse Level, Albany, New York, and a live webcast.

The meeting was offered for public viewing by way of:

- Empire State Plaza, Concourse Level, Albany, NY
- SUNY at Buffalo, School of Pharmacy, Buffalo, NY
- SUNY Global Center, New York, NY
- Live webcast

[Meeting Documents](#)

[Meeting Webcast and Transcript](#)

A. Welcome and Introductions

Department of Health (DOH)

Douglas Fish, - Medicaid Medical Director and DUR Board Chairperson  
 Kimberly Leonard - Medicaid Pharmacy Director  
 Robert Correia  
 Anthony Merola  
 Amanda Nolan  
 Jacqueline Sexton

DUR Board Members

Location

Lisa Anzisi	SUNY Global Center, New York
Joseph Chiarella	SUNY Global Center, New York
Donna Chiefari	Empire State Plaza, Albany
Marla Eglowstein	Empire State Plaza, Albany
James Hopsicker	Empire State Plaza, Albany
Brock Lape	Empire State Plaza, Albany
Peter Lopatka	Empire State Plaza, Albany
Jonathan Mizgala	Empire State Plaza, Albany
John Powell	Empire State Plaza, Albany
Asa Radix	SUNY Global Center, New York
Tara Thomas	Empire State Plaza, Albany

Magellan Medicaid Administration (MMA)

Mina Kwon  
 Kristen Haloski

University at Buffalo (UB) School of Pharmacy and Pharmaceutical Sciences

Barbara Rogler

B. Public Comment Period

The following speakers provided public comment to the DUR Board:

<u>Name</u>	<u>Organization</u>	<u>Agenda Item</u>
Cristina Kowalczyk	Novartis	Angiotensin Receptor Blocker Combinations
Herbert Peeples	UCB	Anticonvulsants-Other
Mariola Vazquez	Dermavant	Psoriasis Agents-Topical
Kaustubh Bhatt	Xeris	Glucagon Agents
Corey O'Brien	NovoNordisk	GLP-1 Agonists
Elizabeth Lubelczyk	Eli Lilly	GLP-1 Agonists
Daniel Flores	Amgen	Erythropoiesis Stimulating Agents
Dana Canning	GSK	Anticholinergics/COPD Agents

C. Preferred Drug Program (PDP) Clinical Review

The DUR Board reviewed new clinical information (new since the previous review of the therapeutic class) for two therapeutic classes and then considered financial information for all seventeen therapeutic classes while in executive session.

D. Executive Session (PDP Financial Reviews)

The DUR Board recessed to executive session at 10:30am to review confidential financial information associated with the PDP. The DUR Board reconvened to the public session at 11:45pm. No official action was taken during executive session.

E. PDP Recommendations – See table below

F. Final Comments and Adjournment

Douglas Fish  
Kimberly Leonard  
Anthony Merola

Meeting adjourned at 12:30pm

Contact information: [DUR@health.ny.gov](mailto:DUR@health.ny.gov) or 518-486-3209

[Drug Utilization Review \(DUR\) \(ny.gov\)](http://www.health.ny.gov/programs/utilization_review/)

G. Commissioner Final Determination – See table below

The impact of the final determinations, associated with the PDP, is as follows:

State Public Health Population:

- Minimal effect on Medicaid members, as a large majority of beneficiaries currently utilize preferred products. Non-preferred products remain available with prior authorization. Prior authorization will help ensure the utilization of medication is clinically appropriate and not likely to result in adverse medical outcomes.

Program Providers:

- Minimal impact on Medicaid providers when utilizing preferred products. Providers may need to initiate the prior authorization process when ordering non-preferred products or for preferred products that may have clinical criteria in place.

State Health Program:

- Annual gross savings associated with the PDP therapeutic classes reviewed and preferred or non-preferred modifications are estimated at \$36.2 million. The savings would be achieved through utilization changes and the receipt of supplemental rebates.

PDP Recommendations with Final Determinations

The DUR Board's recommendations to the Commissioner of Health for Final Determination	Commissioner's Final Determination																												
<p>1. Angiotensin Receptor Blockers</p> <table border="1" data-bbox="219 583 1101 928"> <thead> <tr> <th data-bbox="219 583 636 634">Preferred Drugs</th> <th data-bbox="636 583 1101 634">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="219 634 636 667">irbesartan</td> <td data-bbox="636 634 1101 667">Atacand®</td> </tr> <tr> <td data-bbox="219 667 636 701">losartan</td> <td data-bbox="636 667 1101 701">Avapro®</td> </tr> <tr> <td data-bbox="219 701 636 735">olmesartan</td> <td data-bbox="636 701 1101 735">Benicar®</td> </tr> <tr> <td data-bbox="219 735 636 768">telmisartan</td> <td data-bbox="636 735 1101 768">Candesartan</td> </tr> <tr> <td data-bbox="219 768 636 802">valsartan tablets</td> <td data-bbox="636 768 1101 802">Diovan®</td> </tr> <tr> <td></td> <td data-bbox="636 802 1101 835">Edarbi®</td> </tr> <tr> <td></td> <td data-bbox="636 835 1101 869">eprosartan</td> </tr> <tr> <td></td> <td data-bbox="636 869 1101 903">Micardis®</td> </tr> </tbody> </table> <p>Vote: In favor 12 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	irbesartan	Atacand®	losartan	Avapro®	olmesartan	Benicar®	telmisartan	Candesartan	valsartan tablets	Diovan®		Edarbi®		eprosartan		Micardis®	<p>Approved as Recommended</p>										
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<p>2. Angiotensin Receptor Blocker Combinations</p> <table border="1" data-bbox="219 1108 1101 1629"> <thead> <tr> <th data-bbox="219 1108 636 1159">Preferred Drugs</th> <th data-bbox="636 1108 1101 1159">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="219 1159 636 1192">Entresto®</td> <td data-bbox="636 1159 1101 1192">Atacand HCT®</td> </tr> <tr> <td data-bbox="219 1192 636 1226">Exforge HCT®</td> <td data-bbox="636 1192 1101 1226">Avalide®</td> </tr> <tr> <td data-bbox="219 1226 636 1260">irbesartan/ HCTZ</td> <td data-bbox="636 1226 1101 1260">Azor®</td> </tr> <tr> <td data-bbox="219 1260 636 1293">losartan/ HCTZ</td> <td data-bbox="636 1260 1101 1293">Benicar HCT®</td> </tr> <tr> <td data-bbox="219 1293 636 1327">olmesartan/ amlodipine</td> <td data-bbox="636 1293 1101 1327">candesartan/ HCTZ</td> </tr> <tr> <td data-bbox="219 1327 636 1360">olmesartan/ HCTZ</td> <td data-bbox="636 1327 1101 1360">Diovan HCT®</td> </tr> <tr> <td data-bbox="219 1360 636 1394">telmisartan/ HCTZ</td> <td data-bbox="636 1360 1101 1394">Edarbyclor®</td> </tr> <tr> <td data-bbox="219 1394 636 1428">valsartan/ amlodipine</td> <td data-bbox="636 1394 1101 1428">Exforge®</td> </tr> <tr> <td data-bbox="219 1428 636 1461">valsartan/ amlodipine / HCTZ</td> <td data-bbox="636 1428 1101 1461">Hyzaar®</td> </tr> <tr> <td data-bbox="219 1461 636 1495">valsartan/ HCTZ</td> <td data-bbox="636 1461 1101 1495">Micardis HCT®</td> </tr> <tr> <td></td> <td data-bbox="636 1495 1101 1528">olmesartan/ amlodipine/ HCTZ</td> </tr> <tr> <td></td> <td data-bbox="636 1528 1101 1562">telmisartan/ amlodipine</td> </tr> <tr> <td></td> <td data-bbox="636 1562 1101 1596">Tribenzor®</td> </tr> </tbody> </table> <p>Vote: In favor 12 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	Entresto®	Atacand HCT®	Exforge HCT®	Avalide®	irbesartan/ HCTZ	Azor®	losartan/ HCTZ	Benicar HCT®	olmesartan/ amlodipine	candesartan/ HCTZ	olmesartan/ HCTZ	Diovan HCT®	telmisartan/ HCTZ	Edarbyclor®	valsartan/ amlodipine	Exforge®	valsartan/ amlodipine / HCTZ	Hyzaar®	valsartan/ HCTZ	Micardis HCT®		olmesartan/ amlodipine/ HCTZ		telmisartan/ amlodipine		Tribenzor®	<p>Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs																												
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	olmesartan/ amlodipine/ HCTZ																												
	telmisartan/ amlodipine																												
	Tribenzor®																												

3. Triglyceride Lowering Agents

Preferred Drugs	Non-Preferred Drugs
fenofibrate tablet (generic Tricor®)	Antara®
fenofibrate caps (generic Lofibra®)	fenofibrate caps (generic Lipofen®)
fenofibric acid caps (generic Trilipix®)	fenofibrate micronized caps (generic Antara®)
gemfibrozil	fenofibrate tabs (generic Fenoglide®)
omega-3 ethyl ester (generic Lovaza®)	fenofibric acid tablet (generic Fibricor®)
Vascepa®	Fenoglide®
	icosapent (generic Vascepa®)
	Lipofen®
	Lopid®
	Lovaza®
	Tricor®
	Trilipix®

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

4. Anticonvulsants – Other

Preferred Drugs	Non-Preferred Drugs
clobazam (tablet)	Banzel®
gabapentin (capsule, solution, tablet)	Briviact®
lacosamide	clobazam (suspension)
lamotrigine (tablet, chew)	Diacomit®
levetiracetam	Elepsia® XR
levetiracetam ER	Epidiolex®
Lyrica® (capsule)	Eprontia™
pregabalin (capsule)	felbamate
tiagabine	Felbatol®
topiramate	Fintepla®
zonisamide	Fycompa®
	Gabitril®
	Keppra®
	Keppra XR®
	Lamictal® (tablet, chew, dosepak)
	Lamictal® ODT (tablet, dosepak)
	Lamictal® XR (tablet, dosepak)
	lamotrigine (dosepak)
	lamotrigine ER
	lamotrigine ODT (dosepak)
	Lyrica® (solution)
	Lyrica® CR
	Neurontin®
	Qudexy® XR
	rufinamide (generic Banzel®)
	Sabril®
	Spritam®
	Sympazan® film
	Topamax®
	topiramate ER (generic Qudexy® XR)
	topiramate ER (generic Trokendi XR®)
	Trokendi XR®
	vigabatrin
	Vimpat®
	Xcopri®
	Zonisade™
	Ztalmy®

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

The DUR Board was notified that the following coverage parameter will be removed based on updated clinical guidelines:

**STEP THERAPY (ST)**

- Lyrica®/Lyrica® CR (pregabalin) – Requires a trial with a tricyclic antidepressant OR gabapentin for treatment of Diabetic Peripheral Neuropathy (DPN)

5. Selective Serotonin Reuptake Inhibitors

Preferred Drugs	Non-Preferred Drugs
citalopram (tablet, solution) escitalopram (tablet) fluoxetine (capsule, solution) paroxetine (tablets) sertraline (tablets, concentrate) Viibryd®	Celexa® citalopram (capsules) escitalopram (solution) fluoxetine (tablet) fluoxetine DR weekly fluvoxamine fluvoxamine ER Lexapro® paroxetine (capsules) paroxetine CR paroxetine suspension Paxil® Paxil CR® Pexeva® Prozac® sertraline capsules Trintellix® vilazodone (generic Viibryd®) Zoloft®

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

6. Psoriasis Agents – Topical

Preferred Drugs	Non-Preferred Drugs
calcipotriene (cream, ointment, scalp solution)	calcipotriene foam (generic Sorilux®) calcipotriene / betamethasone dipropionate (generic Taclonex®) calcitriol ointment (generic Vectical®) Dovonex® Duobrii™ Enstilar® Sorilux® Taclonex® Vtama® Zoryve™

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

7. Dipeptidyl Peptidase 4 Inhibitors

Preferred Drugs	Non-Preferred Drugs
Glyxambi® Janumet® Janumet® XR Januvia® Jentadueto® Jentadueto® XR Kazano® Kombiglyze® XR Nesina® Onglyza® Tadjenta®	alogliptin alogliptin / metformin alogliptin / pioglitazone Oseni® Qtern® Steglujan®

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

8. Glucagon Agents

Preferred Drugs	Non-Preferred Drugs
Baqsimi® glucagon vial glucagon HCl emergency kit (Fresenius) Gvoke® (pen, syringe, vial) Zegalogue® (pen, syringe)	glucagon emergency kit (Eli Lilly, Amphastar)

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

9. Glucagon-like Peptide 1 Agonists

Preferred Drugs	Non-Preferred Drugs
Byetta® Ozempic® Trulicity® Victoza®	Adlyxin® Bydureon® BCise™ Mounjaro® Rybelsus® Soliqua® Xultophy®

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

10. Proton Pump Inhibitors

Preferred Drugs	Non-Preferred Drugs
Dexilant® esomeprazole magnesium Rx <sup>1</sup> lansoprazole Rx (capsule) <sup>1</sup> omeprazole Rx pantoprazole tablet rabeprazole <sup>1</sup> Zegerid® Rx	Aciphex® dexlansoprazole (generic Dexilant) esomeprazole magnesium OTC lansoprazole Rx (ODT) Nexium® RX omeprazole OTC omeprazole/sodium bicarb Rx omeprazole/sodium bicarb OTC pantoprazole suspension Prevacid® OTC Prevacid® Rx Prilosec® Rx Protonix®

<sup>1</sup> Based on new information available after the May 18<sup>th</sup> DUR Board meeting, as related to the NYRx transition, the Commissioner determined that esomeprazole magnesium Rx, lansoprazole Rx (capsule) and rabeprazole become preferred drugs.

Vote: In favor 12 / Abstentions 0 / Against 0

11. Erythropoiesis Stimulating Agents

Preferred Drugs	Non-Preferred Drugs
Aranesp® Epogen® Retacrit®	Mircera® Procrit®

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0



12. Immunosuppressives – Oral

Preferred Drugs	Non-Preferred Drugs
azathioprine CellCept® (suspension) cyclosporine (softgel, capsule) cyclosporine modified (capsule, solution) mycophenolate mofetil (capsule, tablet) mycophenolic acid Rapamune® (solution) Rapamune® (tablet) sirolimus (tablet) tacrolimus	Astagraf XL® Azasan® CellCept® (capsule, tablet) Envarsus XR® everolimus (generic Zortress®) Imuran® Lupkynis™ mycophenolate mofetil (suspension) Myfortic® Neoral® Prograf® Sandimmune® (solution, capsule) sirolimus (solution) Zortress®

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

13. Antihistamines – Ophthalmic

Preferred Drugs	Non-Preferred Drugs
azelastine cromolyn sodium ketotifen OTC olopatadine OTC	bepotastine (generic Bepreve®) Bepreve® epinastine Lastacaft® olopatadine Rx Pataday® Zaditor® OTC Zerviate™

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

14. Urinary Tract Antispasmodics

Preferred Drugs	Non-Preferred Drugs
oxybutynin oxybutynin ER solifenacin Toviaz®	darifenacin Detrol® Detrol LA® Ditropan XL® fesoterodine ER (generic Toviaz®) flavoxate Gelnique® Gemtesa® Myrbetriq® Myrbetriq® solution Oxytrol® tolterodine tolterodine ER trospium trospium ER Vesicare® Vesicare® LS

Approved as  
Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

15. Anticholinergics / COPD Agents

Preferred Drugs	Non-Preferred Drugs
Anoro Ellipta® Atrovent HFA® Bevespi® Aerosphere® Combivent Respimat® Incruse Ellipta® ipratropium ipratropium / albuterol roflumilast (generic Daliresp®) Spiriva® HandiHaler® Spiriva Respimat® Stiolto Respimat® Trelegy Ellipta® Tudorza Pressair®	Breztri™ Aerosphere Daliresp® Duaklir® Pressair Lonhala® Magnair® Yupelri®

Approved as  
Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

16. Antihistamines – Second Generation

Preferred Drugs	Non-Preferred Drugs
cetirizine OTC (tablet)	cetirizine OTC (chewable)
cetirizine OTC (syrup/solution 1mg/1mL)	cetirizine OTC (syrup/solution 5 mg/5 mL)
fexofenadine OTC (tablet)	cetirizine-D OTC
levocetirizine (tablet)	Clarinetx®
loratadine OTC	Clarinetx-D®
	desloratadine
	levocetirizine (solution)
	loratadine-D OTC

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0

17. Beta 2 Adrenergic Agents – Inhaled Long Acting

Preferred Drugs	Non-Preferred Drugs
arformoterol (generic Brovana®)	Brovana®
formoterol (generic Perforomist®)	Perforomist®
Serevent Diskus®	Striverdi Respimat®

Approved as Recommended

Vote: In favor 12 / Abstentions 0 / Against 0