

New York State Medicaid
 Drug Utilization Review (DUR) Board
 Meeting Summary for September 21, 2023

The Medicaid DUR Board met on Thursday, September 21, 2023, at 10:00am.

The meeting was available for public viewing by way of Meeting Room 3, Empire State Plaza, Concourse Level, Albany, New York, and a live webcast.

The meeting was also available 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
- St. John Fisher University, Rochester, NY
- Live webcast

[Meeting Documents](#) [Meeting Webcast and Transcript](#)

A. Welcome and Introductions

Department of Health (DOH) - Office of Health Insurance Programs (OHIP)

Douglas Fish - Medicaid Medical Director and DUR Board Chairperson

Kimberly Leonard - Medicaid Pharmacy Director

Robert Correia

Anthony Merola

Amanda Nolan

Jacqueline Sexton

Monica Toohey

DUR Board Members

Participation Location

Lisa Anzisi	Videoconference under extraordinary circumstances
Roosevelt Boursiquot	SUNY Global Center, New York City
Joseph Chiarella	SUNY Global Center, New York City
Ah Loom Alice Choi	SUNY Global Center, New York City
Swapnil Gupta	Empire State Plaza, Albany
James Hopsicker	Videoconference under extraordinary circumstances
Renante Ignacio	SUNY Global Center, New York City
Anna Kaltenboeck	Empire State Plaza, Albany
Brock Lape	Empire State Plaza, Albany
Jill Lavigne	St. John Fisher University, Rochester
Peter Lopatka	Empire State Plaza, Albany
Jonathan Mizgala	Empire State Plaza, Albany
Jadwiga Najib	SUNY Global Center, New York City
Tara Thomas	Empire State Plaza, Albany
Deborah Wittman	SUNY Global Center, New York City
Jamie Wooldridge	SUNY at Buffalo

Prime Therapeutics / Magellan Rx Management

Mina Kwon
Kristen Haloski
Amber Small

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

Barbara Rogler

B. Technical Correction

During the May DUR Board meeting the Antihistamines – Ophthalmic therapeutic class was reviewed (with the framework of the Preferred Drug Program [PDP]). Cromolyn, a mast cell stabilizer, was incorrectly included in this class as displayed on the DOH recommendation slide during the May DUR Board Meeting. The Antihistamines – Ophthalmic class does not include mast cell stabilizers and cromolyn is not currently subject to the PDP.

C. Public Comment Period

The following speakers provided public comment to the DUR Board:

Name	Organization	Agenda Item
Nirali Patel	Abbvie	Rinvoq
		Qulipta
		Vraylar
Tim Birner	Alkermes	Aristada/Aristada Initio
		Lybalvi
Ann Lyons	Amgen	Tezspire
		Amjevita
		Otezla
Paul Miner	Ascendis Pharma	Skytrofa
Jigna Bhalla	AstraZeneca	Fasenra
Paul Isikwe	Biogen	Vumerity
Rick Szymialis	Bristol Myers Squibb	Zeposia
Dana Canning	GSK	Nucala
Kenn Ng	Indivior	Perseris
Eleni Mastromihalis	Intra-cellular Therapies	Caplyta
Suzan Tsang	LEO Pharma	Adbry
Matthew Shapiro	NAMI-NYS	Antipsychotics
Cristina Kowalczyk	Novartis	Cosentyx
		Kesimpta
Arden Arslanyan	Otsuka	Abilify Asimtufii
Aaron Waltzer	Pfizer	Cibinqo
Tyson Thompson	Pfizer	Nurtec ODT
		Zavzpret
Omer Aziz	Teva	Ajovy
		Uzedy

D. Preferred Drug Program (PDP) Clinical Review

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

1. Pulmonary Arterial Hypertension Agents, Other – Oral
 - New Strength: Tracleer® (bosentan)
 - Label Revision: Opsumit® (macitentan)
2. Antimigraine Agents – Other
 - New Drug Entity: Zavzpret™ (zavegepant)
 - New Indication: Qulipta™ (atogepant)
 - Label Revisions: Ubrelvy™ (ubrogepant), Qulipta™ (atogepant)
3. Antipsychotics – Injectable
 - New Drug Formulations: Uzedly™ (risperidone), Abilify Asimtufii® (aripiprazole)
4. Growth Hormones
 - New Drug Entity: Sogroya® (somapacitan-beco)
5. Sodium Glucose Co-Transporter 2 Inhibitors
 - New Drug Entity: Inpefa™ (sotagliflozin)
6. Immunomodulators – Systemic
 - New Drug Entity: Sotyktu™ (deucravacitinib)
 - Humira Loss of Exclusivity
 - New Indications
 - Key Label revisions

General clinical criteria updates were as follows:

- Antipsychotics - Second Generation: the minimum dose for quetiapine/quetiapine ER (Seroquel® /Seroquel ER®) to be change from 100 mg/day to 50mg/day.
- Corticosteroids – Inhaled: the frequency/quantity/duration (F/Q/D) parameters related to prospective DUR early refill editing (i.e., number of inhalers/diskus allowed over a certain number of days) will be removed and DOH will utilize other options to ensure proper billing limits. DOH will evaluate other therapeutic classes, within the respiratory section of the PDL, for similar F/Q/D updates to ensure consistent prospective DUR editing.

E. Executive Session (PDP Financial Reviews)

The DUR Board recessed to executive session at 12:45pm to review confidential financial information associated with the PDP. The DUR Board reconvened to the public session at 2:00pm. No official action was taken during executive session.

F. PDP Recommendations – See table below

¹ Changes to the current PDL are designated with a subscript and bolded.

G. Pharmacy Program Updates

1. Hepatitis C Virus– Utilization of Direct-Acting Antiviral Agents
 - Review of the utilization of the direct-acting antiviral (DAA) agents for the treatment of the chronic hepatitis C virus (HCV).
 - Evaluation of the current clinical criteria for retreatment and corresponding updates based on that evaluation.

2. Management of Physician / Practitioner Administered Drugs – Pharmacy and Medical Benefit Parity
 - Program overview - establishing parity and uniform clinical standard for drugs covered under the pharmacy and medical benefit.
 - Program vision and benefits using one standard approach leveraging pharmacy claims system technology.
 - Roadmap, implementation timeline and communication strategy.
 - Resources including pertinent websites.

3. Procedures for DUR Board Member Videoconferencing
 - Informed the DUR Board that a public body may allow a member who has a disability, as defined in section two hundred ninety-two of the executive law, where such disability renders such member unable to participate in-person at a meeting location where the public can attend, to be considered present for purposes of fulfilling the quorum requirements.
 - The [Procedures for Member Videoconferencing from a Non-Public Location](#) will be updated to reflect such change.

H. Final Comments and Adjournment

Douglas Fish
Kimberly Leonard
Anthony Merola

Meeting adjourned at 2:45pm

Contact information: DUR@health.ny.gov or 518-486-3209
[Drug Utilization Review \(DUR\) Webpage](#)

I. 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.

Program Providers:

- Minimal impact on Medicaid providers when utilizing preferred products. Providers may need to obtain prior authorization when ordering non-preferred products or preferred products that may have other coverage parameters.

State Health Program:

- Annual gross savings associated with the PDP therapeutic classes reviewed and preferred or non-preferred modifications are estimated at \$22.8 million. The savings would be achieved through utilization changes and the receipt of supplemental rebates.

PDP Recommendations Table

The DUR Board's recommendations to the Commissioner of Health for Final Determination		Commissioner's Final Determination					
¹ Changes to the Current PDL are Bolded							
<p>1. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Preferred Drugs</th> <th style="width: 50%; text-align: center;">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td> Celebrex®¹ celecoxib¹ diclofenac 1% topical gel diclofenac sodium oral ibuprofen Rx (tablet, suspension) ibuprofen OTC (suspension) indomethacin ketorolac meloxicam (tablet) naproxen (tablet) nabumetone¹ Pennsaid®¹ piroxicam sulindac </td> <td> Arthrotec® Daypro® diclofenac epolamine patch (generic Flector®) diclofenac capsule diclofenac/misoprostol diclofenac potassium diclofenac potassium (generic Cambia®) diclofenac sodium ER diclofenac topical solution (generic Pennsaid®) diflunisal Duexis® Elyxyb™ etodolac etodolac ER Feldene® fenoprofen Flector® patch flurbiprofen ibuprofen/famotidine (generic Duexis®) indomethacin ER ketoprofen ketoprofen ER ketorolac nasal spray (generic Sprix®) Licart™ meclofenamate mefenamic acid meloxicam (capsule) (generic Vivlodex®) Mobic® Nalfon® Naprelan® naproxen (suspension) naproxen CR naproxen EC naproxen-esomeprazole naproxen sodium oxaprozin Relafen® DS tolmetin Vimovo® </td> </tr> </tbody> </table>			Preferred Drugs	Non-Preferred Drugs	Celebrex®¹ celecoxib¹ diclofenac 1% topical gel diclofenac sodium oral ibuprofen Rx (tablet, suspension) ibuprofen OTC (suspension) indomethacin ketorolac meloxicam (tablet) naproxen (tablet) nabumetone¹ Pennsaid®¹ piroxicam sulindac	Arthrotec® Daypro® diclofenac epolamine patch (generic Flector®) diclofenac capsule diclofenac/misoprostol diclofenac potassium diclofenac potassium (generic Cambia®) diclofenac sodium ER diclofenac topical solution (generic Pennsaid®) diflunisal Duexis® Elyxyb™ etodolac etodolac ER Feldene® fenoprofen Flector® patch flurbiprofen ibuprofen/famotidine (generic Duexis®) indomethacin ER ketoprofen ketoprofen ER ketorolac nasal spray (generic Sprix®) Licart™ meclofenamate mefenamic acid meloxicam (capsule) (generic Vivlodex®) Mobic® Nalfon® Naprelan® naproxen (suspension) naproxen CR naproxen EC naproxen-esomeprazole naproxen sodium oxaprozin Relafen® DS tolmetin Vimovo®	<p>Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs						
Celebrex®¹ celecoxib¹ diclofenac 1% topical gel diclofenac sodium oral ibuprofen Rx (tablet, suspension) ibuprofen OTC (suspension) indomethacin ketorolac meloxicam (tablet) naproxen (tablet) nabumetone¹ Pennsaid®¹ piroxicam sulindac	Arthrotec® Daypro® diclofenac epolamine patch (generic Flector®) diclofenac capsule diclofenac/misoprostol diclofenac potassium diclofenac potassium (generic Cambia®) diclofenac sodium ER diclofenac topical solution (generic Pennsaid®) diflunisal Duexis® Elyxyb™ etodolac etodolac ER Feldene® fenoprofen Flector® patch flurbiprofen ibuprofen/famotidine (generic Duexis®) indomethacin ER ketoprofen ketoprofen ER ketorolac nasal spray (generic Sprix®) Licart™ meclofenamate mefenamic acid meloxicam (capsule) (generic Vivlodex®) Mobic® Nalfon® Naprelan® naproxen (suspension) naproxen CR naproxen EC naproxen-esomeprazole naproxen sodium oxaprozin Relafen® DS tolmetin Vimovo®						
<p>Vote: In favor 17 / Abstentions 0 / Against 0</p>							

2. Opioids - Short Acting

Preferred Drugs	Non-Preferred Drugs
butalbital/APAP/caffeine/codeine codeine codeine/APAP hydrocodone/APAP hydrocodone/ibuprofen hydromorphone (tablet)¹ morphine IR oxycodone (tablet, solution)¹ oxycodone/APAP tramadol tablet	Apadaz® benzhydrocodone/APAP butalbital compound/codeine butorphanol nasal spray dihydrocodeine/APAP/caffeine Dilaudid® hydromorphone (solution) levorphanol meperidine Nalocet® Nucynta® oxycodone (capsule, concentrate) oxymorphone pentazocine/naloxone Percocet® Prolate® (solution, tablet) Roxycodone® Seglentis® tramadol solution tramadol/APAP

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

3. Pulmonary Arterial Hypertension (PAH) Agents, Other – Oral

Preferred Drugs	Non-Preferred Drugs
ambrisentan (generic Letairis) bosentan tablets (generic Tracleer®)	Adempas® Letairis® Opsumit® Orenitram® ER (tablet, dosepack) Tracleer® tablet for suspension, tablet Uptravi®

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

4. Antimigraine Agents - Other

Preferred Drugs	Non-Preferred Drugs
Ajovy® Aimovig® ¹ Emgality® Nurtec™ ODT Ubrelvy™ ¹	Emgality® 100mg syringe Qulipta™ Reyvow™ Zavzpret™

Approved as
Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

5. Antipsychotics - Injectable

Preferred Drugs	Non-Preferred Drugs
Abilify Asimtufii® ¹ Abilify Maintena® Aristada® Aristada Initio® fluphenazine decanoate Haldol® decanoate haloperidol decanoate Invega Hafyera™ Invega Sustenna® Invega Trinza® Perseris™ Risperdal Consta® Uzedly™ ¹ Zyprexa Relprevv®	

Approved as
Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

6. Antipsychotics - Second Generation

Preferred Drugs	Non-Preferred Drugs
aripiprazole tablet asenapine (generic Saphris®) clozapine lurasidone (generic Latuda®) olanzapine tablet paliperidone ER¹ quetiapine quetiapine ER risperidone ziprasidone capsule	Abilify® tablet Abilify MyCite® aripiprazole solution aripiprazole ODT Caplyta™ clozapine ODT Clozaril® Fanapt® Geodon® Invega® Latuda® Lybalvi™ Nuplazid® olanzapine ODT Rexulti® Risperdal® Saphris® Secuado® Seroquel® Seroquel XR® Versacloz® Vraylar® Zyprexa® Zyprexa® Zydys

Approved as
Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

7. Central Nervous System (CNS) Stimulants

Preferred Drugs	Non-Preferred Drugs
<p>Adderall XR®¹ amphetamine salt combo IR (generic Adderall®) amphetamine salt combo ER (generic Adderall XR®) Concerta® Daytrana® dexamethylphenidate (generic Focalin®) dexamethylphenidate ER (generic Focalin XR®) dextroamphetamine tablet methylphenidate solution (generic Methylin®) methylphenidate tablet (generic Ritalin®) methylphenidate CD¹ methylphenidate ER (generic Aptensio® XR) methylphenidate ER (generic Concerta®, Metadate®)¹ Ritalin LA¹ Vyvanse® capsule, chewable</p>	<p>Adzenys XR-ODT® amphetamine (generic Adzenys ER®) amphetamine (generic Evekeo®) Aptensio XR® armodafinil (generic Nuvigil®) Azstarys™ Cotempla® XR-ODT™ Desoxyn® Dexedrine® dextroamphetamine ER (generic Dexedrine®) dextroamphetamine solution (generic ProCentra®) dextroamphetamine tablet (generic Zenzedi®) Dyanavel XR® Evekeo® Evekeo® ODT Focalin® Focalin XR® Jornay PM™ methamphetamine (generic Desoxyn®) Methylin® methylphenidate (generic Daytrana®) methylphenidate chewable tablet (generic Methylin®) methylphenidate ER 45 mg, 63 mg, 72 mg tablet methylphenidate ER (generic Ritalin LA®) modafinil (generic Provigil®) Mydayis™ Nuvigil® ProCentra® Provigil® QuilliChew ER™ Quillivant XR® Relexxii® Ritalin® Sunosi™ Wakix® Xelstry™ Zenzedi®</p>

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

8. Multiple Sclerosis Agents

Preferred Drugs	Non-Preferred Drugs
Avonex® Betaseron® Copaxone® 20 mg/mL dimethyl fumarate DR fingolimod (generic Gilenya®)¹ teriflunomide (generic Aubagio®)¹	Aubagio® Bafiertam™ Copaxone® 40 mg/mL Extavia® Gilenya® glatiramer Kesimpta® Mavenclad® Mayzent® Plegridy® Ponvory™ Rebif® Rebif® Rebidose® Tascenso ODT™ Tecfidera® Vumerity® Zeposia®

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

9. Steroids, Topical - Medium Potency

Preferred Drugs	Non-Preferred Drugs
 fluocinolone acetonide solution¹ fluticasone propionate cream, ointment¹ hydrocortisone valerate cream¹ mometasone furoate	Beser lotion betamethasone valerate foam clocortolone Cloderm® fluocinolone acetonide cream, ointment flurandrenolide fluticasone propionate lotion hydrocortisone butyrate cream, lotion, ointment, solution hydrocortisone valerate ointment Locoid® Locoid Lipocream® Luxiq® Pandel® prednicarbate Synalar®

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

10. Steroids, Topical - High Potency

Preferred Drugs	Non-Preferred Drugs
betamethasone dipropionate cream, lotion, ointment¹ betamethasone dipropionate augmented cream, lotion, ointment¹ betamethasone valerate cream, ointment fluocinonide ointment, cream, solution¹ triamcinolone acetonide	amcinonide ApexiCon-E® betamethasone dipropionate gel betamethasone valerate lotion desoximetasone diflorasone Diprolene® fluocinonide 0.1% cream (generic Vanos®) fluocinonide gel, emollient halcinonide cream (generic Halog®) Halog® cream, solution, ointment Kenalog® Topicort® triamcinolone spray Vanos®

Approved as
Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

11. Growth Hormones

Preferred Drugs	Non-Preferred Drugs
Genotropin® Norditropin®	Humatrope® Nutropin AQ® Omnitrope® Saizen® Skytrofa® Sogroya® Zomacton®

Approved as
Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

12. Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitors

Preferred Drugs	Non-Preferred Drugs
Farxiga® Invokana® Invokamet®¹ Invokamet® XR¹ Jardiance® Synjardy®¹ Synjardy® XR¹ Trijardy® XR¹ Xigduo® XR¹	Inpefa™ Segluromet® Steglatro®

Approved as
Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

13. Immunomodulators - Systemic

Preferred Drugs	Non-Preferred Drugs
Cosentyx® Dupixent® Enbrel® Fasenra® Humira® Nucala® Xolair®	Actemra® subcutaneous adalimumab-FKJP adalimumab-ADAZ Adbry™ Amjevita™ Cibinqo™ Cimzia® Cyltezo® Hadlima™ Hulio® (adalimumab-FKJP) Hyrimoz® (adalimumab-ADAZ) Idacio® Yuflyma® Yusimry™ Ilumya® Kevzara® Kineret® Olumiant® Orencia® subcutaneous Otezla® Rinvoq™ ER Siliq™ Simponi® Skyrizi® Skyrizi® On-Body Sotyktu™ Stelara® Taltz® Tezspire® pen Tremfya® Xeljanz® Xeljanz® XR

Approved as
Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

14. Sedative Hypnotics / Sleep Agents

Preferred Drugs	Non-Preferred Drugs
estazolam eszopiclone¹ temazepam 15 mg, 30 mg ramelteon (generic Rozerem®)¹ zolpidem tablet zolpidem ER¹	Ambien® Ambien CR® Belsomra® Dayvigo™ Doral® doxepin (generic Silenor®) Edluar® Halcion® Lunesta® quazepam (generic Doral®) Quviviq™ Restoril® Rozerem® Silenor® temazepam 7.5 mg, 22.5 mg triazolam zaleplon zolpidem sublingual, capsule

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

15. Beta 2 Adrenergic Agents, Inhaled Short-Acting

Preferred Drugs	Non-Preferred Drugs
albuterol HFA (generic ProAir, Proventil)¹ albuterol nebulizer solution ProAir® Digihaler™¹ ProAir® RespiClick¹ Proventil HFA®¹ Ventolin HFA® Xopenex HFA®¹	albuterol HFA (generic Ventolin) levalbuterol solution levalbuterol HFA

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

16. Corticosteroids - Inhaled

Preferred Drugs	Non-Preferred Drugs
Alvesco®¹ Arnuity Ellipta®¹ Asmanex® Twisthaler Flovent Diskus® Flovent HFA® Pulmicort® Flexhaler	ArmonAir® Digihaler® Asmanex® HFA fluticasone HFA (generic Flovent® HFA) QVAR RediHaler®

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0

17. Corticosteroids - Intranasal

Preferred Drugs	Non-Preferred Drugs
budesonide OTC¹ Dymista®¹ fluticasone OTC¹ fluticasone Rx Nasonex OTC¹ Omnaris®¹ triamcinolone OTC¹ Zetonna®¹	azelastine-fluticasone (generic Dymista®) Beconase AQ® flunisolide mometasone QNASL® Ryaltris® Xhance™

Approved as Recommended

Vote: In favor 17 / Abstentions 0 / Against 0