New York State Medicaid Drug Utilization Review Board
Meeting Agenda for September 18, 2014

The Drug Utilization Review (DUR) Board will meet on September 18, 2014 from 9:00 a.m. to 4:00 p.m., Meeting Room 3, Concourse, Empire State Plaza, Albany, New York

**Agenda Items**

**A. Preferred Drug Program (PDP)**

The Board will review the following therapeutic classes and recommend preferred and non-preferred status:

1. AntiCoagulants – oral
   - Coumadin (warfarin), Eliquis (apixaban), Jantoven (warfarin), Pradaxa (dabigatran), Xarelto (rivaroxaban), warfarin

2. Oral Agents for Pulmonary Arterial Hypertension (PAH)
   - Adempas (riociguat), Letairis (ambrisentan), Opsumit (macitentan), Orenitram (treprostinil), Tracleer (bosentan)

3. Agents for Opioid Dependence
   - Bunavail (buprenorphine/naloxone), buprenorphine, buprenorphine/naloxone, Suboxone (buprenorphine/naloxone), Zubsolv (buprenorphine/naloxone)

4. Opioid Antagonists
   - Evzio (naloxone), naloxone, naltrexone, Revia (naltrexone)

5. Sodium Glucose co-transporter 2 (SGLT2 ) Inhibitors
   - Farxiga (dapagliflozin), Invokana (canagliflozin), Jardiance (empagliflozin)

6. Alpha-Glucosidase Inhibitors
   - acarbose, Glyset (miglitol), Precose (acarbose)

7. Meglitinides
   - nateglinide, Prandin (repaglinide), Prandimet (repaglinide/metformin), repaglinide, Starlix (nateglinide)

**B. Drug Utilization Review (DUR)**

The Board will review the following pharmacotherapies and recommend clinical criteria and/or interventions to ensure appropriate utilization:
1. Hepatitis C Virus – Clinical Criteria Review
   (pegylated interferon, ribavirin, boceprevir, simeprevir, sofosbuvir, telaprevir)

2. Memantine ER (Namenda XR) – Clinical/Utilization Review

3. Tetrabenazine (Xenazine) – Clinical/Utilization Review

4. Tasimelteon (Hetlioz) – Clinical/Utilization Review

**Agenda Timeline** (subject to change based on meeting proceedings)

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<th>Time</th>
<th>Session</th>
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<tr>
<td>9:00 - 9:15</td>
<td>Welcome and Introductions</td>
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<td>9:15 - 10:15</td>
<td>Public Comment Period*</td>
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<td>10:15 - 12:00</td>
<td>Preferred Drug Program</td>
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<tr>
<td>12:00 - 1:30</td>
<td>Lunch/Executive Session</td>
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<td>1:30 - 3:45</td>
<td>Drug Utilization Review</td>
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<td>3:45 - 4:00</td>
<td>Final Comments and Adjournment</td>
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*Interested parties must notify the Department of Health (the Department) at least one (1) week prior to the meeting of their request to address the DUR Board during the public comment period. Requests may be made by phone (518-486-3209) or e-mail (dur@health.state.ny.us). Public comments are limited to the specific topics on the agenda, must be brief (2 minutes), and the total comment period will not exceed sixty (60) minutes.

All written statements must be received in an electronic format (dur@health.state.ny.us) up to one (1) week in advance of the meeting. Written statements should summarize key points and may not exceed two (2) pages in length. If the submission of clinical information greater than two (2) pages in length is needed, the information must be received at least two (2) weeks prior to the meeting date or the Board may not have ample time to review the information. Please contact Department staff by e-mail (dur@health.state.ny.us) prior to sending any information greater than two (2) pages.

Note: All information must be submitted to the Department. Information should not be submitted directly to DUR Board members. The Department will ensure that all information received (according to the guidelines above) is available for DUR Board member review prior to the meeting.