



New York State Medicaid Drug Utilization Review Board Meeting Agenda

The Drug Utilization Review (DUR) Board will meet on April 27, 2016, from 9:00 a.m. to 4:00 p.m., Meeting Room 6, Concourse, Empire State Plaza, Albany, New York

Agenda Items

A. Preferred Drug Program (PDP)

The DUR Board will review therapeutic classes listed below, as they pertain to the PDP.

- The DUR Board will review clinical and financial information, to recommend preferred and non-preferred drugs.
- For therapeutic classes currently subject to the PDP[^], the DUR Board will only consider clinical information which is new since the previous review of the therapeutic class and then consider financial information.

New clinical information may include a new drug or drug product information, new indications, new safety information or new published clinical trials (comparative evidence is preferred, or placebo controlled when no head-to-head trials are available). Information in abstract form alone, posters, or unpublished data are poor quality evidence for the purpose of re-review and submission is discouraged.

- Those wishing to submit new clinical information must do so in an electronic format by April 12, 2016 or the Board may not have ample time to review the information.

[^] The current preferred and non-preferred status of drugs subject to the Preferred Drug List (PDL) may be viewed at https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

1. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Prescription

(Previous review date: April 22, 2015)

Anaprox DS (naproxen sodium DS), Arthrotec (diclofenac sodium/misoprostol), Cambia (diclofenac potassium), Celebrex (celecoxib), celecoxib, Daypro (oxaprozin), diclofenac/misoprostol, diclofenac potassium, diclofenac sodium, diclofenac sodium XR, diclofenac topical solution, diflunisal, Duexis (ibuprofen/famotidine), etodolac, etodolac ER, Feldene (piroxicam), fenoprofen, Flector Patch (diclofenac epolamine), flurbiprofen, ibuprofen, Indocin (indomethacin), indomethacin, indomethacin SR, ketoprofen, ketoprofen SA, ketorolac, meclofenamate, mefenamic acid, meloxicam tablet, meloxicam suspension, Mobic (meloxicam), nabumetone, Nalfon (fenoprofen calcium), Naprelan (naproxen sodium CR), Naprosyn (naproxen), Naprosyn EC (naproxen EC), naproxen, naproxen CR, naproxen EC, naproxen sodium, oxaprozin, Pennsaid (diclofenac sodium topical solution, pump), piroxicam, Ponstel (mefenamic acid), Sprix (ketorolac tromethamine), sulindac, Tivorbex (indomethacin),



tolmetin, Vimovo (naproxen and esomeprazole magnesium), Vivlodex (meloxicam), Voltaren Gel (diclofenac sodium), Voltaren XR (diclofenac sodium DR), Zipsor (diclofenac potassium), Zorvolex (diclofenac)

2. Opioid Antagonists

(Previous review date: September 18, 2014)

Evzio (naloxone hydrochloride injection), naloxone, naltrexone, Narcan (naloxone nasal spray), ReVia (naltrexone)

3. Opioids – Long-Acting

(Previous review date: April 22, 2015)

Avinza (morphine sulfate ER), Belbuca (buprenorphine) buccal film, Butrans (buprenorphine) Patch, Conzip (tramadol ER), Duragesic (fentanyl patch), Embeda ER (morphine/naltrexone), Exalgo (hydromorphone HCl ER), fentanyl patch, hydromorphone ER, Hysingla ER (hydrocodone bitartrate), Kadian (morphine sulfate SR), morphine sulfate SR/ER, MS Contin (morphine sulfate CR), Nucynta ER (tapentadol ER), Opana ER (oxymorphone ER), oxycodone ER, Oxycontin (oxycodone HCl CR), oxymorphone ER, tramadol ER, Ultram ER (tramadol ER), Zohydro ER (hydrocodone ER)

4. Hepatitis C Agents – Direct Acting Antivirals*

(Previous review date: February 26, 2015)

Copegus (ribavirin), Daklinza (daclatasvir), Harvoni (ledipasvir/sofosbuvir), Moderiba (ribavirin), Olysio (simeprevir), Rebetol (ribavirin), Ribapak (ribavirin), Ribasphere (ribavirin), ribavirin, Sovaldi (sofosbuvir), Technivie (ombitasvir/paritaprevir/ ritonavir), Viekira Pak (ombitasvir/paritaprevir/ritonavir/ dasabuvir), Zepatier (elbasvir and grazoprevir)

* Includes a review of drug utilization in the fee-for-service (FFS) and managed care programs and current clinical criteria in the FFS program.

5. Antipsychotics – Second Generation

(Previous review date: September 17, 2015)

Abilify (aripiprazole), aripiprazole/aripiprazole ODT, clozapine/clozapine ODT, Clozaril (clozapine), Fanapt (iloperidone), FazaClo (clozapine), Geodon (ziprasidone), Invega (paliperidone ER), Latuda (lurasidone), olanzapine/olanzapine ODT, paliperidone ER, quetiapine, Rexulti (brexpiprazole), Risperdal (risperidone), risperidone, Saphris (asenapine), Seroquel (quetiapine), Seroquel XR (quetiapine), Versacloz (clozapine), Vraylar (cariprazine), ziprasidone, Zyprexa (olanzapine)

6. Antipsychotics, Injectable

(Initial Review)

Abilify Maintena (aripiprazole), Aristada (aripiprazole lauroxil), fluphenazine decanoate, Haldol decanoate (haloperidol decanoate), haloperidol decanoate, Invega Sustenna



(paliperidone palmitate), Invega Trinza (paliperidone palmitate), Risperdal Consta (risperidone), Zyprexa Relprevv (olanzapine pamoate)

7. Central Nervous System (CNS) Stimulants

(Previous review date: April 22, 2015)

Adderall (amphetamine salt combo), Adderall XR (amphetamine salt combo XR), amphetamine salt combo ER, amphetamine salt combo IR, Aptensio XR (methylphenidate ER), Concerta (methylphenidate ER), Daytrana (methylphenidate ER patch), Desoxyn (methamphetamine), Dexedrine (dextroamphetamine ER), dexamethylphenidate, dexamethylphenidate ER, dextroamphetamine solution, dextroamphetamine (tablet), dextroamphetamine ER, Dyanavel XR (amphetamine ER oral suspension), Evekeo (amphetamine sulfate), Focalin (dexamethylphenidate), Focalin XR (dexamethylphenidate XR), Metadate CD (methylphenidate CD), Metadate ER (methylphenidate ER), methamphetamine, Methylin (methylphenidate), methylphenidate (chew tablet, solution, tablet), methylphenidate CD/ER/SR, modafinil, Nuvigil (armodafinil), Procentra (dextroamphetamine sulfate solution), Provigil (modafinil), Quillichew ER (methylphenidate ER), Quillivant XR (methylphenidate XR), Ritalin (methylphenidate), Ritalin LA (methylphenidate LA), Vyvanse (lisdexamfetamine dimesylate), Zenzedi (dextroamphetamine)

8. Selective Serotonin Reuptake Inhibitors (SSRIs)

(Previous review date: April 24, 2014)

Brintellix (vortioxetine), Brisdelle (paroxetine), Celexa (citalopram), citalopram, escitalopram (tablet, solution), fluoxetine (capsule, tablet, solution), fluoxetine DR weekly, fluvoxamine/fluvoxamine ER, Lexapro (escitalopram), paroxetine/paroxetine CR, Paxil (paroxetine), Paxil CR (paroxetine CR), Pexeva (paroxetine), Prozac (fluoxetine), Sarafem (fluoxetine), sertraline, Viibryd (vilazodone), Zoloft (sertraline)

9. Acne Agents - Prescription, Topical

(Initial Review)

Aczone (dapsone), adapalene, Atralin (tretinoin), Avita (tretinoin), Azelex (azelaic acid), Differin (adapalene), Epiduo/Epiduo Forte (adapalene/benzoyl peroxide), Fabior (tazarotene), Retin-A (tretinoin), Retin-A Micro (tretinoin), Tazorac (tazarotene), tretinoin, Veltin (tretinoin/clindamycin), Ziana (tretinoin/clindamycin)

10. Antibiotics – Topical

(Previous review date: June 11, 2010)

Altabax (retapamulin), Bactroban (mupirocin), Bactroban Nasal (mupirocin), Centany (mupirocin), mupirocin

11. Insulin – Long-Acting

(Previous review date: November 4, 2010)

Lantus (insulin glargine), Levemir (insulin detemir), Toujeo (insulin glargine), Tresiba (insulin degludec)



12. Fluoroquinolones – Otic

(Previous review date: April 29, 2010)

Cipro HC (ciprofloxacin and hydrocortisone otic), Ciprodex (ciprofloxacin and dexamethasone otic), ciprofloxacin otic, ofloxacin otic

13. Anticholinergics - COPD Agents

(Previous review date: April 22, 2015)

Anoro Ellipta (umeclidinium/vilanterol), Atrovent HFA (ipratropium), Combivent Respimat (ipratropium/albuterol), Daliresp (roflumilast), Incruse Ellipta (umeclidinium), ipratropium, ipratropium/albuterol, Seebri Neohaler (glycopyrrolate), Spiriva (tiotropium), Spiriva Respimat (tiotropium), Stiolto Respimat (tiotropium / olodaterol), Tudorza Pressair (aclidium bromide), Utibron Neohaler (indacaterol/glycopyrrolate)

14. Antihistamines – Second Generation

(Previous review date: April 24, 2014)

cetirizine OTC (tablet, chewable, syrup/solution), cetirizine-D OTC, Clarinex (desloratadine), Clarinex-D OTC (desloratadine/pseudoephedrine), desloratadine, fexofenadine OTC (tablet, suspension), levocetirizine (tablet, solution), loratadine OTC, loratadine-D OTC, Semprex-D (acrivastine and pseudoephedrine hydrochloride), Xyzal (levocetirizine)

15. Beta-2 Adrenergic Agents - Inhaled Long Acting

(Previous review date: April 22, 2015)

Arcapta (indacaterol), Brovana (arformoterol), Foradil (formoterol), Perforomist (formoterol), Serevent Diskus (salmeterol), Striverdi Respimat (olodaterol inhalation spray)

Agenda Timeline (subject to change based on meeting proceedings)

9:00 - 9:15	Welcome, Introductions and DOH Updates
9:15 - 10:45	Public Comment Period
10:45 - 11:00	Break
11:00 - 1:00	Clinical reviews
1:00 - 3:00	Lunch/Executive Session (Financial reviews)
3:00 - 3:45	Recommendations
3:45 - 4:00	Final Comments and Adjournment

Interested parties must notify the Department of Health (DoH) by April 19, 2016 of their request to address the Board during the public comment period. Requests may be made by calling 518-486-3209 or e-mailing dur@health.ny.gov. (Please reference DUR Board Speaker Request).



Public comments are limited to therapeutic classes on the agenda and new clinical information for the PDP classes under review. Comments must be brief (2 minutes) and the total comment period will not exceed ninety (90) minutes. DoH reserves the right to limit the number of interested parties providing public comment in order to meet timelines and accomplish meeting objectives.

All written statements must be received in an electronic format by April 19, 2016. Written statements should summarize key points and may not exceed two (2) pages in length.

Any studies cited should be referenced, with the primary source of funding included.

Clinical information must be submitted in an electronic format by April 12, 2016, or the Board may not have ample time to review the information. For the therapeutic classes currently subject to the PDP, submitted clinical information must be new since the previous review of the therapeutic class.

Any information regarding the DUR Board must be sent to the DoH to ensure distribution to all members. Interested parties should not contact or send any information directly to DUR Board members.