



New York State Medicaid Drug Utilization Review Board Meeting Agenda

The Drug Utilization Review (DUR) Board will meet on April 26, 2018, 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 Information in abstract form alone, posters, or unpublished data are poor quality evidence for the purpose of re-review and submission is discouraged.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, 2018 or the DUR 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. Cephalosporins – Third Generation

(Previous review date: April 29, 2010)

cefdinir, cefixime, cefpodoxime, Suprax (cefixime)

2. Anti-Infectives – Topical

(Previous review date: April 27, 2017)

Acanya (clindamycin/benzoyl peroxide), BenzaClin (clindamycin/benzoyl peroxide) (gel, pump), Benzamycin (erythromycin/benzoyl peroxide), Cleocin T (clindamycin), Clindacin (clindamycin), clindamycin (foam, gel, lotion solution, pledget), clindamycin/benzoyl peroxide, Duac (clindamycin/benzoyl peroxide), Erygel (erythromycin base/ethanol), erythromycin (gel, solution, pledget), erythromycin/benzoyl peroxide, Evoclin (clindamycin), Neuac (clindamycin/benzoyl peroxide), Onexton (clindamycin/benzoyl peroxide)

3. Steroids, Topical - Medium potency

(Previous review date: June 15, 2012)

clocortolone, Cloderm (clocortolone), Cordran (flurandrenolide), Cutivate (fluticasone), Dermatop (prednicarbate), Elocon (mometasone), fluocinolone acetonide, flurandrenolide, fluticasone propionate, hydrocortisone butyrate, hydrocortisone valerate, Luxiq (betamethasone), mometasone furoate, Pandel (hydrocortisone), prednicarbate, Synalar

4. Steroids, Topical - High potency

(Previous review date: April 22, 2015):

amcinonide, Apexicon-E (diflorasone diacetate/emollient), betamethasone dipropionate, betamethasone dipropionate (augmented), betamethasone valerate, desoximetasone, diflorasone, Diprolene/Diprolene AF (betamethasone dipropionate), fluocinonide, fluocinonide emollient, Halog (halcinonide), Kenalog (triamcinolone acetonide), Psorcon (diflorasone), Sernivo (betamethasone dipropionate), Topicort (desoximetasone), triamcinolone acetonide, triamcinolone spray, Trianex (triamcinolone acetonide), Vanos (fluocinonide)

5. Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

(Previous review date: June 27, 2013)

alogliptin, alogliptin/metformin, alogliptin/pioglitazone, Glyxambi (empagliflozin/linagliptin), Janumet (sitagliptin/metformin HCL), Janumet XR (sitagliptin/metformin HCL), Januvia (sitagliptin), Jentadueto (linagliptin/metformin HCl) , Jentadueto XR (linagliptin/metformin/XR), Kazano (alogliptan benzoate/metformin HCL), Kombiglyze XR (saxagliptin/metformin ER), Nesina (alogliptan benzoate), Onglyza (saxagliptin), Oseni (alogliptan benzoate/pioglitazone HCL), Qtern (dapagliflozin/saxagliptin), Steglujan (ertugliflozin and sitagliptin), Tradjenta (linagliptin)

6. Glucagon-like Peptide-1 (GLP-1) Agonists

(Previous review date: April 27, 2017)

Adlyxin (lixisenatide), Bydureon (exenatide ER), Byetta (exenatide), Bydureon Bcise (exenatide CR suspension), Ozempic (semaglutide), Soliqua (lixisenatide/insulin glargine), Tanzeum (albiglutide), Trulicity (dulaglutide), Victoza (liraglutide), Xultophy (liraglutide/insulin degludec)

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

(Previous review date: April 27, 2017)

Farxiga (dapagliflozin), Invokamet/Invokamet XR (canagliflozin/metformin), Invokana (canagliflozin), Jardiance (empagliflozin), Steglatro (ertugliflozin), Segluromet (ertugliflozin/metformin), Synjardy/Synjardy XR (empagliflozin/metformin), Xigduo XR (dapagliflozin/metformin)

8. Anticoagulants – Injectable

(Previous review date: June 27, 2013)

Arixtra (fondaparinux), enoxaparin sodium, fondaparinux, Fragmin (dalteparin), Lovenox (enoxaparin)

9. Antihistamines – Ophthalmic

(Previous review date: April 22, 2015)

azelastine, Bepreve (bepotastine), Elestat (epinastine), Emadine (emedastine), epinastine, Lastacaft (alcaftadine), olopatadine 0.1%, olopatadine 0.2%, Pataday (olopatadine), Patanol (olopatadine), Pazeo (olopatadine)

10. Leukotriene Modifiers

(Previous review date: April 19, 2012)

Accolate (zafirlukast), montelukast, Singulair (montelukast), zafirlukast

B. Drug Cap

The DUR Board will review the following drug, which has been identified as contributing to pharmacy expenditures exceeding the Medicaid Drug Cap (NYS Public Health Law, article 2-A, title 2, section 280), and, if applicable, recommend a supplemental rebate target amount.

1. Orkambi (lumacaftor/ivacaftor)

Agenda Timeline (subject to change based on meeting proceedings)

9:00 - 9:15	Welcome and Opening Comments
9:15 - 10:45	Public Comment Period
10:45 - 12:00	PDP Clinical Reviews
12:00 - 1:00	Lunch/Executive Session
1:00 - 1:30	PDP Recommendations
1:30 - 3:30	Drug Cap Review
3:30 - 4:00	Final Comments and Adjournment

Interested parties must notify the Department of Health (DoH) by April 19, 2018 of their request to address the DUR 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 meeting timelines and accomplish meeting objectives.

All written statements must be received in an electronic format by April 19, 2018. 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, 2018, 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.