



## New York State Medicaid Drug Utilization Review Board Meeting Agenda

The Drug Utilization Review (DUR) Board will meet on May 16, 2019, 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 Information in abstract form alone, posters, or unpublished data are poor quality evidence for the purpose of PDP reviews and submission is discouraged.

- Those wishing to submit clinical information must do so in an electronic format by **May 2, 2019** 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](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf)

#### 1. Tetracyclines

(Previous review date: June 27, 2013)

demeclocycline, Doryx (doxycycline hyclate DR), Doryx MPC (doxycycline hyclate DR) doxycycline hyclate, doxycycline hyclate DR, doxycycline IR-DR, doxycycline monohydrate, minocycline HCL, minocycline ER, Morgidox (doxycycline hyclate), Nuzyra (omadacycline), Oracea (doxycycline monohydrate), Solodyn (minocycline ER), tetracycline, Vibramycin (doxycycline hyclate), Ximino (minocycline hydrochloride)

#### 2. Anticonvulsants – other

(Previous review date: April 27, 2017)

Banzel (rufinamide), Briviact (brivaracetam), clobazam tablet, clobazam susp, Epidiolex (cannabidiol), felbamate, Felbatol (felbamate), Fycompa (perampanel), gabapentin, Gabitril (tiagabine), Keppra/Keppra XR (levetiracetam), Lamictal/Lamictal XR/Lamictal ODT (lamotrigine), lamotrigine/lamotrigine ER/lamotrigine ODT, levetiracetam, levetiracetam ER,

Lyrica (pregabalin), Lyrica solution (pregabalin), Lyrica CR (pregabalin), Neurontin (gabapentin), Onfi (clobazam), Qudexy XR (topiramate), Roweepra (levetiracetam), Roweepra XR (levetiracetam), Sabril (vigabatrin), Spritam (levetiracetam), Subvenite (lamotrigine), Sympazan (clobazam), tiagabine, Topamax (topiramate), topiramate, topiramate ER, Trokendi XR (topiramate ER), vigabatrin, Vigadrone powder packet (vigabatrin), Vimpat (lacosamide), zonisamide

### **3. Antimigraine Agents - other**

(Initial review)

Ajovy (fremanezumab-vfrm), Aimovig (erenumab-aooe), Emgality (galcanezumab-gnlm)

### **4. CNS Stimulants**

(Previous review date: September 20, 2018)

Adderall XR (amphetamine salt combo XR), Adzenys ER/XR-ODT (amphetamine), amphetamine, amphetamine salt combo ER, amphetamine salt combo IR, Aptensio XR (methylphenidate ER), armodafinil, Concerta (methylphenidate ER), Cotempla XR-ODT (methylphenidate), Daytrana (methylphenidate ER patch), Desoxyn (methamphetamine), Dexedrine (dextroamphetamine ER), dextroamphetamine (tab/ER/solu), dexmethylphenidate, dexmethylphenidate ER, Dyanavel XR (amphetamine ER oral suspension), Evekeo (amphetamine sulfate), Focalin (dexmethylphenidate), Focalin XR (dexmethylphenidate XR), Metadate ER (methylphenidate ER), methamphetamine, Methylin (methylphenidate), methylphenidate (chewable tablet, solution, tablet), methylphenidate CD/ER, modafinil, Mydayis (dextroamphetamine/amphetamine), 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)

### **5. Movement Disorder Agents**

(Initial review)

Austedo (deutetrabenazine), Ingrezza (valbenazine), tetrabenazine, Xenazine (tetrabenazine)

### **6. Multiple Sclerosis Agents**

(Previous review date: April 27, 2017)

Aubagio (teriflunomide), Avonex (interferon beta-1a), Betaseron (interferon beta-1b), Copaxone 20 mg/mL, Copaxone 40 mg/mL (glatiramer acetate), Extavia (interferon beta-1b), Gilenya (fingolimod), Glatopa (glatiramer acetate), Plegridy (peginterferon beta-1A), Rebif (interferon beta-1a), Tecfidera (dimethyl fumarate)

### **7. Growth Hormones**

(Previous review date: April 24, 2014)

Genotropin (somatotropin), Humatrope (somatotropin), Norditropin (somatotropin), Nutropin AQ (somatotropin), Omnitrope (somatotropin), Saizen (somatotropin), Zomacton (somatotropin), Zorbtive (somatotropin)

### **8. Colony Stimulating Factors**

(Initial review)

Fulphila (pegfilgrastim-jmdb), Granix (tbo-filgrastim), Leukine (sargramostim), Neulasta (pegfilgrastim), Neupogen (filgrastim), Nivestym (filgrastim-aafi), Udenyca (pegfilgrastim-cbqv), Zarxio (filgrastim-sndz)

**9. Erythropoiesis Stimulating Agents**

(Previous review date: April 22, 2015)

Aranesp (darbepoetin alfa), Epogen (epoetin alfa), Mircera (methoxy polyethylene glycol-epoetin beta), Procrit (epoetin alfa), Retacrit (epoetin alfa-epbx)

**10. Immunosuppressives – oral**

(Initial review)

Astagraf XL (tacrolimus), Azasan (azathioprine), azathioprine, Cellcept (mycophenolate mofetil), cyclosporine, cyclosporine modified, Envarsus XR (tacrolimus). Gengraf (cyclosporine modified), Imuran (azathioprine), mycophenolate mofetil, mycophenolic acid, Myfortic (mycophenolic acid), Neoral (cyclosporine modified), Prograf (tacrolimus), Rapamune (sirolimus), Sandimmune (cyclosporine), sirolimus, tacrolimus, Zortress (everolimus)

**11. Antihyperuricemics**

(Previous review date of Xanthine Oxidase inhibitors: April 29, 2010)

allopurinol, colchicine, Colcrys (colchicine), Mitigare (colchicine), probenecid, probenecid/colchicine, Uloric, Zyloprim

**12. Anticholinergics/COPD Agents**

(Previous review date: September 20, 2018)

Anoro Ellipta (umeclidinium/vilanterol), Atrovent HFA (ipratropium), Bevespi Aerosphere (glycopyrrolate/formoterol), Combivent Respimat (ipratropium/albuterol), Daliresp (roflumilast), Incruse Ellipta (umeclidinium), ipratropium, ipratropium/albuterol, Lonhala Magnair (glycopyrrolate nebulized), Seebri Neohaler (glycopyrrolate), Spiriva (tiotropium), Spiriva Respimat (tiotropium), Stiolto Respimat (tiotropium/olodaterol), Trelegy Ellipta (fluticasone, umeclidinium, vilanterol), Tudorza Pressair (aclidium bromide), Utibron Neohaler (indacaterol/glycopyrrolate), Yupelri (revafenacin)

**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 - 1:00	PDP Clinical Reviews
1:00 - 2:30	Lunch/PDP Executive Session
2:30 - 3:30	PDP Recommendations
3:30 - 4:00	Final Comments and Adjournment

Interested parties must notify the Department of Health (DoH) by **May 9, 2019** 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](mailto: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 **May 9, 2019**. 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 **May 2, 2019**, 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.