



New York State Medicaid Drug Utilization Review (DUR) Board Meeting Summary for May 16, 2024

The Medicaid DUR Board met on Thursday, May 16, 2024, at 10:00am.

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

The meeting was also offered for public viewing at:

- SUNY at Buffalo, School of Pharmacy, Buffalo, NY
• SUNY Global Center, New York, NY
• Live webcast

Meeting Documents

Meeting Webcast (archived) and Transcript

A. Welcome and Introductions

Department of Health (DOH)

Douglas Fish - Medicaid Medical Director and DUR Board Chairperson

Alisha Betti

Anthony Merola

Amanda Nolan

Jacqueline Sexton

Monica Toohey

DUR Board Members

Location

Table with 2 columns: Name and Location. Includes members like Lisa Anzisi, Roosevelt Boursiquot, Joseph Chiarella, Donna Chiefari, Ahloom Alice Choi, Marla Eglowstein, Swapnil Gupta, Renate Ignacio, Brock Lape, Peter Lopatka, Jadwiga Najib, John Powell, and Tara Thomas.

Magellan Rx Management

Mina Kwon

Amber Small

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

Linda Catanzaro

Holly Coe

Barbara Rogler

B. Public Comment Period

The following speakers provided public comment to the DUR Board:

<u>Name</u>	<u>Organization</u>	<u>Agenda Item</u>
Omer Aziz	Teva	Movement Disorders
Domenic Mantella	Ascendis	Growth Hormones
Shelly Eagen	Pfizer	Growth Hormones
Paul Isikwe	Biogen	Multiple Sclerosis
Shirley Quach	Novartis	Multiple Sclerosis
Shirley Quach	Novartis	Immunomodulators – Systemic
Dana Canning	GSK	Immunomodulators – Systemic
Daniel Shan	UCB	Immunomodulators – Systemic
Jigna Bhalla	AstraZeneca	Immunomodulators – Systemic
Ann Lyons	Amgen	Immunomodulators – Systemic
Beth Lubelczyk	Lilly	Immunomodulators – Systemic
Aaron Walzer	Pfizer	Immunomodulators – Systemic
Aaron Walzer	Pfizer	Immunomodulators – Topical
Joe Cirrincione	Incyte	Immunomodulators – Topical

C. Preferred Drug Program (PDP) Clinical Review

The DUR Board reviewed clinical information for 9 therapeutic classes:

1. Anti-Fungals - Topical
2. Immunomodulators – Topical*
3. Anabolic Steroids - Topical
4. Growth Hormones*
5. Hemophilia Agents - Factor VIII
6. Immunomodulators - Systemic
7. Anti-inflammatory/Immunomodulators - Ophthalmic
8. Phosphate Binders/Regulators
9. Rosacea Agents – Topical^

* Included clinical criteria updates

^ New therapeutic class added to the PDP

D. Executive Session (PDP Financial Reviews)

The DUR Board recessed to executive session at 1:00pm to review confidential financial information for all 13 PDP therapeutic classes. The DUR Board reconvened to the public session at 2:30pm. No official action was taken during executive session.

E. DUR Board Recommendations – See the table in Section G below

F. Final Comments and Adjournment

Douglas Fish
Anthony Merola
Monica Toohey

Meeting adjourned at 3:00pm

Contact information: DUR@health.ny.gov or 518-486-3209

[Drug Utilization Review \(DUR\) \(ny.gov\)](http://www.health.ny.gov/Drug_Utilization_Review_(DUR)_)

G. DUR Board's recommendations to the Commissioner of Health

<p>The DUR Board's recommendations to the Commissioner of Health for Final Determination</p> <p>¹ Changes to the Current PDL</p>	<p>Commissioner's Final Determination</p>				
<p>1. Movement Disorder Agents</p> <table border="1" data-bbox="154 407 1047 682"> <thead> <tr> <th data-bbox="154 407 605 464">Preferred Drugs</th> <th data-bbox="605 407 1047 464">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="154 464 605 682"> Austedo® Austedo® XR ¹ Austedo® XR titration pack ¹ Ingrezza® Ingrezza® titration pack tetrabenazine </td> <td data-bbox="605 464 1047 682"> Xenazine® </td> </tr> </tbody> </table> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	Austedo® Austedo® XR ¹ Austedo® XR titration pack ¹ Ingrezza® Ingrezza® titration pack tetrabenazine	Xenazine®	<p>Pending</p>
Preferred Drugs	Non-Preferred Drugs				
Austedo® Austedo® XR ¹ Austedo® XR titration pack ¹ Ingrezza® Ingrezza® titration pack tetrabenazine	Xenazine®				
<p>2. Multiple Sclerosis Agents</p> <table border="1" data-bbox="154 835 1047 1486"> <thead> <tr> <th data-bbox="154 835 605 892">Preferred Drugs</th> <th data-bbox="605 835 1047 892">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="154 892 605 1486"> Avonex® Copaxone® 20 mg/mL dimethyl fumarate DR Extavia® ¹ fingolimod (generic Gilenya®) Kesimpta® ¹ teriflunomide (generic Aubagio®) </td> <td data-bbox="605 892 1047 1486"> Aubagio® Bafiertam™ Betaseron® ¹ Copaxone® 40 mg/mL Gilenya® glatiramer Mavenclad® Mayzent® Plegridy® Ponvory™ Rebif® Rebif® Rebidose® Tascenso ODT™ Tecfidera® Vumerity® Zeposia® </td> </tr> </tbody> </table> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p>	Preferred Drugs	Non-Preferred Drugs	Avonex® Copaxone® 20 mg/mL dimethyl fumarate DR Extavia® ¹ fingolimod (generic Gilenya®) Kesimpta® ¹ teriflunomide (generic Aubagio®)	Aubagio® Bafiertam™ Betaseron® ¹ Copaxone® 40 mg/mL Gilenya® glatiramer Mavenclad® Mayzent® Plegridy® Ponvory™ Rebif® Rebif® Rebidose® Tascenso ODT™ Tecfidera® Vumerity® Zeposia®	<p>Pending</p>
Preferred Drugs	Non-Preferred Drugs				
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3. Anti-Fungals - Topical

Preferred Drugs	Non-Preferred Drugs
ciclopirox 8% solution ¹ ciclopirox cream, suspension, shampoo clotrimazole OTC clotrimazole Rx clotrimazole/betamethasone cream ketoconazole cream ketoconazole 2% shampoo miconazole OTC nystatin cream, ointment, powder nystatin/triamcinolone terbinafine OTC tolnaftate OTC	Alevazol OTC butenafine (generic Mentax [®]) Ciclodan [®] cream ciclopirox gel clotrimazole/betamethasone lotion econazole Ertaczo [®] Extina [®] Jublia ^{® 1} ketoconazole foam Loprox [®] shampoo luliconazole Luzu [®] Mentax [®] miconazole/zinc/petrolatum (generic Vusion [®]) naftifine Naftin [®] oxiconazole Oxistat [®] tavorole ¹ Vusion [®]

Pending

Removal of the existing Anti-Fungals, Topical – for Onychomycosis step therapy parameters as follows:

- trial with an oral antifungal agent prior to the use of ciclopirox 8% solution.
- trial of ciclopirox 8% solution prior to the use of other topical antifungals.

Vote: In favor 14 / Abstentions 0 / Against 0

4. Immunomodulators – Topical

Preferred Drugs	Non-Preferred Drugs
Eucrisa ^{® 1} pimecrolimus tacrolimus	Elidel [®] Opzelura ^{® 1} Protopic [®]

Pending

Removal of the existing step therapy parameters as follows:

- prior authorization requirement for pimecrolimus and tacrolimus.
- step therapy parameter for crisaborole (Eucrisa) and ruxolitinib (Opzelura) – trial with a medium or high potency prescription topical steroid within the last three months.
- frequency/quantity/duration parameters for crisaborole (Eucrisa).

Vote: In favor 14 / Abstentions 0 / Against 0

5. Anabolic Steroids – Topical

Preferred Drugs	Non-Preferred Drugs
testosterone gel packet (generic Vogelxo®) ¹ testosterone gel pump (generic AndroGel®)	Androderm® AndroGel® pump Fortesta® Natesto® ¹ Testim® testosterone gel (generic Fortesta®, Vogelxo®) testosterone gel packet (generic AndroGel®) ¹ testosterone gel pump (generic Axiron®, Vogelxo®) Vogelxo®

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

6. Growth Hormones

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

Pending

New Prior Authorization/Coverage Parameters

For Growth Hormone Deficiency (GHD)

- Documentation of a recommended GHD diagnostic and / or laboratory test prior to initiating growth hormone (GH) treatment (e.g., provocative test and / or IGF-1 test)

For Growth Hormone Deficiency (GHD) or Short for Gestational Age (SGA)

- Documentation of a recommended GHD laboratory test annually for continuation of GH treatment (e.g., IGF-1 test)
- Documentation of treatment response for continuation of GH treatment (e.g., annual growth velocity)

Vote: In favor 14 / Abstentions 0 / Against 0

7. Proton Pump Inhibitors

Preferred Drugs	Non-Preferred Drugs
esomeprazole magnesium Rx lansoprazole Rx (capsule) lansoprazole capsules OTC lansoprazole solutab OTC omeprazole Rx pantoprazole tablet rabeprazole Zegerid® Rx	Aciphex® Dexilant® ¹ dexlansoprazole (generic Dexilant) esomeprazole magnesium OTC esomeprazole capsules OTC esomeprazole suspension lansoprazole Rx ODT Nexium® RX omeprazole OTC omeprazole / sodium bicarbonate Rx omeprazole / sodium bicarbonate OTC pantoprazole suspension Prevacid® OTC Prevacid® Rx Prilosec® Rx Protonix®

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

8. Hemophilia Agents – Factor VIII

Preferred Drugs	Non-Preferred Drugs
Advate® Adynovate® Afstyla® Altuviiio™ ¹ Eloctate® Esperoct® Hemofil® M Humate-P® Jivi® Koate® Kogenate® FS Kovaltry® Novoeight® Nuwiq® Obizur® Recombinate™ Xyntha® Xyntha® Solofuse	

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

9. Immunomodulators – Systemic

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

Pending

New clinical information presented, no PDL changes recommended.

Vote: In favor 14 / Abstentions 0 / Against 0

10. Anti-inflammatory/Immunomodulators – Ophthalmic

Preferred Drugs	Non-Preferred Drugs
Eysuvis ^{® 1} Restasis [®] Restasis MultiDose [®] Xiidra [®]	Cequa [®] cyclosporine (gen Restasis [®]) Miebo [™] Tyrvaya [™] Verkazia [®] Vevye [®]

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

11. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Ophthalmic

Preferred Drugs	Non-Preferred Drugs
diclofenac flurbiprofen ketorolac ketorolac LS	Acular [®] Acular LS [®] Acuvail [®] bromfenac BromSite [®] Ilevro ^{® 1} Nevanac [®] Prolensa [®]

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

12. Phosphate Binders/Regulators

Preferred Drugs	Non-Preferred Drugs
calcium acetate Renvela [®] tablet, powder pack	Auryxia [™] Fosrenol [®] lanthanum carbonate Phoslyra [®] sevelamer carbonate powder, tablet (gen Renvela) sevelamer HCl (gen Renagel) ¹ Velphoro [®] Xphozah [®]

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

13. Rosacea Agents – Topical

Preferred Drugs	Non-Preferred Drugs
azelaic acid metronidazole cream, gel	Finacea® ivermectin metronidazole gel pump, lotion Noritate® Rosadan®

Pending

Removal of the existing Rosacea Agent step therapy parameter as follows:

- Trial with a topical metronidazole product (of note: this step therapy parameter did not apply to azelaic acid).

New therapeutic class added to the PDP

Vote: In favor 14 / Abstentions 0 / Against 0