New York State Medicaid Drug Utilization Review Board Meeting Agenda

The Drug Utilization Review (DUR) Board will meet on September 20, 2018, 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) Review

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

- The DUR Board will review clinical and financial information, to recommend preferred and non-preferred drugs.
- For therapeutic classes listed below 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, new indications, new safety information or newly 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 Information in abstract form alone, posters, or unpublished data are poor quality evidence for the purpose of DUR Board review and submission is discouraged.
- Those wishing to submit new clinical information must do so in an electronic format by September 6, 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. **Fluoroquinolones – Oral**
   (Previous review date: June 15, 2012)
   Avelox (moxifloxacin), Baxdela (delafloxacin), Cipro/Cipro XR (ciprofloxacin), ciprofloxacin, ciprofloxacin ER, Levaquin (levofloxacin), levofloxacin, moxifloxacin, ofloxacin

2. **Pulmonary Arterial Hypertension (PAH) Agents, Oral**
   (Previous review date: September 15, 2016)
   Adempas (riociguat), Letairis (ambrisentan), Opsumit (macitentan), Orenitram (treprostinil), Tracleer (bosentan), Uptravi (selexipag)

3. **Central Nervous System (CNS) Stimulants**
   (Previous review date: April 27, 2017)
   Adderall XR (amphetamine salt combo XR), Adzenys ER/XR-ODT (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), dexmethylphenidate, dexmethylphenidate ER, dextroamphetamine, dextroamphetamine ER, Dyanavel XR (amphetamine ER oral suspension), Evekeo (amphetamine sulfate), Focalin (dexmethylphenidate), Focalin XR (dexmethylphenidate XR), Metadate CD (methylphenidate CD), 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)

4. **Helicobacter Pylori Agents**
   (Previous review date: June 16, 2011)
   lansoprazole/ amoxicillin/ clarithromycin, Omeclamox-Pak (omeprazole/clarithromycin/amoxicillin), Pylera (metronidazole/tetracycline/bismuth subcitrate potassium), Prevpac (amoxicillin/clarithromycin/lansoprazole)

5. **Immunomodulators – Systemic**
   (Previous review date: September 15, 2016)
   Actemra (tocilizumab subQ), Benlysta (belimumab), Cimzia (certolizumab pegol), Cosentyx (secukinumab), Enbrel (etanercept), Humira (adalimumab), Kevzara (sarilumab), Kineret (anakinra), Olumiant (baricitinib), Orencia (abatacept subQ), Otezla (apremilast), Siliq (brodalumab), Simponi (golimumab), Stelara (ustekinumab), Taltz (ixekizumab), Tremfya (adalimumab-adbm), Xeljanz/Xeljanz XR (tofacitinib/ tofacitinib XR)

6. **Anti-Inflammatories-Immunomodulators – Ophthalmic**
   (Initial Review)
   Restasis/Restasis multidose (cyclosporine), Xiidra (lifitegrast)

7. **Prostaglandin Agonists – Ophthalmic**
   (Previous review date: April 24, 2014)
   bimatoprost, latanoprost, Lumigan (bimatoprost), Travatan Z (travoprost), Vyzulta (latanoprostene bunod), Xalatan (latanoprost), Zioptan (tafluprost)

8. **Anticholinergics - COPD Agents**
   (Previous review date: April 27, 2017)
   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)

B. Drug Utilization Review

The DUR Board will review the following pharmacotherapies and may recommend clinical criteria and/or interventions to ensure appropriate utilization:

1. **Hydroxyurea for sickle cell disease**

2. **Prevention of migraine headaches**
   beta blockers, divalproex, erenumab-aooe, onabotulinumtoxinA, topiramate

C. Clinical Editing Review

The DUR Board will be presented with utilization information related to current clinical criteria and/or interventions for:

1. Pharmacy management initiatives associated with pain management including opioids and medications used for opioid dependence.

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 - 11:45	PDP Clinical Review
11:45 - 12:15	Break/Executive Session
12:15 -12:45	PDP Recommendations
12:45 - 2:00	Lunch/Executive Session
2:00 - 3:30	Drug Utilization Review
3:30 - 3:45	Clinical Editing Review
3:45 - 4:00	Final Comments and Adjournment

^ Public comments are limited to items on the agenda and new clinical information for the PDP therapeutic classes under review. Comments must be brief (2 minutes) and the total comment period will not exceed ninety (90) minutes. Interested parties must notify the Department of Health (DOH) by September 12, 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). 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 September 12, 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.

Any clinical information must be submitted in an electronic format by September 6, 2018**,** or the DUR 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 meeting must be sent to the DOH to ensure distribution to all DUR Board members. Interested parties should not contact or send any information directly to DUR Board members.