



New York State Medicaid Drug Utilization Review (DUR) Board Meeting Summary for October 3, 2025

The Medicaid DUR Board met on Friday, October 3, 2025, 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
• St. John Fisher University, Rochester, 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
Kimberly Leonard - Medicaid Pharmacy Director
Monica Toohey
Anthony Merola
Brian Touhey
Katelyn Kilgallon
Jacqueline Sexton
Nathan Graber
Christopher Sorvari

DUR Board Members

Location

- Joseph Chiarella - SUNY Global Center, New York City
Renante Ignacio - SUNY Global Center, New York City
Roosevelt Boursiquot - SUNY Global Center, New York City
Asa Radix - SUNY Global Center, New York City
Jim Hopsicker - Empire State Plaza, Albany
Michael Pasquarella - Empire State Plaza, Albany
Min Than - Empire State Plaza, Albany
Donna Chiefari - Empire State Plaza, Albany
Jon Mizgala - Empire State Plaza, Albany
Marla Eglowstein - Empire State Plaza, Albany
Anna Kaltenboeck - Empire State Plaza, Albany
Pete Lopatka - Empire State Plaza, Albany
Alice McKenney - Empire State Plaza, Albany
Brock Lape (early departure) - Empire State Plaza, Albany
Jill Lavigne (early departure) - St. John Fisher, Rochester
Bob Graham - SUNY Buffalo, Buffalo

Prime Therapeutics

Timothy Cavanagh
Mina Kwon (executive session)
Robert Sancho-Bliss (executive session)

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

Holly Coe
Irene Reilly
Barbara Rogler

B. Public Comment Period

The following speaker(s) provided public comment to the DUR Board:

<u>Name</u>	<u>Organization</u>	<u>Agenda Item</u>
Peyton Marquez	Advocate	Elevidys
B Scott Perrin, Jr.	Advocate	Elevidys
Marit Sivertson	Advocate	Elevidys
Adria Finch	Advocate	Elevidys
Pat Furlong	Parent Project Muscular Dystrophy	Elevidys
Brian Denger	Parent Project Muscular Dystrophy	Elevidys
Diane Berry	Sarepta	Elevidys
Tyler Lincoln	Arcutis	Immunomodulators - Topical
Jen Leung	Incyte	Immunomodulators - Topical
Bryan Sherwood	Organon	Immunomodulators - Topical
Kathryn Hatheway	Organon	Immunomodulators - Systemic
Brent Milovac	Leo Pharma	Immunomodulators - Systemic
Nirali Patel	Abbvie	Immunomodulators - Systemic
Nirali Patel	Abbvie	Immunomodulators - Systemic
Carla McSpadden	Galderma	Immunomodulators - Systemic
Hamad Juboori	Amgen	Immunomodulators - Systemic
Jonathan Margolin	UCB	Immunomodulators - Systemic
Melissa Magrath	White Plains Hospital	Potassium Competitive Acid Blockers
Jason Alm	Phathom Pharmaceuticals	Potassium Competitive Acid Blockers

C. Preferred Drug Program (PDP)

The DUR Board reviewed three therapeutic classes:

1. Immunomodulators & Related Agents – Topical
The review included new products and practice guideline updates.
2. Immunomodulators – Systemic
The review included new products, new formulations, new indications, key label revisions and practice guideline updates.
3. Leukotriene Modifiers
The review included a new product.

Confidential financial information was reviewed in executive session.

D. High-Cost and Drug Utilization Review: Elevidys (delandistrogene moxeparovec)

The review included the following:

- Overview of Duchenne Muscular Dystrophy.
- Review of Food and Drug Administration (FDA)-approved medications for Duchenne Muscular Dystrophy.
- Elevidys (delandistrogene moxeparovec) approval and regulatory history.
- Overview of Elevidys including FDA-approved indications, dosing, administration, contraindications, warnings, precautions, and pricing.
- Biologics and Supplemental Biologics License application information review.
- New York State Medicaid drug utilization data.

With a launch price of \$3.2 million per course of treatment, Elevidys was identified as a high-cost drug per Social Services Law §367-a (i.e., a brand name drug or biologic with a launch wholesale acquisition cost of greater than \$30,000 per year or course of treatment).

Confidential financial information was reviewed in executive session.

E. NYS Medicaid Supplemental Rebate Authorities

The DUR Board was presented with an overview of the Medicaid Program's supplemental rebate authorities including High-Cost Drugs, Drug Cap, and the Preferred Drug Program.

F. Executive Session (PDP and High-Cost Drug / DUR Financial Reviews)

The DUR Board recessed to executive session at approximately 12:00pm to review confidential financial information for the three Preferred Drug Program therapeutic classes and the High-Cost Drug noted above. The DUR Board reconvened to the public session at 1:45pm. No official action was taken during executive session.

G. Drug Utilization Review

1. Glucagon-Like Peptide-1 (GLP-1) Agonists and Dipeptidyl Peptidase-4 (DPP-4) Inhibitors Concurrent Therapy

The review assessed glucagon-like peptide-1 agonists and dipeptidyl peptidase-4 inhibitors concurrent utilization.

2. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Therapeutic Duplication

The review assessed NSAID utilization trends, including concurrent utilization of two or more NSAIDs and use of non-preferred NSAIDs.

In addition, the state discussed a concerning trend where primarily generic drugs, without an innovator product, are being manufactured and entering the market with substantially higher launch prices than equally efficacious, cost-effective alternatives. The Medicaid Pharmacy Program is continuing to evaluate this trend and will be releasing additional information in the near future.

3. Skeletal Muscle Relaxants Treatment Duration

The review assessed skeletal muscle relaxant utilization trends, including initiation of therapy and duration of therapy of antispasmodics, as well as the use of non-preferred agents.

4. Potassium Competitive Acid Blockers (PCABs) Place in Therapy

The review included a utilization assessment of vonoprazan (Voquezna) and its place in therapy.

H. DUR Board's Recommendations

See Section J (below) for the DUR Board's recommendations to the Commissioner of Health for final determination.

I. Final Comments and Adjournment

Douglas Fish
Kimberly Leonard
Anthony Merola

Meeting was adjourned at 3:45pm.

Contact information: DUR@health.ny.gov or 518-486-3209
[Drug Utilization Review \(DUR\) \(ny.gov\)](http://www.health.ny.gov/programs/drug_utilization_review/)

J. DUR Board's recommendations to the Commissioner of Health for Final Determination

The DUR Board's Recommendations to the Commissioner of Health Preferred Drug Program	Commissioner's Final Determination				
<p>1. Immunomodulators & Related Agents – Topical</p> <table border="1" data-bbox="233 422 1125 642"> <thead> <tr> <th data-bbox="233 422 683 478">Preferred Drugs</th> <th data-bbox="683 422 1125 478">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="233 478 683 642"> Eucrisa pimecrolimus tacrolimus </td> <td data-bbox="683 478 1125 642"> Elidel Opzelura Vtama Zoryve </td> </tr> </tbody> </table> <p>Vote: In favor 17 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p> <p>No changes to the therapeutic class.</p>	Preferred Drugs	Non-Preferred Drugs	Eucrisa pimecrolimus tacrolimus	Elidel Opzelura Vtama Zoryve	<p>Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs				
Eucrisa pimecrolimus tacrolimus	Elidel Opzelura Vtama Zoryve				

2. Immunomodulators – Systemic

Preferred Drugs	Non-Preferred Drugs
adalimumab-ADB ¹ (Boehringer Ingelheim) Cosentyx Dupixent Ebglyss ¹ Enbrel Fasentra Humira Nucala Xolair	Abrilada Actemra subcutaneous adalimumab-AACF adalimumab-AATY adalimumab-ADAZ adalimumab-ADB ¹ adalimumab-FKJP adalimumab-RYVK adalimumab-RYVK Adbry Amjevita Bimzelx Cibinqo Cimzia Cyltezo Entyvio SQ Hadlima Hulio Hyrimoz Idacio Ilumya Kevzara Kineret Nemludio Olumiant Omvoh SQ Orencia SQ Otezla Otulfi Pyzchiva Rinvoq ER Rinvoq LQ Selarsdi Siliq Simlandi (adalimumab-RYVK) Simponi Skyrizi Skyrizi On-Body Sotyktu Spevigo Stelara

Approved as
Recommended

	Steqeyma Taltz Tezspire pen Tremfya Tyenne ustekinumab ustekinumab-AEKN Velsipity Xeljanz Xeljanz XR Yesintek Yuflyma Yusimry Zymfentra	<p>Vote: In favor 17 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p> <p>¹ Move from non-preferred to preferred.</p>				
<p>3. Leukotriene Modifiers</p> <table border="1" data-bbox="240 1083 1133 1381"> <thead> <tr> <th data-bbox="240 1083 690 1136">Preferred Drugs</th> <th data-bbox="690 1083 1133 1136">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 1136 690 1381">montelukast tablet, chew tab</td> <td data-bbox="690 1136 1133 1381"> Accolate montelukast granules Singulair zafirlukast zileuton ER Zyflo </td> </tr> </tbody> </table>		Preferred Drugs	Non-Preferred Drugs	montelukast tablet, chew tab	Accolate montelukast granules Singulair zafirlukast zileuton ER Zyflo	<p>Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs					
montelukast tablet, chew tab	Accolate montelukast granules Singulair zafirlukast zileuton ER Zyflo					
<p>Vote: In favor 17 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p> <p>No changes to the therapeutic class.</p>						

The DUR Board's Recommendations to the Commissioner of Health High-Cost Drug / Drug Utilization Review	Commissioner's Final Determination
<p>Elevidys (delandistrogene moxeparovec-rokl)</p> <p>a. Any supplemental rebate agreement shall not limit the Department of Health's ability to establish clinical criteria or coverage policies to ensure standards for safety and medical necessity are satisfied.</p> <p>Vote: In favor 17 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p>	<p>Approved as Recommended</p>
<p>b. Pause coverage of Elevidys (delandistrogene moxeparovec-rokl) until the FDA product safety labeling is updated and a satisfactory evaluation of an enhanced immunosuppression regimen, to mitigate risk of adverse events, is performed.</p> <p>Vote: In favor 17 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p>	<p>Modified as Indicated Below</p>
<p>The Commissioner has modified this recommendation as follows:</p> <ul style="list-style-type: none"> The coverage policy will include verification of male patients, four to five years of age, in compliance with all current Food and Drug Administration (FDA) product safety labeling requirements. 	

<p>The DUR Board's recommendations to the Commissioner of Health Drug Utilization Review</p>	<p>Commissioner's Final Determination</p>
<p>1. Glucagon-Like Peptide-1 (GLP-1) Agonists and Dipeptidyl Peptidase-4 (DPP-4) Inhibitors Concurrent Therapy</p> <p>Prior authorization will be required for patients utilizing a Dipeptidyl Peptidase-4 (DPP-4) Inhibitor and Glucagon-like Peptide-1 (GLP-1) Receptor Agonist concurrently.</p> <p>Vote: In favor 16 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p>	<p>Approved as Recommended</p>
<p>2. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Therapeutic Duplication</p> <p>Prior authorization will be required for patients utilizing two (2) or more non-steroidal anti-inflammatory drugs concurrently.</p> <p>Vote: In favor 16 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p>	<p>Approved as Recommended</p>

<p>3. Skeletal Muscle Relaxants Treatment Duration</p> <p>For patients initiating an antispasmodic skeletal muscle relaxant, prior authorization will be required for a quantity exceeding a 14-day supply and up to one (1) refill.</p> <p>*The quantity and frequency limitations would not apply for skeletal muscle relaxants when used as a spasmolytic.</p> <p>Vote: In favor 16 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p>	<p>Approved as Recommended</p>
<p>4. Potassium Competitive Acid Blockers (PCABs) Place in Therapy</p> <p>Trial of two (2) Proton Pump Inhibitors at maximally tolerated doses prior to the use of a Potassium Competitive Acid Blocker.</p> <p>*The recommendation (above) would not apply for a diagnosis of helicobacter pylori.</p> <p>Vote: In favor 15 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation includes one modification to the DOH proposal. The DUR Board added the exemption for a diagnosis of helicobacter pylori (as noted above).</p>	<p>Approved as Recommended</p>