



New York State Medicaid Drug Utilization Review (DUR) Board Meeting Summary for May 15, 2025

The Medicaid DUR Board met on Thursday, May 15, 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
• 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
Monica Toohey
Anthony Merola
Robert Correia
Christopher Sorvari
Brian Touhey
Katelyn Kilgallon
Jacqueline Sexton

DUR Board Members

Location

- Roosevelt Boursiquot SUNY Global Center, New York
Joseph Chiarella Empire State Plaza, Albany
Donna Chiefari Empire State Plaza, Albany
Ahloom Alice Choi SUNY Global Center, New York
Marla Eglowstein Empire State Plaza, Albany
Robert Graham Empire State Plaza, Albany
Renante Ignacio SUNY Global Center, New York
Brock Lape Empire State Plaza, Albany
Peter Lopatka Empire State Plaza, Albany
Jonathan Mizgala Empire State Plaza, Albany
Asa Radix SUNY Global Center, New York
Tara Thomas Empire State Plaza, Albany
Alice Wang McKenney Empire State Plaza, Albany

Prime Therapeutics

- Julie Gilbert

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

- 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>
Michael Sellix	Pfizer	Antimigraine Agents – Other
Nirali Patel	Abbvie	Antimigraine Agents – Other
Nirali Patel	Abbvie	Antimigraine Agents – Other
Nirali Patel	Abbvie	Antipsychotics – Second Generation
Eleni Mastromihalis	Intra-Cellular Therapies	Antipsychotics – Second Generation
Anna Bassoff	Otsuka	Antipsychotics – Second Generation
Richard Louis Price	Yale School of Medicine	Antipsychotics – Second Generation
Jay Patel	Bristol Myers Squibb	Antipsychotics – Second Generation
Jeremy Coplan	SUNY Downstate Medical Center	Antipsychotics – Second Generation
Pierre Arty	Housing Works	Antipsychotics – Second Generation
Timothy Birner	Alkermes	Antipsychotics – Second Generation
Marie Giustino	Boston Children’s Health Physicians	Glucagon Agents
Craig Schmidt	Novo Nordisk	Hemophilia Agents – Other
Yulia Rozovskiy	Pfizer	Hemophilia Agents – Other
Kathleen Maignan	Genentech	Hemophilia Agents – Other
Dana Canning	GlaxoSmithKline	COPD Agents

## C. Preferred Drug Program (PDP)

The DUR Board reviewed new pertinent clinical information for six therapeutic classes:

- Beta Blockers
- Antipsychotics – Second Generation
- Hemophilia Agents – Other
- Prostaglandin Agents – Ophthalmic
- Urinary Tract Antispasmodics
- COPD Agents

## D. Executive Session (PDP Financial Reviews)

The DUR Board recessed to executive session at 11:45am to review confidential financial information for the fourteen Preferred Drug Program therapeutic classes noted in Section I (below). The DUR Board reconvened to the public session at 1:15pm. No official action was taken during executive session.

## E. Drug Utilization Review (DUR)

The DUR Board was presented and reviewed the following over-the-counter (OTC) Drug:

- Aluminum Chloride

## F. DUR Board Recommendations

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

## G. Final Comments and Adjournment

Douglas Fish  
Monica Toohey  
Anthony Merola

Meeting was adjourned at 1:45 pm.

Contact information: [DUR@health.ny.gov](mailto:DUR@health.ny.gov) or 518-486-3209  
[Drug Utilization Review \(DUR\) \(ny.gov\)](#)

H. Commissioner Final Determination – see table below

The impact of the final determinations, associated with the PDP, is as follows:

State Public Health Population:

- Minimal effect on Medicaid members, as a large majority of beneficiaries currently utilize preferred products. Non-preferred products remain available with prior authorization.

Program Providers:

- Minimal impact on Medicaid providers when utilizing preferred products. Providers may need to obtain prior authorization when ordering non-preferred products or preferred products that may have other coverage parameters.

State Health Program:

- Annual gross savings associated with the PDP therapeutic classes reviewed and preferred or non-preferred modifications are estimated at \$43.9 million. The savings would be achieved through utilization changes and the receipt of supplemental rebates.

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

<p style="text-align: center;"><b>The DUR Board’s recommendations to the Commissioner of Health Preferred Drug Program</b></p>	<p style="text-align: center;"><b>Commissioner’s Final Determination</b></p>				
<p>1. Anti-Virals – Oral</p> <table border="1" data-bbox="207 485 1101 663"> <thead> <tr> <th data-bbox="207 485 659 541">Preferred Drugs</th> <th data-bbox="659 485 1101 541">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 541 659 663">           acyclovir            famciclovir <sup>1</sup>            valacyclovir         </td> <td data-bbox="659 541 1101 663">           Valtrex®         </td> </tr> </tbody> </table> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p> <p>The DUR Board’s recommendation does not contain any modifications to the DOH proposal.</p> <p><sup>1</sup> Move from non-preferred to preferred</p>	Preferred Drugs	Non-Preferred Drugs	acyclovir famciclovir <sup>1</sup> valacyclovir	Valtrex®	<p style="text-align: center;">Approved as Recommended</p>
Preferred Drugs	Non-Preferred Drugs				
acyclovir famciclovir <sup>1</sup> valacyclovir	Valtrex®				

2. Beta Blockers

Preferred Drugs	Non-Preferred Drugs
atenolol carvedilol Hemangeol® <sup>3</sup> labetalol metoprolol succ. XL metoprolol tartrate propranolol tablet propranolol ER	acebutolol betaxolol bisoprolol Bystolic® carvedilol ER Inderal® LA Inderal® XL InnoPran XL® Kaspargo Sprinkle® Lopressor® nadolol nebivolol (gen Bystolic®) pindolol propranolol solution Tenormin® timolol Toprol XL®

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>3</sup> Add to Preferred Drug Program

3. Antimigraine Agents – Other

Preferred Drugs	Non-Preferred Drugs
Aimovig® Ajovy® Emgality® 120 mg syringe, pen Qulipta® <sup>1</sup> Ubrelvy	Emgality® 100 mg syringe Nurtec™ ODT <sup>2</sup> Reyvow™ Zavzpret™

Approved as Recommended

For Qulipta®: trial of a preferred monoclonal antibody is required.

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>1</sup> Move from non-preferred to preferred

<sup>2</sup> Move from preferred to non-preferred

4. Antipsychotics – Second Generation

Preferred Drugs	Non-Preferred Drugs
aripiprazole tablet	Abilify® tablet
asenapine (gen Saphris®)	Abilify MyCite®
clozapine	aripiprazole solution
lurasidone (gen Latuda®)	aripiprazole ODT
olanzapine ODT <sup>1</sup>	Caplyta™
olanzapine tablet	clozapine ODT
paliperidone ER	Clozaril®
quetiapine	Cobenfy™ capsules, starter pack
quetiapine ER	Fanapt®
risperidone solution, tablet	Geodon®
Vraylar® <sup>1</sup>	Invega®
ziprasidone capsule	Latuda®
	Lybalvi®
	Nuplazid®
	olanzapine / fluoxetine
	Opipza™
	Rexulti®
	Risperdal®
	risperidone ODT <sup>2</sup>
	Saphris®
	Secuado®
	Seroquel®
	Seroquel XR®
	Versacloz®
	Zyprexa®
	Zyprexa Zydis®

Approved as  
Recommended

For Vraylar®: for indications other than major depressive disorder, trial of a preferred generic product is required.

Of note: the existing therapeutic class step therapy requirement for major depressive disorder remains in place (i.e., for all Second Generation Antipsychotics used in the treatment of major depressive disorder in the absence of other psychiatric comorbidities, trial with at least two different antidepressant agents is required).

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>1</sup> Move from non-preferred to preferred

<sup>2</sup> Move from preferred to non-preferred

5. Sedative Hypnotics / Sleep Agents

Preferred Drugs	Non-Preferred Drugs
estazolam eszopiclone ramelteon (gen Rozerem®) temazepam 15 mg, 30 mg zaleplon <sup>1</sup> zolpidem tablet zolpidem ER	Ambien® Ambien CR® Belsomra® Dayvigo™ Doral® doxepin Edluar® flurazepam Halcion® Lunesta® quazepam (gen Doral®) Quviviq™ Restoril® Rozerem® temazepam 7.5 mg, 22.5 mg triazolam zolpidem sublingual, capsule

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>1</sup> Move from non-preferred to preferred

6. Glucagon Agents

Preferred Drugs	Non-Preferred Drugs
Baqsimi® glucagon vial glucagon HCl emergency kit (Amphastar <sup>1</sup> , Fresenius) Zegalogue® pen, syringe	glucagon emergency kit (Eli Lilly) Gvoke pen, syringe, vial <sup>2</sup>

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>1</sup> Move from non-preferred to preferred

<sup>2</sup> Move from preferred to non-preferred

7. Insulin – Rapid-Acting

Preferred Drugs	Non-Preferred Drugs
insulin aspart (gen Novolog®) cartridge, vial, pen insulin lispro (gen Humalog® U100) vial, pen insulin lispro junior (gen Humalog® Jr.)	Admelog® Afrezza® Apidra® <sup>2</sup> Fiasp® Penfill, FlexTouch, Pumpcart, vial Humalog® Jr. 100 U/mL Kwikpen Humalog® 100 U/mL vial, pen, cartridge, Tempo™ Humalog® 200 U/mL Lyumjev® Lyumjev® Tempo™ Novolog® cartridge, vial, FlexPen

Approved as  
Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>2</sup> Move from preferred to non-preferred

8. Colony Stimulating Factors

Preferred Drugs	Non-Preferred Drugs
Fulphila™ <sup>1</sup> Neupogen®	Fylnetra® Granix® Leukine® Neulasta® Nivestym™ Nyvepria™ <sup>2</sup> Releuko™ Rolvedon® Stimufend® Udenyca® Zarxio® Ziextenzo®

Approved as  
Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>1</sup> Move from non-preferred to preferred

<sup>2</sup> Move from preferred to non-preferred

9. Hemophilia Agents – Other

Preferred Drugs	Non-Preferred Drugs
Alphanate® (von Willebrand factor/Factor VIII) Coagadex® (Factor X) Corifact® (Factor XIII) Feiba® NF (activated prothrombin complex) Hemlibra® (emicizumab-kxwh) Novoseven® RT (Factor VIIa) Sevenfact® (Factor VIIa-jncw) Tretten® (Factor XIII) Vonvendi® (von Willebrand factor) Wilate® (von Willebrand factor/Factor VIII)	Alhemo® Hympavzi™

Approved as Recommended

New clinical information presented.  
 No changes to the therapeutic class.

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board’s recommendation does not contain any modifications to the DOH proposal.

10. Platelet Inhibitors

Preferred Drugs	Non-Preferred Drugs
Brilinta® clopidogrel dipyridamole dipyridamole/aspirin prasugrel <sup>1</sup>	Effient® Plavix®

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board’s recommendation does not contain any modifications to the DOH proposal.

<sup>1</sup> Move from non-preferred to preferred

11. Prostaglandin Agents – Ophthalmic

Preferred Drugs	Non-Preferred Drugs
latanoprost Rhopressa® <sup>3</sup> Rocklatan® <sup>1</sup>	bimatoprost Iyuzeh™ Lumigan® tafluprost (gen Zioptan®) Travatan Z® travoprost (gen Travatan Z®) Xalatan® Xelpros® Vyzulta™ Zioptan®

Approved as Recommended

For Rhopressa® and Rocklatan®: trial of a preferred generic product is required.

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>1</sup> Move from non-preferred to preferred

<sup>3</sup> Add to Preferred Drug Program

12. Alpha Reductase Inhibitors for BPH

Preferred Drugs	Non-Preferred Drugs
finasteride dutasteride <sup>1</sup>	dutasteride/tamsulosin Proscar®

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>1</sup> Move from non-preferred to preferred

13. Urinary Tract Antispasmodics

Preferred Drugs	Non-Preferred Drugs
fesoterodine ER (gen Toviaz®) Myrbetriq® oxybutynin 5 mg oxybutynin syrup oxybutynin ER solifenacin	darifenacin Detrol® Detrol LA® flavoxate Gemtesa® mirabegron (gen Myrbetriq®) Myrbetriq® solution oxybutynin 2.5 mg <sup>2</sup> Oxytrol® tolterodine tolterodine ER Toviaz® <sup>2</sup> trospium trospium ER Vesicare® Vesicare® LS

Approved as Recommended

Vote: In favor 14 / Abstentions 0 / Against 0

The DUR Board's recommendation does not contain any modifications to the DOH proposal.

<sup>2</sup> Move from preferred to non-preferred

14. COPD Agents		Approved as Recommended
<b>Preferred Drugs</b>	<b>Non-Preferred Drugs</b>	
Anoro Ellipta® Atrovent HFA® Combivent Respimat® Incruse Ellipta® ipratropium ipratropium / albuterol roflumilast (gen Daliresp® ) Spiriva® HandiHaler® Spiriva Respimat® Stiolto Respimat® Tudorza Pressair®	Bevespi® Aerosphere® <sup>2</sup> Breztri™ Aerosphere Daliresp® Duaklir® Pressair Ohtuvayre™ tiotropium (gen Spiriva® Handihaler® ) Trelegy Ellipta® <sup>2</sup> Yupelri®	
Vote: In favor 14 / Abstentions 0 / Against 0		
The DUR Board's recommendation does not contain any modifications to the DOH proposal.		
<sup>2</sup> Move from preferred to non-preferred		

The DUR Board's recommendations to the Commissioner of Health Over-the-Counter Drugs	Commissioner's Final Determination
<p>Aluminum Chloride</p> <p>Over-the-counter products containing aluminum chloride should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</p> <p>Vote: In favor 14 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p>	Approved as Recommended