



New York State Medicaid Drug Utilization Review (DUR) Board Meeting Summary for February 26, 2026

The Medicaid DUR Board met on Thursday, February 26, 2026, at 10:00am. The actual meeting start time was approximately 10:20am.

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:

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

Meeting Documents

Meeting Webcast 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 de Graffenried

DUR Board Members

- Ah Loom Choi
Renante Ignacio
Asa Radix
Donna Chiefari
Marla Eglowstein
Robert Graham
Swapnil Gupta
James Hopsicker
Peter Lopatka
Jonathan Mizgala
Alice Wang McKenney
Jadwiga Najib*

Meeting Site

- SUNY Global Center, New York City
SUNY Global Center, New York City
SUNY Global Center, New York City
Empire State Plaza, Albany
Empire State Plaza, Albany
Empire State Plaza, Albany
Empire State Plaza, Albany
Empire State Plaza, Albany
Empire State Plaza, Albany
Empire State Plaza, Albany
Empire State Plaza, Albany
Videoconference under extraordinary circumstances

*Joined for the afternoon session of the meeting.

Lyfegen
Billy Finke
Michael Sherman

Prime Therapeutics
Robert Sancho-Bliss (executive session)

SUNY at Buffalo School of Pharmacy and Pharmaceutical Sciences
Linda Catanzaro
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>
Franco Casagrande	Acadia	Daybue
Rachael Pinnock	Advocate	Daybue
Nirali Patel	Abbvie	Atopic Dermatitis
Carla McSpadden	Galderma	Atopic Dermatitis
John Zampella	NYU Langone	Atopic Dermatitis
Krystal Ngo	Arcutis	Atopic Dermatitis
Brent Milovac	Leo-Pharma	Atopic Dermatitis
Joe Cirrincione	Incyte	Atopic Dermatitis
Charron Long	Astellas	Neurokinin Receptor Antagonists
Andrea Wilson*	Bayer	Neurokinin Receptor Antagonists

*Withdrew request to speak prior to the meeting.

C. Pharmacy Program Updates

The presentation was an overview of the Medicaid Pharmacy Cost Optimization Program which focuses on managing drug formulations and dosages with substantially higher launch prices than equally efficacious, cost-effective alternatives.

D. Drug Utilization Review: Treatment of Atopic Dermatitis

The review included the following drugs and drug classes:

- Doxepin Cream
- Immunomodulators – Systemic
- Immunomodulators and Related Agents – Topical
- Topical Corticosteroids

The DUR Board reviewed recent guideline updates, utilization data, and existing coverage parameters. Additional information, beyond the indication of atopic dermatitis, for doxepin cream and topical corticosteroids was also reviewed by the DUR Board (as described in Section H below).

E. Medicaid Supplemental Rebate Authorities

The presentation was an overview of the Medicaid Program's supplemental rebate authorities including High-Cost Drug and Drug Cap programs.

F. High-Cost Drug / Drug Utilization Review: Daybue (trofinetide)

The DUR Board reviewed clinical trial information, efficacy and safety, and pricing information. The review also included application of efficacy from clinical trials to existing price information to form a projected value for the drug.

G. Executive Session (High-Cost Drug Financial Review)

The DUR Board recessed to an executive session at approximately 12:30pm to review confidential financial information for the High-Cost Drug item noted above. The DUR Board reconvened the public session at 1:45pm. No official action was taken during executive session.

H. Drug Utilization Review

1. Doxepin Cream

The DUR Board reviewed Food and Drug Administration indications and claims data, with focus on the diagnoses associated with claims data.

2. Topical Corticosteroids

The DUR Board reviewed Food and Drug Administration indications and claims data across the four potency categories (i.e. low, medium, high, very high).

3. Neurokinin Receptor Antagonists for Vasomotor Symptoms

The DUR Board reviewed guideline recommendations for the treatment of vasomotor symptoms due to menopause, clinical trial results, and claims data.

I. DUR Board's Recommendations

The DUR Board's recommendations associated with the agenda items above are detailed in Section L (below). The DUR Board's recommendations will be submitted to the Commissioner of Health for final determination.

J. The following topics were on the meeting agenda. However, these agenda items were tabled until a future meeting in order for the meeting to adjourn at the intended time of 3:00pm.

1. Drug Utilization Review

a. Treatment of headaches with the following drug classes:

- Butalbital-Containing Agents
- Ergotamine Derivatives

2. Pharmacy Program Updates

a. Treatment of Ulcerative Colitis and Crohn's Disease inclusive of the following drug classes:

- Disease-Modifying Anti-Rheumatic Drugs (DMARDs)
- Non-Specific Anti-Inflammatory Drugs

K. Final Comments and Adjournment

Douglas Fish
Kimberly Leonard
Anthony Merola

Meeting was 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/programs/drug_utilization_review/)

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

The DUR Board's Recommendations to the Commissioner of Health Drug Utilization Review	Commissioner's Final Determination
<p>1. Treatment guidelines for Atopic Dermatitis inclusive of the following drugs and drug classes:</p> <ul style="list-style-type: none"> • Doxepin Cream • Immunomodulators – Systemic • Immunomodulators & Related Agents – Topical • Steroids – Topical <p>a. Topical Immunomodulators: trial of a medium, high, or very high potency preferred topical corticosteroid.</p> <p>Vote: In favor 12 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>b. Topical Immunomodulators: prior authorization is required when a topical Janus kinase inhibitor and systemic immunomodulator are used concurrently.</p> <p>Vote: In favor 12 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>c. Topical Immunomodulators: quantity limits.</p> <ul style="list-style-type: none"> • Ruxolitinib: 60 grams per month and 120 grams per year. • Delgocitinib: 30 grams per month and 60 grams per year. <p>Vote: In favor 12 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>d. Systemic Immunomodulators: trial of a medium, high, or very high potency preferred topical corticosteroid or a preferred topical immunomodulator.</p> <p>Vote: In favor 12 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>e. Systemic Janus kinase inhibitors: trial of a medium, high, or very high potency preferred topical corticosteroid and a preferred systemic immunomodulators.</p> <p>Vote: In favor 12 / Abstentions 0 / Against 0</p>	<p>Pending</p>

The DUR Board's Recommendations to the Commissioner of Health High-Cost Drug / Drug Utilization Review	Commissioner's Final Determination
<p>2. Daybue (trofinetide)</p> <p>The target supplemental rebate amount is the value resulting in a net unit price (i.e. milliliter) equal to \$5.13 net of all rebates.</p> <p>Vote: In favor 12 / Abstentions 1 / Against 0</p>	<p>Pending</p>

The DUR Board's Recommendations to the Commissioner of Health Drug Utilization Review	Commissioner's Final Determination
<p>3. Doxepin Cream</p> <p>a. Trial of a preferred topical corticosteroid or preferred topical immunomodulator.</p> <p>Vote: In favor 13 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>b. Quantity limits of 45 grams per month and 180 grams per year.</p> <p>Vote: In favor 13 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>4. Topical Steroids</p> <p>a. Low, medium, and high potency topical corticosteroids: a yearly limit of 12 claims, or 360 grams.</p> <p>Vote: In favor 13 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>b. Very high potency topical corticosteroids: a yearly limit of six claims, or 240 grams.</p> <p>Vote: In favor 13 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>c. Very high potency topical corticosteroids: an age edit to allow coverage for patients 12 years of age and older.</p> <p>Vote: In favor 13 / Abstentions 0 / Against 0</p>	<p>Pending</p>

<p>5. Neurokinin Receptor Antagonists</p> <p>Trial of one hormone replacement therapy regimen, unless otherwise contraindicated.</p> <p>Vote: In favor 13 / Abstentions 0 / Against 0</p>	<p>Pending</p>
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