



New York State Medicaid Drug Utilization Review (DUR) Board Meeting Summary for May 15, 2026

The Medicaid DUR Board met on Friday, May 15, 2026, at 9:00am.

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:

- 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
Nathan Graber
Katelyn Kilgallon
Anthony Merola
Jacqueline Sexton
Monica Toohey
Brian Touhey

DUR Board Members

- Roosevelt Boursiquot
Joseph Chiarella
Donna Chiefari
Ah Loom Choi
Robert Graham
Swapnil Gupta
James Hopsicker
Katherine Hughes
Renante Ignacio
Anna Kaltenboeck
Brock Lape
Peter Lopatka
Min Than
Alice Wang McKenney

Meeting Site

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

Prime Therapeutics

- Timothy Cavanagh
Mina Kwon (Executive Session)

Lyfegen
Billy Finke

SUNY at Buffalo School of Pharmacy and Pharmaceutical Sciences
Holly Coe
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>
Jenni Merkel	Arrowhead	Lipotropics – Other
Kimberly Simpson	United Therapeutics	Lipotropics – Other
Jane Guo	Merck	PAH Agents, Other
Sam Brantman	Incyte	Immunomodulators & Related Agents – Topical
Bryan Sherwood	Organon	Immunomodulators & Related Agents – Topical
Andrew Howe	Ascendis	Growth Hormones
Jaime Liberi	Pfizer	Growth Hormones
Kathleen Maignan	Genentech	Hemophilia Agents – Other
Megan Peppenelli	Pfizer	Hemophilia Agents – Other
Nirav Patel	Sanofi	Hemophilia Agents – Other
Peter Friedman	Skin Center Dermatology Group	Immunomodulators – Systemic
Daniel Shan	UCB	Immunomodulators – Systemic
Shirley Quach	Novartis	Immunomodulators – Systemic
Dana Canning	GSK	Immunomodulators – Systemic
Carla McSpadden	Galderma	Immunomodulators – Systemic
Nissa Shaffi	Allergy and Asthma Network	Immunomodulators – Systemic
Hamad Juboori	Amgen	Immunomodulators – Systemic
Christine Dube	AstraZeneca	Immunomodulators – Systemic
Tyrone McBayne	Takeda	Immunomodulators – Systemic

C. Preferred Drug Program

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

- Antibiotics – Vaginal (new therapeutic class to the Preferred Drug Program)
- Lipotropics – Other (new therapeutic class to the Preferred Drug Program)
- Pulmonary Arterial Hypertension (PAH) Agents, Other
- Hemophilia Agents – Other
- Immunomodulators – Systemic

D. Pharmacy Program Update

The DUR Board was presented with updated guidelines for the treatment of ulcerative colitis and Crohn’s disease, respective of non-specific anti-inflammatory drugs and disease-modifying anti-rheumatic drugs.

E. Medicaid Supplemental Rebate Authorities

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

F. Medicaid Drug Cap / Drug Utilization Review: Entyvio (vedolizumab)

The DUR Board reviewed the indications, comparative products, and international pricing for the two available dosage forms of this drug.

G. Executive Session

The DUR Board recessed to an executive session at approximately 11:45 am to review confidential financial information for the Preferred Drug Program and Medicaid Drug Cap items noted above. The DUR Board reconvened the public session at 1:50pm. No official action was taken during executive session.

H. Drug Utilization Review

Treatment of Headaches with the following drug classes:

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

The DUR Board reviewed guidelines for headache therapies and the role of the two drug classes listed above. Medicaid coverage parameters and utilization data were also presented to the Board.

I. DUR Board's Recommendations

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

J. Final Comments and Adjournment

Douglas Fish
Kimberly Leonard
Anthony Merola

Meeting was adjourned at 2:45pm.

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/)

K. 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. Antibiotics – Inhaled</p> <table border="1" data-bbox="251 520 1144 781"> <thead> <tr> <th data-bbox="251 520 701 571">Preferred Drugs</th> <th data-bbox="701 520 1144 571">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="251 571 701 781">Bethkis Kitabis Pak tobramycin solution (generic TOBI)</td> <td data-bbox="701 571 1144 781">Cayston² TOBI Podhaler² TOBI solution tobramycin solution (generic Bethkis, Kitabis)</td> </tr> </tbody> </table> <p>Vote: In favor 15 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p> <p>² Move from preferred to non-preferred</p>	Preferred Drugs	Non-Preferred Drugs	Bethkis Kitabis Pak tobramycin solution (generic TOBI)	Cayston ² TOBI Podhaler ² TOBI solution tobramycin solution (generic Bethkis, Kitabis)	<p>Pending</p>
Preferred Drugs	Non-Preferred Drugs				
Bethkis Kitabis Pak tobramycin solution (generic TOBI)	Cayston ² TOBI Podhaler ² TOBI solution tobramycin solution (generic Bethkis, Kitabis)				
<p>2. Antibiotics – Vaginal</p> <table border="1" data-bbox="251 1117 1144 1335"> <thead> <tr> <th data-bbox="251 1117 701 1167">Preferred Drugs</th> <th data-bbox="701 1117 1144 1167">Non-Preferred Drugs</th> </tr> </thead> <tbody> <tr> <td data-bbox="251 1167 701 1335">Cleocin ovules metronidazole Nuversa Xaciato</td> <td data-bbox="701 1167 1144 1335">Cleocin cream clindamycin Clindesse Vandazole</td> </tr> </tbody> </table> <p>New therapeutic class added to the Preferred Drug Program (PDP).</p> <p>Frequency / Quantity / Duration parameters to be added to the class as follows:</p> <ul data-bbox="267 1507 954 1717" style="list-style-type: none"> • Cleocin ovules: 3 suppositories in 180 days. • metronidazole 0.75% gel: 140 grams in 180 days. • Nuversa 1.3% gel: 5 grams in 180 days. • Xaciato: 8 grams in 180 days. • clindamycin 2% cream: 120 grams in 365 days. • Clindesse: 5.8 grams in 180 days. <p>Vote: In favor 15 / Abstentions 0 / Against 0</p> <p>The DUR Board's recommendation does not contain any modifications to the DOH proposal.</p>	Preferred Drugs	Non-Preferred Drugs	Cleocin ovules metronidazole Nuversa Xaciato	Cleocin cream clindamycin Clindesse Vandazole	<p>Pending</p>
Preferred Drugs	Non-Preferred Drugs				
Cleocin ovules metronidazole Nuversa Xaciato	Cleocin cream clindamycin Clindesse Vandazole				

3. Lipotropics – Other

Preferred Drugs	Non-Preferred Drugs
Praluent Repatha	Redemplo Tryngolza

New therapeutic class added to the Preferred Drug Program (PDP).

Vote: In favor 15 / Abstentions 0 / Against 0

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

Pending

4. Pulmonary Arterial Hypertension (PAH) Agents, Other

Preferred Drugs	Non-Preferred Drugs
ambrisentan (generic Letairis) bosentan tablet (generic Tracleer)	Adempas bosentan tablet for suspension (generic Tracleer) Letairis Opsumit Orenitram ER tablet, dosepack Tracleer tablet for suspension, tablet Tyvaso Uptravi Winrevair Yutrepia

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

Vote: In favor 15 / Abstentions 0 / Against 0

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

Pending

5. Immunomodulators & Related Agents – Topical

Preferred Drugs	Non-Preferred Drugs
Eucrisa pimecrolimus tacrolimus Vtama ¹	Anzupgo Opzelura Zoryve

Pending

Vote: In favor 15 / Abstentions 0 / Against 0

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

¹ Move from non-preferred to preferred

6. Glucagon Agents

Preferred Drugs	Non-Preferred Drugs
Baqsimi glucagon vial glucagon HCl emergency kit (Amphastar, Fresenius, Mylan ¹) Gvoke pen, syringe, vial ¹ Zegalogue pen, syringe	

Pending

Vote: In favor 15 / Abstentions 0 / Against 0

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

¹ Move from non-preferred to preferred

7. Growth Hormones

Preferred Drugs	Non-Preferred Drugs
Genotropin Norditropin Sogroya ¹	Humatrope Ngenla Nutropin AQ NuSpin Omnitrope Skytrofa Zomacton

Pending

Vote: In favor 15 / Abstentions 0 / Against 0

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

¹ Move from non-preferred to preferred

8. Insulin – Rapid-Acting

Preferred Drugs	Non-Preferred Drugs
Humalog 100 U/mL vial, pen, cartridge ¹ Humalog Jr. 100 U/mL Kwikpen ¹ insulin lispro vial, pen (generic Humalog U100) insulin lispro junior (generic Humalog Jr.)	Admelog Afrezza Apidra Fiasp Penfill, FlexTouch, Pumpcart, vial Humalog 100 U/mL Tempo Humalog 200 U/mL insulin aspart cartridge, vial, pen (generic Novolog) ² Kirsty Lyumjev Lyumjev Tempo Merilog Solostar, vial Novolog cartridge, Flexpen, vial

Pending

Vote: In favor 15 / Abstentions 0 / Against 0

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

¹ Move from non-preferred to preferred

² 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 Qfitlia

Pending

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

Vote: In favor 15 / Abstentions 0 / Against 0

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

10. Immunomodulators – Systemic

Preferred Drugs	Non-Preferred Drugs
Interleukin Inhibitors	
Adbry ¹ Dupixent Ebglyss Fasenra Starjemza ¹ Taltz ¹ Tyenne ¹	Actemra Avtozma Bimzelx Cosentyx ² Ilumya Imuldosa Kevzara Kineret Nemluvio Nucala ² Omvoh SQ Otulfi Pyzchiva Selarsdi Skyrizi Skyrizi On-Body Spevigo Stelara Steqeyma Tremfya ustekinumab Yesintek

Pending

¹ Move from non-preferred to preferred

² Move from preferred to non-preferred

10. Immunomodulators – Systemic (continued)

Preferred Drugs	Non-Preferred Drugs
Tumor Necrosis Factor (TNF) Inhibitors	
adalimumab-adbm (Boehringer Ingelheim) Hadlima ¹	Abrilada adalimumab Amjevita Cyltezo Cimzia Enbrel ² Hulio Humira ² Hyrimoz Idacio Simlandi Simponi Yuflyma Yusimry Zymfentra
Janus Kinase (JAK) Inhibitors	
	Cibinqo Olumiant Rinvoq ER Rinvoq LQ Xeljanz Xeljanz XR
Miscellaneous	
Orencia SQ ¹ Otezla ¹ Tezspire pen ¹ Xolair	Entyvio SQ Otezla XR Rhapsido Sotyktu Velsipity

Pending

For the diagnosis of Crohn's disease or ulcerative colitis, removal of existing step therapy parameter as follows:

- Trial of a non-specific anti-inflammatory drug such as an aminosalicylate or immunosuppressant, or a non-biologic disease-modifying anti-rheumatic drug (DMARD)

Vote: In favor 15 / Abstentions 0 / Against 0

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

¹ Move from non-preferred to preferred

² Move from preferred to non-preferred

The DUR Board's Recommendations to the Commissioner of Health Drug Cap / Drug Utilization Review	Commissioner's Final Determination
<p>1. Entyvio (vedolizumab)</p> <ul style="list-style-type: none"> • Entyvio pen: the target supplemental rebate amount is the value resulting in a price equal to \$1,217 per milliliter, net of all rebates. • Entyvio vial: the target supplemental rebate amount is the value resulting in a price equal to \$2,300 per vial, net of all rebates. <p>Vote: In favor 15 / Abstentions 0 / Against 0</p>	<p>Pending</p>

The DUR Board's Recommendations to the Commissioner of Health Drug Utilization Review	Commissioner's Final Determination
<p>1. Treatment of Headaches with the following drug classes</p> <ul style="list-style-type: none"> • Butalbital-Containing Agents • Ergotamine Derivatives <p>a. Butalbital-Containing Agents: prior to initiation of butalbital-containing agents, trial of a non-steroidal anti-inflammatory drug, acetaminophen, or aspirin.</p> <p>Vote: In favor 15 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>b. Butalbital-Containing Agents: quantity limits.</p> <ul style="list-style-type: none"> • 30 tablets or capsules per fill, and • 60 tablets or capsules per month. <p>Vote: In favor 15 / Abstentions 0 / Against 0</p>	<p>Pending</p>
<p>c. Ergotamine Derivatives: prior to initiation of therapy with an ergotamine derivative, trial of a triptan and either a non-steroidal anti-inflammatory drug or acetaminophen.</p> <p>Vote: In favor 15 / Abstentions 0 / Against 0</p>	<p>Pending</p>