



New York State Medicaid  
Drug Utilization Review (DUR) Board  
Meeting Summary for October 25, 2024

The Medicaid DUR Board met on Friday, October 25, 2024, 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

Alisha Betti

Robert Correia

Amanda Nolan

Christopher Sorvari

DUR Board Members

Roosevelt Boursiquot

Joseph Chiarella

Swapnil Gupta

James Hopsicker

Anna Kaltenboeck

Jill Lavigne

Peter Lopatka

Jonathan Mizgala

Jadwiga Najib

Michael Pasquarella

John Powell

Tara Thomas

Location

SUNY Global Center, New York

SUNY Global Center, New York

Empire State Plaza, Albany

Empire State Plaza, Albany

Empire State Plaza, Albany

St John Fisher, Rochester

Empire State Plaza, Albany

Empire State Plaza, Albany

SUNY Global Center, New York

Empire State Plaza, Albany

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Prime Therapeutics

Mina Kwon

Amber Small

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

Linda Catanzaro

Irene Reilly

Barbara Rogler

B. Pharmacy Program Updates

The DUR Board was presented information regarding the Medicaid Pharmacy SFY 24-2025 budget initiatives related to:

- [NYS Public Health Law 280](#) – Drug Cap
- [NYS Social Services Law 367-A](#) - Payments; insurance
- [NYS Social Services Law 365-A](#) - Character and adequacy of assistance

The DUR Board was also informed of modifications to step therapy clinical criteria requirements that removed the metformin requirement for Glucagon-like Peptide-1 (GLP-1) Agonists, Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitors, and Dipeptidyl Peptidase-4 (DPP-4) Inhibitors drug classes, as well as anti-migraine agents indicated for migraine prevention. For anti-migraine agents indicated for migraine prevention, point of service prospective clinical editing will no longer require a trial of an FDA-approved or compendia-supported product prior to a CGRP (Calcitonin Gene-Related Peptide) Inhibitor.

C. Public Comment Period

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

<u>Name</u>	<u>Organization</u>	<u>Agenda Item</u>
Corey O'Brien	Novo Nordisk	Wegovy

D. Preferred Drug Program (PDP)

The DUR Board reviewed new financial information for two drugs classes (i.e., Long-Acting insulin and Sodium Glucose Co-Transporter 2 Inhibitors) during executive session. Of note: There was no new clinical information to present during the public session.

E. Drug Utilization Review (DUR)

Wegovy (semaglutide)

The DUR Board reviewed coverage criteria (below) for the FDA-approved indication of the reduction of risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight.

1. Confirm diagnosis as follows:
  - a) FDA-approved indication, and
  - b) Medicaid-covered use, and
  - c) Established cardiovascular disease (e.g., prior myocardial infarction, prior stroke, or peripheral arterial disease).
2. Confirm the patient does not have Type 1 or Type 2 diabetes mellitus.
3. Confirm the patient is adherent with established treatment for cardiovascular disease risk reduction (e.g., antihypertensive, lipid-lowering agent, and anti-thrombotic agent, or platelet aggregation inhibitor).
4. Confirm the patient has a Body Mass Index (BMI) equal to or greater than 40 kg/m<sup>2</sup>.

5. Confirm no concurrent utilization of any Glucagon-like Peptide-1 (GLP-1) receptor agonist.
6. The prescriber must attest that the patient has been counseled about lifestyle changes and behavioral modifications (e.g., healthy diet, exercise, and smoking cessation), to reduce the risk of major adverse cardiovascular events (MACE).

The DUR Board voted unanimously to table the discussion and defer the development of Wegovy clinical criteria, as proposed by DOH, until a future meeting to allow for assessment of the following items / points of discussion:

- Occurrence and adherence to lifestyle changes prior to the initiation of Wegovy.
- Patient readiness and ability to adhere to Wegovy.
- Patient is on cardiovascular treatment and adherent prior to starting Wegovy.
- Length of the initial approval / authorization for Wegovy.
- Criteria for reauthorization / continuation of Wegovy therapy.
- Discontinuation of Wegovy therapy upon a diabetes diagnosis.
- Potential long-term outcomes and adverse effects of Wegovy.
- Overall financial impact of covering Wegovy.
- Potential for misuse, inappropriate use, and/or diversion of Wegovy.
- Continued drug shortage concerns limiting appropriate use and titration.
- Utilization data on current GLP-1 covered products which would include, but not be limited to, adherence over time, dosing, concurrent therapies, and age ranges.

For additional information regarding the DUR Board deliberation, refer to the transcript and archived webcast using the links provided above.

#### F. Executive Session (PDP Financial Reviews)

The DUR Board recessed to executive session at 1:05pm to review confidential financial information for the two Preferred Drug Program therapeutic classes. The DUR Board reconvened to the public session at 1:30pm. No official action was taken during executive session.

#### G. Drug Utilization Review (continued)

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

- |                       |                           |
|-----------------------|---------------------------|
| • Oxymetazoline nasal | • Glucose tablets         |
| • Phenylephrine       | • Bacitracin and Neomycin |
| • Simethicone         | • Multivitamins           |

#### H. DUR Board's Recommendations

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

#### I. Final Comments and Adjournment

Douglas Fish  
Anthony Merola  
Kimberly Leonard

Meeting was adjourned at 2:10pm.

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

J. Commissioner Final Determination – see Section K 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 \$5.1 million. The savings would be achieved through utilization changes and the receipt of supplemental rebates.

K. DUR Board's recommendations to the Commissioner of Health including the Commissioner Final Determination

<p><b>The DUR Board's recommendations to the Commissioner of Health Preferred Drug Program</b></p> <p><sup>1</sup> Move from non-preferred to preferred.  <sup>2</sup> Move from preferred to non-preferred.</p>	<p><b>Commissioner's Final Determination</b></p>																								
<p>Insulin – Long-Acting</p> <table border="1" data-bbox="172 453 1068 1052"> <thead> <tr> <th>Preferred Drugs</th><th>Non-Preferred Drugs</th></tr> </thead> <tbody> <tr> <td>insulin glargine solostar, vial (gen Lantus Solostar, vial)</td><td>Basaglar</td></tr> <tr> <td>insulin glargine-YFGN <sup>1</sup></td><td>Basaglar Tempo</td></tr> <tr> <td>Lantus Solostar, vial</td><td>insulin degludec vial, pen (gen Tresiba)</td></tr> <tr> <td></td><td>insulin glargine max solostar (gen Toujeo Max Solostar)</td></tr> <tr> <td></td><td>insulin glargine solostar (gen Toujeo Solostar)</td></tr> <tr> <td></td><td>Levemir <sup>2</sup></td></tr> <tr> <td></td><td>Rezvoglar</td></tr> <tr> <td></td><td>Semglee-YFGN: vial, pen</td></tr> <tr> <td></td><td>Toujeo Solostar</td></tr> <tr> <td></td><td>Toujeo Max Solostar</td></tr> <tr> <td></td><td>Tresiba</td></tr> </tbody> </table> <p>Vote: In favor 13 / 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	insulin glargine solostar, vial (gen Lantus Solostar, vial)	Basaglar	insulin glargine-YFGN <sup>1</sup>	Basaglar Tempo	Lantus Solostar, vial	insulin degludec vial, pen (gen Tresiba)		insulin glargine max solostar (gen Toujeo Max Solostar)		insulin glargine solostar (gen Toujeo Solostar)		Levemir <sup>2</sup>		Rezvoglar		Semglee-YFGN: vial, pen		Toujeo Solostar		Toujeo Max Solostar		Tresiba	<p>Approved as Recommended</p>
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The DUR Board's recommendations to the Commissioner of Health Over-the-Counter Drugs	Commissioner's Final Determination
<p>Oxymetazoline</p> <ul style="list-style-type: none"> <li>Over-the-counter nasal products containing oxymetazoline should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</li> </ul> <p>Vote: In favor 13 / 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>Phenylephrine</p> <ul style="list-style-type: none"> <li>Over-the-counter oral products containing phenylephrine should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</li> </ul> <p>Vote: In favor 13 / 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>Simethicone</p> <ul style="list-style-type: none"> <li>Over-the-counter oral products containing simethicone should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</li> </ul> <p>Vote: In favor 13 / 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>Glucose tablets</p> <ul style="list-style-type: none"> <li>Over-the-counter glucose tablets should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</li> </ul> <p>Vote: In favor 13 / 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>Bacitracin and Neomycin</p> <ul style="list-style-type: none"> <li>Over-the-counter topical products containing bacitracin or neomycin should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</li> </ul> <p>Vote: In favor 13 / 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>Multivitamins</p> <ul style="list-style-type: none"> <li>Over-the-counter multivitamins to remain on the Medicaid Pharmacy List of Reimbursable Drugs with an age edit in place allowing coverage for members less than 21 years of age.</li> </ul> <p>As noted during the meeting, this recommendation does not include prenatal multivitamins.</p> <p>Vote: In favor 13 / 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>