



New York State Medicaid
Drug Utilization Review (DUR) Board
Meeting Summary for February 27, 2025

The Medicaid DUR Board met on Thursday, February 27, 2025, at 10:30am.

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
- 90 Church Street, 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

Kimberly Leonard – Medicaid Pharmacy Director

Monica Toohey

Anthony Merola

Robert Correia

Christopher Sorvari

Brian Touhey

Amanda Nolan

Alisha Betti

Jacqueline Sexton

Nathan Graber

DUR Board Members

Joseph Chiarella

Donna Chiefari

Ahloom Alice Choi

Marla Eglowstein

Robert Graham

Swapnil Gupta

James Hopsicker

Renante Ignacio

Anna Kaltenboeck

Brock Lape

Peter Lopatka

Jonathan Mizgala

Jadwiga Najib

Tara Thomas^

Jamie Wooldridge

Location

Empire State Plaza, Albany

Videoconference under extraordinary circumstances

90 Church Street, New York City

Empire State Plaza, Albany

Empire State Plaza, Albany

Empire State Plaza, Albany

Empire State Plaza, Albany

90 Church Street, New York City

Empire State Plaza, Albany

Empire State Plaza, Albany

Empire State Plaza, Albany

Empire State Plaza, Albany

90 Church Street, New York City

Empire State Plaza, Albany

SUNY, Buffalo

^ Early Departure

Prime Therapeutics
Mina Kwon

University at Buffalo (UB) School of Pharmacy and Pharmaceutical Sciences
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>
Sriram Machineni	Montefiore Medicine Center	Wegovy
Katherine Cabral	Capital Cardiology Associates	Wegovy

C. Preferred Drug Program (PDP)

The DUR Board reviewed new clinical and financial information for one therapeutic class: Fluroquinolones – oral. The financial information was reviewed during executive session.

D. Drug Utilization Review (DUR)

Wegovy (semaglutide)

As a continuation from the [October 25, 2024 DUR Board meeting](#), the DUR Board reviewed additional information (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.

- Inclusion and exclusion criteria on the study leading to the approval of the supplemental indication (above) for Wegovy.
- Lifestyle change(s) lead-in period to establish member readiness for Wegovy.
- Pharmacologic therapies for cardiovascular conditions prior to starting Wegovy for the indication of the reduction of risk of major adverse cardiovascular events.
- Criteria for bariatric surgery.
- NYS Medicaid member utilization of and adherence to Glucagon-like peptide-1 (GLP-1) receptor agonists.
- Dietary considerations and interventions in conjunction with GLP-1 receptor agonists.

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

E. Executive Session (PDP Financial Reviews)

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

F. Drug Utilization Review (continued)

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

- Bismuth subsalicylate
- Carbamide peroxide – otic
- Menthol – topical

G. DUR Board's Recommendations

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

H. Final Comments and Adjournment

Douglas Fish
Kimberly Leonard
Anthony Merola

Meeting was adjourned at 1:45pm.

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/dur/)

I. Commissioner Final Determination – see table below

The impact of the final determinations, associated with the Preferred Drug Program (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 class reviewed, and preferred or non-preferred modifications, are estimated at being cost neutral.

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
<div>¹ Moved from non-preferred to preferred</div> <div>² Moved from preferred to non-preferred</div>		
Fluoroquinolones – oral		Approved as Recommended
Preferred Drugs	Non-Preferred Drugs	
ciprofloxacin suspension, tablet levofloxacin tablet moxifloxacin ¹	Baxdela® Cipro® suspension, tablet levofloxacin solution ofloxacin tablet	
Vote: In favor 16 / Abstentions 0 / Against 0		
The DUR Board's recommendation does not contain any modifications to the DOH proposal.		

<p>The DUR Board's recommendations to the Commissioner of Health Wegovy (semaglutide)</p>	<p>Commissioner's Final Determination</p>
<p><u>Clinical Criteria for Initial Prior Authorization</u></p> <ol style="list-style-type: none"> 1. Confirm diagnosis as follows: FDA-approved indication or compendia-supported use and Medicaid covered use (e.g., cardiovascular disease - prior myocardial infarction, prior stroke, or peripheral arterial disease). 2. Confirm the patient has a body mass index (BMI) equal to or greater than 40 kg/m². 3. Confirm no concurrent utilization of any GLP-1 receptor agonist. 4. Confirm the patient is adherent with established prescribed primary or prevention therapy (e.g., cardiovascular disease - antihypertensive, lipid-lowering agent, and anti-thrombotic agent, or platelet aggregation inhibitor) for at least 6 months prior to initiating therapy. 5. Confirm the patient does not have type 1 or type 2 diabetes mellitus. 6. The prescriber must attest that the patient has participated in comprehensive lifestyle modifications that encourage behavioral modifications, a reduced calorie diet and increased physical activity starting at least 6 months prior to initiating therapy and with continued treatment. 7. Initial prior authorization may be granted for up to six months. 8. Frequency / Quantity / Duration parameter(s): Two treatment attempts per lifetime. <p><u>Clinical Criteria for Renewal Authorization (continuation of therapy)</u></p> <ol style="list-style-type: none"> 1. Confirm adherence with GLP-1 receptor agonist therapy. 2. Confirm adherence with prescribed primary or prevention therapy. 3. Confirm the patient does not have type 1 or type 2 diabetes mellitus. 4. No concurrent utilization of any GLP-1 receptor agonist. 5. Renewal prior authorization may be granted for up to 12 months. 	<p>Approved as Recommended</p>

<p>The Department of Health intends to use the clinical criteria developed for Wegovy (semaglutide) as the basis to manage other products containing Glucagon-like Peptide-1 (GLP-1) receptor agonists*.</p> <p>*Products that are not indicated for glycemic control associated with diabetes mellitus.</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>	
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The DUR Board's recommendations to the Commissioner of Health Over-the-Counter Drugs	Commissioner's Final Determination
<p>Bismuth</p> <p>Over-the-counter products containing bismuth should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</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>Carbamide peroxide – otic</p> <p>Over-the-counter products containing carbamide peroxide should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</p> <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>Approved as Recommended</p>
<p>Menthol – topical</p> <p>Over-the-counter topical products containing menthol should be removed from the Medicaid Pharmacy List of Reimbursable Drugs.</p> <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>Approved as Recommended</p>