



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

Roosevelt Boursiquot

Joseph Chiarella

Donna Chiefari

Ahloom Alice Choi

Marla Eglowstein

Robert Graham

Renante Ignacio

Brock Lape

Peter Lopatka

Jonathan Mizgala

Asa Radix

Tara Thomas

Alice Wang McKenney

Location

SUNY Global Center, New York

Empire State Plaza, Albany

Empire State Plaza, Albany

SUNY Global Center, New York

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SUNY Global Center, New York

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SUNY Global Center, New York

Empire State Plaza, Albany

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 Rozovski	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 H (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 H (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 or 518-486-3209
[Drug Utilization Review \(DUR\) \(ny.gov\)](http://www.health.ny.gov/programs/drug_utilization_review/)

H. 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. Anti-Virals – Oral</p> <table border="1" data-bbox="207 485 1102 663"> <thead> <tr> <th data-bbox="207 485 660 537">Preferred Drugs</th><th data-bbox="660 485 1102 537">Non-Preferred Drugs</th></tr> </thead> <tbody> <tr> <td data-bbox="207 537 660 663">acyclovir famciclovir ¹ valacyclovir</td><td data-bbox="660 537 1102 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>¹ Move from non-preferred to preferred</p>	Preferred Drugs	Non-Preferred Drugs	acyclovir famciclovir ¹ valacyclovir	Valtrex®	<p>Pending</p>
Preferred Drugs	Non-Preferred Drugs				
acyclovir famciclovir ¹ valacyclovir	Valtrex®				

2. Beta Blockers

Preferred Drugs	Non-Preferred Drugs
atenolol carvedilol Hemangeol® ³ 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®

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

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

³ Add to Preferred Drug Program

3. Antimigraine Agents – Other

Preferred Drugs	Non-Preferred Drugs
Aimovig® Ajovy® Emgality® 120 mg syringe, pen Qulipta® ¹ Ubrovelvy	Emgality® 100 mg syringe Nurtec™ ODT ² Reyvow™ Zavzpret™

Pending

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.

¹ Move from non-preferred to preferred

² Move from preferred to non-preferred

4. Antipsychotics – Second Generation

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

Pending

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.

¹ Move from non-preferred to preferred

² 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 ¹ 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

Pending

Vote: In favor 14 / 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 ¹ , Fresenius) Zegalogue® pen, syringe	glucagon emergency kit (Eli Lilly) Gvoke pen, syringe, vial ²

Pending

Vote: In favor 14 / 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

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® ² 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

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

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

² Move from preferred to non-preferred

8. Colony Stimulating Factors

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

Pending

Vote: In favor 14 / 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™

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.

Pending

10. Platelet Inhibitors

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

Vote: In favor 14 / 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

Pending

11. Prostaglandin Agents – Ophthalmic

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

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.

¹ Move from non-preferred to preferred

³ Add to Preferred Drug Program

Pending

12. Alpha Reductase Inhibitors for BPH

Preferred Drugs	Non-Preferred Drugs
finasteride dutasteride ¹	dutasteride/tamsulosin Proscar®

Vote: In favor 14 / 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

Pending

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 ² Oxytrol® tolterodine tolterodine ER Toviaz® ² trospium trospium ER Vesicare® Vesicare® LS

Pending

Vote: In favor 14 / Abstentions 0 / Against 0

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

² Move from preferred to non-preferred

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

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