DRUG UTILIZATION REVIEW (DUR) BOARD MEETING MINUTES

Hybrid: Fox Chapel, Main Building & Teams Webinar
April 21, 2026

Members Present: Tessa Lafortune-Greenberg, MD; William McCormick, PharmD; Melissa Myers, MD; Rory Richardson, MD; Kaitlyn Simoneau, PharmD, Sue DeLeo, RPh (virtual)
Members Absent: none

Presenters and Professional Staff: Margaret Clifford, RPh; Lise Farrand, RPh; Honesty Peltier, PharmD, Clinical Manager, Prime Therapeutics
Agenda: Attached

1:04 PM, Ms. Clifford opened the public comment and presented the DUR policy for the public hearing.

Speaker	Company	Topic
McKenzie Stratton, PharmD	Biogen	Spinraza®
Domenic Mantella, PharmD, MBA	Ascendis	Skytrofa®
Daniel Shan, PharmD	UCB	Bimzelx®
Joe Cirrincione, PharmD, MBA	Incyte	Opzelura®
Elena Fernandez, PharmD, PhD	Vertex	Casgevy™
Krystal Ngo, PharmD	Arcutis	Zoryve®
Leia Roeges, PharmD	Neurocrine	Ingrezza®
Suki Bagal, MD, MPH	Orphan Therapies	Waskyra
Annie Vong, PharmD	AbbVie	Skyrizi®, Rinvoq®, Mavyret®
Regina Swisher, PharmD	AstraZeneca	Fasenra®
Jaime Liberi, RN, MSN, DHSc	Pfrizer	Ngenla®
Armen Khachatourian, PharmD, MBA	Sarepta	Elevidys
Craig Plauschinat, PharmD	Eisai	Leqembi®

Meeting called to order at 1:44 PM

I. INTRODUCTIONS AND WELCOME TO BOARD MEMBERS

II. OLD BUSINESS

A. Dr. McCormick presented the committee with the draft minutes from the September 23, 2025 meeting.

1. Board Discussion
   No comments.

MOTION	To accept the proposed draft minutes from the September 23, 2025 DUR meeting with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

III. NEW BUSINESS

A. DUR Business Operations

1. **Overview of Drug Utilization Patterns for the New Hampshire Medicaid Fee-for Service Program**
    a. Overview of Drug Utilization Program and Patterns for New Hampshire Medicaid was presented.

2. **Prospective DUR Reports**
    a. Approximately 267 to 435 claims each month generated ProDUR messages from June 2025 to February 2026.
    b. The prospective DUR report for June 2025 to February 2026 was presented and reviewed. The top 5 encounters of the ProDUR modules were reviewed for each category:
        i. Drug-Drug Interactions
            1. Buprenorphine/Naloxone – Gabapentin
            2. Diazepam – Gabapentin
            3. Buprenorphine/Naloxone – Quetiapine
            4. Clonazepam – Gabapentin
            5. Quetiapine – Trazodone
        ii. Duplicate Ingredient
            1. Buprenorphine/Naloxone
            2. Dexmethylphenidate
            3. Brivaracetam
            4. Fluoxetine
            5. Dextroamphetamine/Amphetamine
        iii. Duplicate Therapy
            1. Buprenorphine/Naloxone – Buprenorphine/Naloxone
            2. Fluoxetine – Fluoxetine
            3. Sennosides – Polyethylene Glycol 3350
            4. Dexmethylphenidate – Dexmethylphenidate
            5. Gabapentin – Levetiracetam
        iv. Early Refill
            1. Gabapentin
            2. Buprenorphine/Naloxone
            3. Nicotine Polacrilex
            4. Hydroxyzine
            5. Polyethylene Glycol 3350
    c. The Early Refill (ER) report from June 2025 to February 2026 was reviewed with the report broken down by reason for request. The most consistent reason for requesting an early refill was due to Increased/Variable Dose occurring at least once a month in 5 of the last 9 months.

3. **Utilization Reports**
    a. The utilization analysis report presented pharmacy claims data from June 2025 to February 2026. There were 5,847 total claims with a total payment of $703,790.92. The Medicaid benefit changed in October 2025 to allow PDL management of generics as nonpreferred and reintroducing a brand over generic program. During this time frame, SSBs (single source brands) accounted for less than 9% of claim volume and approximately 50% of total expenditure. MSBs (multi-source brands) accounted for 4-7% of the claim volume and approximately $25,000 in expense each month. The majority of claims were for generic drugs remaining above 856% with an average payment per claim at approximately $20 except January 2026 when there was a claim for a costly generic medication.
4. **Retrospective DUR Reports**
    a. A RetroDUR review for May 2025 to February 2026 was presented showing a total of 10 topics which had been completed. The report showed a breakdown of each topic by # of letters mailed to prescribers, # of affected members, # of responses to letters received and the % of responses received. It was noted that some activities are for the purpose of education and do not request feedback from the prescriber which impacts the response rate for these activities.
    b. RetroDUR activities that occurred from March 2025 to August 2025 were further summarized and presented to the DUR Board for consideration. Six months following the RetroDUR activity, the claims for impacted members were reviewed for changes to prescribing. The claim adjustments were summarized showing additional impact to patient care that may not be captured in the letter response.
5. **RetroDUR Interventions**
    a. The board reviewed the list of possible RetroDUR intervention topics for implementation beginning May 2026. The board decided on the following interventions:

Summary Criteria ID	Criteria Desc	Estimated # of Exceptions
15044	Buprenorphine Dental Warning	54
7734	Diabetics without an ACEI or ARB in history	50
15053	Diabetes medication claims and no claims for Blood Glucose Monitoring supplies, excludes single entity metformin	35
7948	Gabapentin use and no FDA approved indication	25
15058	Utilization of 2 or more different Antipsychotics - 18 and over	13
7910	Diabetics age 40-75 with no statins	12
7879	Non-compliance with anticonvulsant medications.	11

B. Review of Current Clinical Prior Authorization Criteria with Proposed Changes continued

1. **Asthma/Allergy Immunomodulator**
   a. Add new drug, Rhapsido® (remibrutinib) to the criteria for the treatment of adults with chronic spontaneous urticaria who remain symptomatic despite H1 antihistamine treatment.
   b. Add the new indication for Tezspire™ (tezepelumab-ekko) for the add-on maintenance treatment of patients 12 years of age and older with inadequately controlled chronic rhinosinusitis with nasal polyps.
   c. Add Rhapsido® (remibrutinib) to the chronic spontaneous urticaria criteria.
   d. Add Tezspire™ (tezepelumab-ekko) to the chronic rhinosinusitis with nasal polyps criteria.
   e. Board Discussion
      i. No comments.

MOTION	To accept the Asthma/Allergy Immunomodulator Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

2. **Drugs for Bowel Disorders/GI Motility, Chronic**
   a. Add new indication for Linzess® in pediatric patients 7 years of age and older with irritable bowel syndrome with constipation.
   b. Board Discussion
      i. No comments.

MOTION	To accept the Drugs for Bowel Disorders/GI Motility, Chronic Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

3. **Convenience Kits (RX)**
   a. Adjust the available medications covered by this criteria.
   b. Board Discussion
      i. No comments.

MOTION	To accept the Convenience Kits (RX) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

4. **Dupixent® (dupilumab)**
    a. Add new indication for the treatment of adults and pediatric patients 6 years of age and older with allergic fungal rhinosinusitis and who have a history of sino-nasal surgery.
    b. Create a new section of the criteria for this diagnosis with age consideration.
        i. Requires consultation with an allergist, immunologist, or pulmonologist and history of sino-nasal surgery.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Dupixent® (dupilumab) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

5. **Elevidys (delandistrogene moxeparvovec-rokl)**
    a. Remove the indication for treatment of non-ambulatory patients to align with updates to the FDA label. Elevidys remains approved for ambulatory patients with DMD who are 4 years of age or older with a confirmed mutation in the DMD gene.
    b. Add the ambulatory status back to the criteria using the North Star Ambulatory Assessment scale.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Elevidys (delandistrogene moxeparvovec-rokl) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

6. **Encelto (revakinagene taroretcel-lwey)**
    a. Remove the specific volume requirement 'between 0.16 mm^2 and 2mm^2' in the spectral-domain optical coherence tomography or SD-OCT to account for limitations in clinical practice.
    b. Board Discussion
        i. No comments

MOTION	To accept the Encelto (revakinagene taroretcel-lwey) Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

7. **GLP-1 Receptor Agonist Criteria**
    a. Expand the indication for Mounjaro™ for use as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients ≥ 10 years of age with T2DM.
    b. Remove Bydureon BCise® as the available products are now obsolete.
    c. Board Discussion
        i. No comments.

MOTION	To accept the GLP-1 Receptor Agonist Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

8. **Hemophilia B Gene Therapy**
    a. Remove Beqvez™ and all references to the drug due to discontinuation.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Hemophilia B Gene Therapy Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

9. **Human Growth Hormones**
    a. Adjust the steps required to access the preferred long-acting growth hormone, Sogroya®.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Human Growth Hormones Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

10. **Juxtapid® (lomitapide)**
    a. Adjust the criteria to allow for pediatric patients as young as 2 years of age with the new 2 mg dosage form.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Juxtapid® (lomitapide) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained

	6	0	0

11. **Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease**
    a. Remove Aduhelm® and all references to the drug due to discontinuation.
    b. Add Leqembi® Iqlik™ with new criteria for patients who have had 18 months of treatment with Leqembi® in patients who have been determined to be appropriate candidates.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

12. **Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9)**
    a. Update the FDA indication for Leqvio® for use in pediatric patients 12 years of age and older with homozygous familial hypercholesterolemia and heterozygous familial hypercholesterolemia and adults with hypercholesterolemia.
    b. Standardize the display of the indications for Praluent® and Repatha® since the approved age is the only difference in the indications.
    c. Streamline the requirement for diagnosis and age alignment with FDA label for adults and pediatric patients.
    d. Add clarification to renewal criteria to allow for a bypass of the claims history of a statin if the prescriber provided documentation of the intolerance on the initial request.
    e. Board Discussion
        i. No comments.

MOTION	To accept the Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

13. **Skin Disorders**
    a. Add Anzupgo® (delgocitinib) for the treatment of moderate-to-severe chronic hand eczema in adults who have had an inadequate response to, or for whom topical corticosteroids are not advisable.

b. Add a section in the "Other Indications" for coverage of Anzupgo®.
c. Expand coverage for Zoryve® to pediatric patients as young as 2 years of age with the new formulation.
d. Expand coverage for Opzelura® for the treatment of atopic dermatitis in patients as young as 2 years of age.
e. Board Discussion
    i. No comments.

MOTION	To accept the Skin Disorders Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

14. **Spinal Muscular Atrophy**
    a. Add new drug, Itvisma® (onasemnogene abeparvovec-brve) for the treatment of patients 2 years of age and older with SMA with mutation in SMN1 gene.
    b. Create criteria specific to Itvisma® for single lifetime intrathecal administration.
        i. Requires age aligning with FDA indication and confirmation of diagnosis through genetic testing.
        ii. Requires baseline laboratory work and continued monitoring to mitigate side effects.
        iii. Excludes patients with advanced disease (complete limb paralysis, permanent ventilation support).
        iv. Requires use with systemic corticosteroids.
        v. Excludes patients who have received Zolgensma® or who are currently receiving Spinraza® or Evrysdi®.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Spinal Muscular Atrophy Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

15. **Systemic Immunomodulators**
    a. Add Avtozma® to the criteria with indications aligned with the reference drug, Actemra®.
    b. Add the new drug Otezla® XR for psoriatic arthritis and plaque psoriasis in patients ≥ 6 years of age and weighing ≥ 50 kg and oral ulcers associated with Behçet's disease in adults.

c. Update the coverage of hidradenitis suppurativa in patients ≥ 12 years of age and uveitis in patients ≥ 2 years of age for Amjevita™, Cyltezo®, Hyrimoz®, Idacio®, Simlandi®, and Yuflyma®.
d. Expand coverage of Cosentyx® for hidradenitis suppurativa in patients ≥ 12 years of age.
e. Add the new indication for Simponi® for the treatment of ulcerative colitis in adults and pediatric patients weighing ≥ 15 kg.
f. Add the new indication for Sotyktu™ for the treatment of psoriatic arthritis in adults.
g. Add the new indication for Tremfya® for the treatment of plaque psoriasis and psoriatic arthritis in patients ≥ 6 years of age and weighing ≥ 40 kg.
h. Expand the coverage of Xeljanz® for psoriatic arthritis in patients ≥ 2 years of age.
i. Board Discussion
    i. Review the length of the approval for Crohn's disease and ulcerative colitis and provide a summary at the next DUR meeting.

MOTION	To accept the Systemic Immunomodulators Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

16. **Topical Retinoids (Acne Treatment)**
    a. Update the available medications covered by this criteria.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Topical Retinoids (Acne Treatment) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

17. **Wakix® (pitolisant)**
    a. Add the new indication for Wakix® (pitolisant) for the treatment of cataplexy in adults with narcolepsy.
        i. Requires documentation of sleep testing confirming the diagnosis in adults.
        ii. Requires elimination of other causes of transient weakness in diagnosis.
        iii. Requires a trial of at least one other drug to treat cataplexy.

iv. Requires sleep logs from the last 30 days.

b. Board Discussion

i. No comments.

MOTION	To accept the Wakix® (pitolisant) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

C. Review of Current Clinical Prior Authorization Criteria with No Proposed Changes

1. **Casgevy™ (exagamglogene autotemcel)**

a. Board Discussion

i. No comments.

MOTION	To accept the Casgevy™ (exagamglogene autotemcel) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

2. **Hepatitis C**

a. Board Discussion

i. No comments.

MOTION	To accept the Hepatitis C Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

3. **Hyaluronic Acid Derivatives - Injection**

a. Board Discussion

i. No comments.

MOTION	To accept the Hyaluronic Acid Derivatives - Injection Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

4. **Lyfgenia® (lovotibeglogene autotemcel)**

a. Board Discussion

i. No comments.

MOTION	To accept the Lyfgenia® (lovotibeglogene autotemcel) Criteria as presented with no amendments.

MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

5. **Movement Disorders**
    a. Board Discussion
        i. No comments.

MOTION	To accept the Movement Disorders Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

6. **Rho Kinase Inhibitors**
    a. Board Discussion
        i. No comments.

MOTION	To accept the Rho Kinase Inhibitors Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

D. Proposal of Criteria to Retire

1. **Short Acting Fentanyl**
    a. Board Discussion
        i. No comments.

MOTION	To accept the recommendation to retire Short Acting Fentanyl Criteria.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

2. **Synagis® (palivizumab)**
    a. Board Discussion
        i. No comments.

MOTION	To accept the recommendation to retire Synagis® (palivizumab) Criteria.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

3. **Tryngolza™ (olezarsen)**
    a. Board Discussion
        i. No comments.

MOTION	To accept the recommendation to retire Tryngolza™ (olezarsen) Criteria.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

E. Proposal of New Clinical Prior Authorization Criteria

1. **Antipsychotic Polypharmacy**
    a. Recommend a prior authorization on the 3rd antipsychotic claim during a 60-day period. The antipsychotic claims are counted when there are differences in the active ingredient.
    b. Requires evidence that a patient is receiving or has received a psychiatry consultation.
    c. Requires a diagnosis in accordance with DSM.
    d. Requires a compelling rationale for the treatment plan and/or a titration plan and monitoring schedule.
    e. Board Discussion
        i. Adding a prior authorization to a 3rd antipsychotic may impede access during transitional periods when patients are most vulnerable. There are numerous clinical situations where 3 antipsychotics would be appropriate. The recommendation is to add this prior authorization step to the 4th antipsychotic.
        ii. Remove 'a compelling rationale' from the requirement for a treatment or titration plan.

MOTION	To accept the Antipsychotic Polypharmacy Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

2. **Familial Chylomicronemia Syndrome**
    a. Update the previously named "Tryngolza (olezarsen)" criteria renamed to include the new drug, Redemplo® (plozasiran).
    b. Board Discussion
        i. No comments.

MOTION	To accept the criteria for Familial Chylomicronemia Criteria with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

3. **Medical Necessity Rationale Required**
    a. This creates a new publicly posted drug list of NDCs that represent potential fraud, misuse, or medically unnecessary care.

b. Requires documentation of clinical contraindication, co-morbidity, or unique patient circumstance as a contraindication to other available strengths or formulations.
c. Requires documentation of unacceptable clinical risk associated with the therapeutic change.
d. Board Discussion
    i. No comments.

MOTION	To accept the Medical Necessity Rationale Required Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

4. **Waskyra (etuvetidigene autotemcel)**
    a. Requires age aligning with FDA indication and confirmation of diagnosis through genetic testing.
    b. Requires absence of 10/10 HLA matched stem cell donor.
    c. Excludes patients who have had a stem cell transplant in the last 6 months.
    d. Excludes patients with prior stem-cell based gene therapy.
    e. Exlcudes patients with hypersensitivity to DMSO or other active ingredients.
    f. Requires that the patient is HIV negative.
    g. Requires monitoring for veno-occlusive disease, IgG level above 5g/L, and ongoing monitoring and prophylaxis for infection.
    h. Requires ongoing monitoring for malignancy.
    i. Requires mobilization of stem cells using granulocyte-colony stimulating factor (G-CSF) and plerixafor.
    j. Requires attestation for ongoing monitoring throughout the treatment course.
    k. Requires negative pregnancy testing for females of reproductive potential and contraception for males of childbearing age.
    l. Board Discussion
        i. No comments.

MOTION	To accept the Waskyra (etuvetidigene autotemcel) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	6	0	0

Meeting was adjourned at 3:22 PM