

DRUG UTILIZATION REVIEW (DUR) BOARD MEETING MINUTES

Hybrid: Brown Conference Room 468 & Teams Webinar

September 23, 2025

Members Present: Tessa Lafortune-Greenberg, MD; William McCormick, PharmD; Melissa Myers, MD; Rory Richardson, MD; Kaitlyn Simoneau, PharmD

Members Absent: Sue DeLeo, RPh

Presenters and Professional Staff: Jonathan Ballard, MD; Margaret Clifford, RPh; Lise Farrand, RPh; Honesty Peltier, PharmD, Clinical Manager, Prime Therapeutics

Agenda: Attached

1:15 PM, Ms. Clifford opened the public comment and presented the DUR policy for the public hearing.

Speaker	Company	Topic
Annie Vong, PharmD	AbbVie	Skyrizi®, Rinvoq®, Ubrovvy®, Qulipta®
Christine Dube, PharmD	AstraZeneca	Fasenra®
Leia Roeges, PharmD	Neurocrine	Crenessity™
Corey O'Brien, PharmD, BCPS	Novo Nordisk	Wegovy®
Shari Orbach, MPH	Madrigal	Rezdiffra™
Tyson Thompson, PharmD, MBA	Pfizer	Nurtec® ODT
Olawemimo "Mimo" Odebiyi, PharmD	Teva	Ajovy®
Mae Kwong, PharmD	Soleno	Vykat™ XR
Dominic Marchese, PharmD	Krystal	Vyjuvek™
Elaine Towle	Prader Willi Syndrome Association	Vykat™ XR
Paul Isikwe, PharmD, MS	Biogen	Spinraza™, Zurzuvae™

Meeting called to order at 1:54 PM

I. INTRODUCTIONS AND WELCOME TO BOARD MEMBERS

II. OLD BUSINESS

A. Dr. McCormick presented the committee with the draft minutes from the April 8, 2025 meeting.

1. Board Discussion

No comments.

MOTION	To accept the proposed draft minutes from the April 8, 2025 DUR meeting with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	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 344 to 637 claims each month generated ProDUR messages from November 2024 to July 2025.
 - b. The prospective DUR report for November 2024 to July 2025 was presented and reviewed. The top 5 encounters of the ProDUR modules were reviewed for each category:
 - i. Drug-Drug Interactions
 1. Potassium Chloride – Amitriptyline
 2. Clonazepam – Gabapentin
 3. Diazepam – Gabapentin
 4. Buprenorphine/Naloxone – Quetiapine
 5. Buprenorphine/Naloxone – Gabapentin
 - ii. Duplicate Ingredient
 1. Dextroamphetamine/Amphetamine
 2. Methylphenidate
 3. Dexmethylphenidate
 4. Sertraline
 5. Quetiapine
 - iii. Duplicate Therapy
 1. Sertraline – Sertraline
 2. Gabapentin – Gabapentin
 3. Fluoxetine – Fluoxetine
 4. Gabapentin – Levetiracetam
 5. Methylphenidate – Methylphenidate
 - iv. Early Refill
 1. Levetiracetam
 2. Gabapentin
 3. Famotidine
 4. Tamsulosin
 5. Quetiapine
 - c. The Early Refill (ER) report from November 2024 to July 2025 was reviewed with the report broken down by reason for request. The most consistent reason for requesting an early refill was due to Facility Transitions. Requests due to vacation supply were the top reason based on claim count in the last 9 months.

3. Utilization Reports

- a. The utilization analysis report presented pharmacy claims data from November 2024 to July 2025. There were 6,766 total claims with a total payment of \$709,193.34. 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 3-6% of the claim volume and approximately \$25,000 in expense each month. The majority of claims were for generic drugs remaining above 85% with an average payment per claim at approximately \$20.

B. Review of Current Clinical Prior Authorization Criteria with Proposed Changes (Special Guest – Dr. Jonathan Ballard)

1. Weight Management

- a. Dr. Jonathan Ballard opened the discussion on the Weight Management criteria with the administrative decision that New Hampshire Medicaid will no longer cover GLP-1/GIP agonists for chronic weight management effective January 1, 2026.
- b. Remove Saxenda® from these criteria as it only has the indication for chronic weight management.
- c. Add new generic phentermine/topiramate to the list of covered medications for use in combination with a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients aged 12 years and older with obesity and in adults with overweight in the presence of at least one weight-related comorbid condition.
- d. Remove criteria for Imcivree™ and move to a new drug-specific criteria.
- e. Combine adult and pediatric sections of the criteria with notes regarding the approved age range for the covered drugs and the pediatric body metrics that qualify for coverage.
- f. Create a new criteria section for Zepbound™ for use in members with moderate to severe obstructive sleep apnea as determined with a sleep study and when used in combination with diet and exercise. The criteria include the requirement for prior and continual use of positive airway pressure therapy.
- g. Create a new criteria section for Wegovy® for use in members with cardiovascular disease for the prevention of major adverse cardiovascular events (MACE) when used in combination with diet and exercise. The criteria include the requirement for prior and continued use of guideline recommended treatment for secondary prevention of MACE.
- h. Board Discussion

- i. Recommend separating the new sections of the criteria specific to Zepbound™ and Wegovy® co-morbid conditions to their own criteria policies.

MOTION	To accept the Weight Management Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

C. DUR Business Operations continued

1. Retrospective DUR Reports

- a. A RetroDUR review for November 2024 to August 2025 was presented showing a total of 11 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 October 2024 to February 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.

2. RetroDUR Interventions

- a. The board reviewed the list of possible RetroDUR intervention topics for implementation beginning October 2025. The board decided on the following interventions:

Summary Criteria ID	Criteria Desc	Estimated # of Exceptions
15045	Polypharmacy – min 2 prescribers, 2 pharmacies, 6 drugs	67
7735	Atypical antipsychotics without metabolic monitoring	31
7855	High risk medications in persons 65 and older- Beers 2023 update	10
15048	ADHD drugs for member ≥ 18 years old without an ADHD diagnosis in the last 180 days	9
15032	Short-acting beta agonist - 2 or more in 90 day period without an asthma controller medication	5
7842	Brexipiprazole: use with caution with strong CYP2D6 inhibitors	1
New	Weight management medication use and access to physical therapy services	--

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

1. **Asthma/Allergy Immunomodulator**
 - a. Add new indication for Fasenra® for the treatment of eosinophilic granulomatosis with polyangiitis (EGPA) in adults.
 - b. Add the new indication for Nucala for the add-on maintenance treatment of inadequately controlled chronic obstructive pulmonary disease and an eosinophilic phenotype in adults.
 - c. Adjust the available dosage forms.
 - d. Add Fasenra® to the EGPA age/diagnosis criteria.
 - e. Create new criteria for the COPD indication for Nucala that aligns with the COPD criteria within the Dupixent® criteria.
 - f. Adjust the reasons for denial to include patients who are active smokers if the treatment diagnosis is asthma or newly added eosinophilic COPD.
 - g. Board Discussion
 - i. No comments.

MOTION	To accept the Asthma/Allergy Immunomodulator Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

2. **Calcitonin Gene-Related Peptide (CGRP) Inhibitor Criteria – Migraine and Cluster Headache**
 - a. Add new indication for Ajovy® for the preventive treatment of episodic migraine in pediatric patients who are 6 to 17 years of age and who weigh ≥ 45 kg.
 - b. Add new language in the prevention portion of the criteria to review request for FDA-approved age.
 - c. Update quantity limit for Nurtec® ODT to align with the available packaging.
 - d. Board Discussion
 - i. No comments.

MOTION	To accept the Calcitonin Gene-Related Peptide (CGRP) Inhibitor Criteria – Migraine and Cluster Headache Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

3. **Cholestatic Pruritis**
 - a. Expand the indication for Livmarli® for the treatment of progressive familial intrahepatic cholestasis for pediatric patients as young as 12 months.
 - b. Board Discussion

- i. No comments.

MOTION	To accept the Cholestatic Pruritis Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

4. **CNS Stimulant and ADHD/ADD Medications**

- a. Update available dosage forms.
- b. Board Discussion
 - i. No comments.

MOTION	To accept the CNS Stimulant and ADHD/ADD Medications Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

5. **Dupixent® (dupilumab)**

- a. Add the new indication for the treatment of chronic spontaneous urticaria (CSU) in adults and pediatric patients 12 years of age and older who are symptomatic despite H1 antihistamine treatment.
- b. Create a new section of the criteria for CSU that aligns with the Xolair® criteria for the same indication.
- c. Add the new indication for the treatment of bullous pemphigoid in adults.
- d. Create a new section of the criteria for bullous pemphigoid.
- e. Board Discussion
 - i. Update the age for the CSU criteria to include patients 12 years of age and older.

MOTION	To accept the Dupixent® (dupilumab) Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

6. **Epidermolysis Bullosa**

- a. Remove the age restriction for use of Vyjuvek™.
- b. Add the new topical gene therapy, Zevaskyn™, to the criteria for the treatment of wounds in adults and pediatric patients with recessive dystrophic epidermolysis bullosa.
- c. Create new criteria specific to Zevaskyn™ with a focus on the indication, qualifying wounds, and safety.

- d. Add separate renewal criteria for Filsuvez® and Vyjuvek™ that is separate from Zevaskyn™. Zevaskyn™ should not be considered for renewal for treatment of the same wounds.
- e. Board Discussion
 - i. No comments

MOTION	To accept the Epidermolysis Bullosa Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

7. Hematopoietic Agents

- a. Remove the pharmacology section from the clinical policy to streamline the material.
- b. Update the indications for all drugs to align with the current FDA-approved package inserts.
- c. Update the available dosage forms.
- d. Board Discussion
 - i. No comments.

MOTION	To accept the Hematopoietic Agents Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

8. Human Growth Hormones

- a. Add the new indication for Skytrofa® for the replacement of endogenous growth hormone in adults with growth hormone deficiency.
- b. Add Skytrofa® to the adult portion of the criteria that requires an intolerance to a trial of short-acting somatropin.
- c. Board Discussion
 - i. Update the language for adult and pediatric patients to include “intolerance to or treatment failure with or inability to comply with a trial of a short-acting somatropin” to allow additional access to the long-acting therapies.

MOTION	To accept the Human Growth Hormones Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

9. **Long-Acting Opioid Analgesic**
 - a. Update the available dosage forms.
 - b. Board Discussion
 - i. No comments.

MOTION	To accept the Long-Acting Opioid Analgesic Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

10. **Proprotein Convertase Subtilisin/Kexin Type 9 (PCKS9)**
 - a. Update the indication for Leqvio® for use as an adjunct to diet and exercise.
 - b. Board Discussion
 - i. No comments.

MOTION	To accept the Proprotein Convertase Subtilisin/Kexin Type 9 (PCKS9) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

11. **Short-Acting Fentanyl Analgesic**
 - a. Remove the pharmacology section from the clinical policy to streamline the material.
 - b. Update the available dosage forms.
 - c. The remaining drugs in the criteria are pending discontinuation as the TIRF (transdermal immediate release fentanyl) REMS program is no longer enrolling members.
 - d. Board Discussion
 - i. No comments.

MOTION	To accept the Short-Acting Fentanyl Analgesic Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

12. **Skin Disorders**
 - a. Update Nemluvio™ criteria to allow continuation of therapy without the topical corticosteroid and/or topical calcineurin inhibitor.
 - b. Board Discussion
 - i. No comments.

MOTION	To accept the Skin Disorders Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

13. Spinal Muscular Atrophy

- a. Update to include the tablet formulation of Evrysdi®.
- b. Board Discussion
 - i. No comments.

MOTION	To accept the Spinal Muscular Atrophy Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

14. Systemic Immunomodulators

- a. Add Otulfi™, Pyzchiva®, and Selarsdi™ with indications aligning with other ustekinumab-containing formulations.
- b. Adjust the available strengths and formulations for all drugs.
- c. Add the new indication for Actemra® and Tyenne® for the treatment of Hospitalized patients ≥ 2 years of age with COVID-19 who are receiving systemic corticosteroids and who require ventilation assistance.
- d. Add the new indication for Otezla® for the treatment of psoriatic arthritis in patients ≥ 6 years of age and who weigh at least 20 kg.
- e. Add the new indication for Rinvoq® for the treatment of giant cell arteritis in adults.
- f. Board Discussion
 - i. No comments.

MOTION	To accept the Systemic Immunomodulators Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

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

1. Codeine for Pediatric Use

- a. Board Discussion
 - i. No comments.

MOTION	To accept the Codeine for Pediatric Use Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

2. **Drugs for Bowel Disorders/GI Motility, Chronic**

a. 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
	5	0	0

3. **Duchenne Muscular Dystrophy**

a. Board Discussion

i. No comments.

MOTION	To accept the Duchenne Muscular Dystrophy Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

4. **Lenmeldy™ (atidarsagene autotemcel)**

a. Board Discussion

i. No comments.

MOTION	To accept the Lenmeldy™ (atidarsagene autotemcel) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

5. **Skysona™ (elivaldogene autotemcel)**

a. Board Discussion

i. No comments.

MOTION	To accept the Skysona™ (elivaldogene autotemcel) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

6. **Zurzuvae™ (zuranolone)**
 - a. Board Discussion
 - i. No comments.

MOTION	To accept the Zurzuvae™ (zuranolone) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

7. **Zynteglo™ (betibeglogene autotemcel)**
 - a. Board Discussion
 - i. No comments.

MOTION	To accept the Zynteglo™ (betibeglogene autotemcel) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

F. Proposal of Criteria to Retire

1. **Rezdiffra™**
 - a. Board Discussion
 - i. No comments.

MOTION	To accept the recommendation to retire Rezdiffra™ Criteria.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

G. Proposal of New Clinical Prior Authorization Criteria

1. **Crenessity™ (crinecerfont)**
 - a. New criteria for Crenessity™ indicated for use as adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients ≥ 4 years of age with classic congenital adrenal hyperplasia (CAH).
 - b. Requires confirmation of the diagnosis through laboratory testing.
 - c. Requires absence of hypersensitivity.
 - d. Requires baseline and continued treatment with oral corticosteroid consistent with standard therapy and indication.
 - e. Prescriber must be an endocrinologist, geneticist, or consultation with a specialist in this area of diagnosis.
 - f. Board Discussion
 - i. No comments.

MOTION	To accept the Crenessity™ (crinecerfont) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

2. **Encelto™ (revakinagene taroretcel-lwey)**

- a. Encelto™ is indicated for the treatment of adults with idiopathic macular telangiectasia type 2 (MacTel).
- b. Requires confirmation of diagnosis with fluorescein leakage and an additional assessment of the eye.
- c. Excludes patients with neovascular MacTel.
- d. Excludes patients with advanced disease.
- e. Requires inner segment – outer segment junction line photoreceptor break and area of ellipsoid zone loss.
- f. Requires absence of multiple characteristics that were excluded from the clinical trial and/or are warnings in the PI.
- g. Requires absence of ocular or periocular infections.
- h. Requires absence of Endothelial Serum Free Media.
- i. Requires attestation of monitoring of complications and assessment of risk vs. benefit with the insertion surgery.
- j. Requires absence of intravitreal steroid therapy or intravitreal anti-vascular endothelial growth factor in the 3 months prior to MacTel.
- k. Board Discussion
 - i. No comments.

MOTION	To accept the criteria for Encelto™ (revakinagene taroretcel-lwey) Criteria with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

3. **Imcivree™ (setmelanotide)**

- a. The new criteria is a replication of the Imcivree™ language that was previously listed within the Weight Management criteria.
- b. Board Discussion
 - i. No comments.

MOTION	To accept the Imcivree™ (setmelanotide) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

4. **MASH (metabolic dysfunction-associated steatohepatitis)**
 - a. The new criteria is a replication of the language that was previously listed within the Rezdiffra™ criteria.
 - b. Board Discussion
 - i. No comments.

MOTION	To accept the MASH (metabolic dysfunction-associated steatohepatitis) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

5. **Tryngolza™ (olezarsen)**
 - a. New criteria for Tryngolza™ indicated for use an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).
 - b. Requires member to be an adult with FCS confirmed with genetic testing or a compilation of laboratory and diagnostic testing.
 - c. Absence of hypersensitivity to a component of Tryngolza™.
 - d. Prescriber must be cardiologist, endocrinologist, geneticist, or lipidologist or consultation with a specialist in that diagnosis.
 - e. Board Discussion
 - i. No comments.

MOTION	To accept the Tryngolza™ (olezarsen) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

6. **Vykat™ XR (diazoxide choline)**
 - a. New criteria for Vykat™ XR indicated for the treatment of hyperphagia in adults and pediatric patients ≥ 4 years of age with Prader-Willi syndrome (PWS).
 - b. Requires patient age of 4 years and older as noted in the indication.
 - c. Prescriber must be an endocrinologist, geneticist, or specialist in PWS or one has been consulted.
 - d. Requires diagnosis of PWS with confirmed by genetic testing and with symptomatic hyperphagia.
 - e. Requires absence of hypersensitivity.
 - f. Requires prescriber attestation of review of the warnings/precautions/drug interactions and ongoing patient monitoring, as appropriate.
 - g. Board Discussion
 - i. No comments.

MOTION	To accept the Vykat™XR (diazoxide choline) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

Meeting was adjourned at 3:42 PM