April 23, 2025, DURB Meeting Summary

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Gochfeld, Dr. Marcus, Dr. Moynihan, Ms. Olson, Dr. Barberio, Dr. Lind (ex-officio). Unable to attend: Dr. Slim (ex-officio) and Mr. Schafer
Dr. Swee's pre-meeting announcement		Dr. Swee called the meeting to order by reading the following statement as required for the Board's meeting: In compliance with chapter 231 of the Public Law of 1975, notice of this meeting was given by way of the filings in the Trenton Times, Star Ledger, and Atlantic City Press.
Review of Minutes	Approved	Minutes from January 15, 2025, meeting was reviewed and approved. The approved meeting summary will also be posted on the DURB website at: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
Secretary's Report		- The Commissioners signed off on the DURB-recommended protocols from July 2024, October 2024, and January 2025 meetings. - The Department is working with the Commissioners to review and sign off on the State Fiscal Year (SFY) 2024 Annual Report. - In response to an inquiry by the Board during the January 2025 meeting regarding the percentage of the managed care organizations' total drug expenditure, the State Fiscal Unit provided the total spending for the pharmacy benefit is 15.2%.
Old Business		
(A) Utilization Trends of GLP-1/GIP Agonists, SGLT-2 Inhibitors, and CGRP Inhibitors	Continue to monitor	The Board reviewed utilization reports for GLP-1/GIP agonists, SGLT-2 inhibitors and CGRP inhibitors. Dr. Swee requested ongoing reports to monitor utilization of these three therapeutic classes. Dr. Swee commented on the continued rise in utilization of GLP-1/GIP agonist and SGLT-2 inhibitors and that this rise in utilization maybe a reflection of increased awareness of diabetes and hopefully not an increase in the number of new cases of

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		diabetes. He also stated there is a larger increase in utilization within the SGLT2 inhibitor category versus the GLP-1/GIP agonists. Dr. Marcus added the combination of increased cases of diabetes and the awareness that these drugs are useful in treating diabetes may have contributed to the overall increase. Dr. Swee stated he would like to continue monitoring CGRP inhibitors because the drugs are effective in treating migraines and headaches. The low utilization trend in the graph could be a result of access barriers. Dr. Marcus also questioned if these drugs are being underutilized.
(B) Updated Protocol for Alopecia Areata Products		The Board reviewed an updated version of the Alopecia Areata Products protocol with the recommended addition to test and treat syphilis if it is present. There was no further discussion.
(C) Updated Protocol for Lyfgenia® (lovotibeglogene autotemcel)		The Board reviewed an updated version of the Lyfgenia® protocol with the recommended addition of the black box warning. There was no further discussion.
(D) Updated Protocol for Casgevy® (exagamglogene autotemcel)		The Board reviewed an updated version of the Casgevy® protocol with the recommended additional criteria for administration of this product to occur at a Qualified Treatment Center. There was no further discussion.
New Business		
(A) Proposed Protocol for Attention Deficit Hyperactivity Disorder (ADHD) Stimulant Treatment for Children < 6 Years Old	Recommended	The Board reviewed a proposed protocol for the use of stimulant medications for the treatment of ADHD for children less than six years of age. Dr. Swee questioned if Medicaid provides coverage for parent training and behavioral management (PTBM). The State confirmed coverage for these services. Dr. Gochfeld stated parent involvement is very important in management of these children and PTBM may lead to managing the condition without the utilization of drugs. Ms. Olson expressed concern with the continuation of therapy criterion #1 and stated that patients with manageable or minimal side effects may still continue therapy. Dr. Swee suggested adding "significant" in reference to side effects to allow continuation of therapy when manageable or minimal side effects are present. Ms. Olson agreed with that update to the criterion #1.

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		The Board recommended approval of the protocol with the suggested addition.
(B) Proposed Protocol for Zepbound® (tirzepatide) for Obstructive Sleep Apnea (OSA)	Recommended	The Board reviewed a proposed Zepbound® protocol for the treatment of OSA. Dr. Swee stated the continuation criteria can be complicated and cumbersome because as the patient loses weight on Zepbound they may not present with moderate to severe OSA. The Board recommended approval of the protocol.
(C) Proposed Addendum to Protocol for Spravato® (esketamine) Nasal Spray	Recommended	The Board reviewed a proposed addendum to the protocol for Spravato® monotherapy for treatment-resistant depression. In addition, criteria was updated to ensure trial of at least two different classes of antidepressants at optimal therapeutic dosages for a minimum of four weeks each prior to Spravato for the diagnosis of treatment-resistant depression. Dr. Swee recommended updating the monitoring criteria to ensure patients will be appropriately monitored post administration of Spravato. The Board recommended approval of the protocol with the addition of Dr. Swee's recommendation.
Informational Highlights/Reports		
1. Fee-for-Service/MCO Prior Authorization Report	Continue to monitor	The Board reviewed the 4th Quarter 2024 prior authorization (PA) denial report for FFS and MCOs. Dr. Swee stated the Board should focus on drugs that are denied at a high percentage most likely due to formulary issues. He requested the Board receive utilization reports on antidiabetic, ADHD and dermatologic drugs.

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<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td>2. Summary of DURB Actions/Recommendations</td><td></td><td>The Board reviewed a summary of their actions from previous meetings (April 2024 through January 2025). Dr. Swee expressed his appreciation to the Department for obtaining approvals for all the Board approved protocols through January 2025.</td></tr>
<tr><td>3. DHS/DHSS/MCO Programs Top Drugs Report</td><td></td><td>Top drugs report for January 2025 (FFS) and December 2024 (MCOs) was provided for review.
Drug expenditures during the reporting period are noted below:

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<tr><th>Plan</th><th>Month Reported</th><th>Top Drugs</th><th>Total</th></tr>
<tr><td>FFS</td><td>January 2025</td><td>$ 2,841,231*</td><td>$ 3,135,173*</td></tr>
<tr><td>MCOs</td><td>December 2024</td><td>$ 115,620,665</td><td>$ 164,886,638</td></tr>
<tr><td colspan="4">* Less PAAD, ADDP and Sr. Gold</td></tr>
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Dr. Swee and Dr. Marcus noted that the total monthly drug expenditures are millions of dollars. Dr. Swee also stated that despite applicable drug rebates, the total spend is still high. Dr. Marcus mentioned an article in the Journal of Medical Toxicology highlighting increased utilization of tianeptine between 2018 and 2023, and increased overdose reports to poison control centers. Dr. Agrawal stated a Drug Enforcement Agency report from April 2025 mentioned this drug is not FDA-approved in the United States and has emerged as an illicit drug on the market. Dr. Swee requested a report be provided to the Board on tianeptine utilization.</td></tr>
<tr><td>4. Medication Information</td><td></td><td>Medical information was provided with links for further reading on the topics below:
1. FDA Approved Journavx™ (suzetrigine), a first-in-class treatment for adults with moderate to severe acute pain
2. Update to American Diabetes Association Diabetes Guidelines
3. Novo Nordisk Press Release January 28, 2025 – FDA Approves Ozempic® as the only GLP-1 Receptor Agonist to Reduce the Risk of Worsening Kidney Disease and Cardiovascular Death in Adults with Type 2 Diabetes Mellitus and Chronic Kidney Disease</td></tr>
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		4. Centers for Medicare & Medicaid Services (CMS) Infographic Released October 2024. 2024 Medicaid & CHIP Beneficiaries at a Glance: Attention Deficit/Hyperactivity Disorder 5. Centers for Disease Control and Prevention (CDC) – State Medicaid Policies Prescribing ADHD Medications to Children
Follow-up items:		1. Provide utilization reports for GLP-1/GIP agonists, SGLT2 inhibitors, and CGRP inhibitors to continue to monitor. 2. Provide utilization reports for Lyfgenia and Casgevy, as well as monitor if requests go beyond twelve months. 3. Provide reports to review top PA denials for antidiabetic, ADHD, and dermatologic drugs. 4. Provide a report on tianeptine utilization.