October 22, 2025, DURB Meeting Summary

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Gochfeld, Dr. Moynihan, Ms. Olson, Dr. Barberio, Dr. Lind (ex-officio, Department of Human Services) and Dr. Sahu (ex-officio, Department of Health) Unable to attend: Dr. Marcus 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	Ms. Olson and Dr. Barberio requested an update to the minutes from July 16, 2025, regarding the naloxone discussion in the DHS/DHSS/MCO Programs Top Drugs Report Section. The statement was updated to "Addressing naloxone on the top drugs report, Dr. Barberio stated it is dispensed in certain situations where there is an increase in the risk of an opioid overdose such as, but not limited to, the following: receiving opioid doses ≥90 MME/day or taking opioids with benzodiazepines." The approved meeting summary with the update is posted on the DURB website at: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
Secretary's Report		- The Department is working with the Commissioners to review and sign off on the July 2025 DURB recommended protocols - The Department is working with the Commissioners to review and sign off on the State Fiscal Year (SFY) 2024 Annual Report - The 2026 NJDURB Meeting dates were announced o January 28, 2026; April 15, 2026; July 15, 2026; October 21, 2026 - The SFY 2025 NJDURB Annual Report is drafted and will be sent to the Board for review and comments
Old Business		

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(A) Utilization Trends of GLP-1/GIP Agonists and SGLT-2 Inhibitors	Continue to Monitor	The Board reviewed utilization reports for GLP-1/GIP agonists, and SGLT-2 inhibitors. Dr. Swee requested ongoing reports to monitor utilization of these therapeutic classes. Dr. Swee commented on the increase in utilization from 4Q2024 to 1Q2025 of the GLP-1/GIP agonist category. The Board noted these drugs are not covered for the diagnosis of obesity alone.
(B) Updated Protocol for Imcivree®		The Board reviewed an updated version of the Imcivree® protocol with the recommended addition of noting a reduction in body mass index at one year from baseline for the continuation of therapy section. There was no further discussion.
(C) Updated Protocol for Chimeric Antigen Receptor (CAR) T Cell Products		The Board reviewed an updated version of the Chimeric Antigen Receptor (CAR) T Cell products protocol with the recommended change for Abecma® to include trial of at least two prior lines of therapy. There was no further discussion.
(D) Updated Protocol for Paroxysmal Nocturnal Hemoglobinuria (PNH) Products		The Board reviewed an updated version of the Paroxysmal Nocturnal Hemoglobinuria (PNH) products protocol with the recommended deletion of the word normalization from the continuation of therapy criteria pertaining to reticulocyte counts. There was no further discussion.
New Business		
(A) Proposed Addendum to Protocol for Biologics in Moderate to Severe Asthma	Recommended	The Board reviewed a proposed addendum to the protocol for biologic drugs used in the treatment of moderate to severe asthma. Dr. Swee stated Dupixent® for the diagnosis of asthma is no longer included in this protocol, however it is still available as a covered drug in a separate protocol. Discussion took place regarding the age-related criteria for the requested drugs. Pinali Agrawal stated the patient must meet the FDA approved age for the requested drug. In addition, if there is support in the compendia for use of the requested drug in non-FDA approved ages, approval is considered. The Board recommended approval of the protocol.
(B) Proposed Addendum to Protocol for Dupixent®	Recommended	The Board reviewed a proposed addendum to the Dupixent® protocol. Dr. Swee stated the Board's concern regarding prolonged use of high potency steroids, including topical steroids, to treat many of the conditions noted in the protocol. He stated the newer drugs are an alternative with their respective pros and cons. Dr. Swee asked if laser treatment for nasal polyps would be considered as trial of surgery. Pinali Agrawal stated she will

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		follow-up and confirm if laser procedures would be an effective alternative for the treatment of nasal polyps and if it can be added to the nasal polyp criteria for approval. The Board recommended approval of the protocol with follow-up information on laser treatment for nasal polyps.
(C) Proposed Addendum to Protocol for Hereditary Angioedema	Recommended	The Board reviewed a proposed addendum to the protocol for Hereditary Angioedema. Dr. Swee expressed the importance of monitoring patients receiving these medications, especially when the drugs are administered in a health care setting. The Board recommended approval of the protocol.
(D) Proposed Addendum to Protocol for Wegovy®	Recommended	The Board reviewed a proposed addendum to the protocol for Wegovy®. Dr. Swee discussed the black box warning pertaining to thyroid c-cell tumors and the warning and precaution of acute pancreatitis associated with this drug. Dr. Gochfeld asked if there were any associations between this drug and suicide risks. Ashmita Jadubans, a medical science liaison with Novo Nordisk stated there is no official link between suicide and suicidal ideation and GLP use. There is some data regarding suicide and GLP utilization, however it has not been correlated with one another. She stated there is research studying the use of GLPs in those with addiction. The Board recommended approval of the protocol.
Informational Highlights/Reports		
1. Fee-for-Service/MCO Prior Authorization Report	Continue to Monitor	The Board reviewed the 2nd Quarter 2025 prior authorization (PA) denial report for FFS and MCOs. Dr. Swee stated Aetna's denial rate for the ADHD/Anti-Narcolepsy/AntiObesity/Anorexiants category is an outlier in comparison to the other managed care plans. He requested an explanation for the high denial percentage. Pinali Agrawal stated Aetna provided feedback pertaining to the types of denials. But with respect to what is causing the high denial rate, the State will follow up with Aetna and provide the information to the Board.

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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 (July 2024 through July 2025). Dr. Swee expressed his appreciation to the Department for obtaining approvals for all the Board approved protocols.</td></tr>
<tr><td>3. DHS/DHSS/MCO Programs Top Drugs Report</td><td></td><td>Top drugs report for July 2025 (FFS) and June 2025 (MCOs) was provided for review. Drug expenditures during the reporting period are noted below:
<table>
<tr><th>Plan</th><th>Month Reported</th><th>Top Drugs</th><th>Total</th></tr>
<tr><td>FFS</td><td>July 2025</td><td>$ 2,180,975*</td><td>$ 2,406,614*</td></tr>
<tr><td>MCOs</td><td>June 2025</td><td>$ 119,081,572</td><td>$170,089,981</td></tr>
<tr><td colspan="4">* Less PAAD, ADDP and Sr. Gold</td></tr>
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<tr><td>4. Medication Information</td><td></td><td>Medical information was provided with links for further reading on the topics below:
1. American Association of Clinical Endocrinology Clinical Practice Guidelines on the Pharmacologic Management of Adults with Dyslipidemia 2025
2. American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines - 2025 Guidelines for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults
Dr. Swee expressed his concern with the potential conflict of interest of the clinicians and practitioners who make the recommendations in the published guidelines. He also stated how he looks forward to recommendations made by the U.S. Preventive Services Task Force.</td></tr>
<tr><td>Follow-up items:</td><td></td><td>1. Provide utilization reports for GLP-1/GIP agonists and SGLT2 inhibitors.
2. Provide utilization reports for Lyfgenia® and Casgevy®, as well as monitor if requests go beyond twelve months.
3. Laser surgery for nasal polyps, confirm if this meets criteria for approval</td></tr>
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