New Jersey Drug Utilization Review Board
Virtual Platform
October 21, 2026

https://nj.gov/humanservices/dmahs/public-advisory/durb/

AGENDA

I. Call to order in accordance with New Jersey Open Public Meeting Act

II. Roll Call

III. July 15, 2026, Meeting Packet
https://www.nj.gov/humanservices/dmahs/documents/boards/durb/meeting/DURB_Meeting_Docs_7-15-26.pdf

IV. Review of meeting transcript for July 15, 2026, Meeting
https://www.nj.gov/humanservices/dmahs/documents/boards/durb/agendas/10-2026/Transcript_NJDURB_Meeting_July_2026.pdf

V. Review of draft meeting summary for July 15, 2026, Meeting (pages 3-6)

VI. Secretary's report (page 7)

VII. Old Business
- A. Utilization Trends of GLP-1/GIP Agonists (pages 8-9)
- B. Utilization Trends of SGLT-2 Inhibitors (pages 10-11)
- C. Proposed Addendum to Protocol for Gattex® (pages 12-13)

VIII. New Business
- A. Proposed Addendum to Protocol for Imcivree® (pages 14-16)
- B. Proposed Protocol for Zelsuvmi™ and Ycanth® (pages 17-18)
- C. Proposed Protocol for Olumiant® (pages 19-20)
- D. Proposed Protocol for Otezla®/Otezla XR™ (pages 21-23)

IX. A. Informational Highlights/Reports

1. Gainwell Technologies/NJ MCO 2nd Quarter 2026 Prior Authorization Report (page 24)
2. Summary of DURB Action Items (pages 25-28)
3. DHS/DOH Pharmacy Programs Top Drugs Report/Physicians Administered Drugs Report (by amount paid and by category):

   FFS top drugs:
   http://www.state.nj.us/humanservices/dmahs/documents/boards/durb/agendas/10-2026/FFS_Top_Drugs_Report_by_07-2026.pdf

   MCO top drugs:
   http://www.state.nj.us/humanservices/dmahs/documents/boards/durb/agendas/10-2026/MCO_Top_Drugs_Report_by_07-2026.pdf

   FFS top drugs by category:
   http://www.state.nj.us/humanservices/dmahs/documents/boards/durb/agendas/10-2026/FFS_Top_Drugs_by_Category_07-2026.pdf

   MCO top drugs by category:
   http://www.state.nj.us/humanservices/dmahs/documents/boards/durb/agendas/10-2026/MCO_Top_Drugs_by_Category_by_07-2026.pdf

   FFS antiviral drugs:
   http://www.state.nj.us/humanservices/dmahs/documents/boards/durb/agendas/10-2026/FFS_Antiviral_Drugs_by_07-2026.pdf

B. Recent Updates

American Association of Clinical Endocrinology Consensus Statement: Algorithm for Management of Adults with Type 2 Diabetes – 2026 Update
https://www.endocrinepractice.org/article/S1530-891X(26)00022-4/fulltext#fig2

2026 American College of Rheumatology (ACR) Juvenile Idiopathic Arthritis (JIA) Guidelines
https://assets.contentstack.io/v3/assets/bltee37abb6b278ab2c/blt4e307b8933591fa5/jia-guidelines-summary-2026.pdf

Generic and Biosimilar Prescribing in Children and Adolescents: Policy Statement
https://publications.aap.org/pediatrics/article/157/6/e2026077027/207622/Generic-and-Biosimilar-Prescribing-in-Children-and?autologincheck=redirected

July 15, 2026, DURB Meeting Summary (Draft)

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Gochfeld, Dr. Moynihan, Ms. Olson, Dr. Barberio, Dr. Marcus, Dr. Lind (ex-officio, Department of Human Services) and Dr. Sahu (ex-officio, Department of Health) Unable to attend: Mr. Schafer
Dr. Swee's pre-meeting announcement		Dr. Swee called the meeting to order by reading the following statement as required for Board's meeting: In compliance with Chapter 231 of the public laws of 1975, notice of this meeting was given by way of filings in the Trenton Times, Star Ledger, Atlantic City Press, Bergen Record, and Courier-Post.
Dr. Raynard E. Washington, NJ DOH Commissioner	Introduction	Dr. Lind introduced and welcomed Dr. Washington to the meeting. Dr. Washington is the Commissioner of the NJ Department of Health and is an epidemiologist by training. Dr. Washington provided comment and thanked the Board members for their commitment and service.
Review of Minutes	Approved	Minutes from April 15, 2026, meeting was reviewed and approved by the Board. The approved meeting summary is posted on the DURB website at: https://nj.gov/humanservices/dmahs/public-advisory/durb/
Secretary's Report		- The Commissioners approved the January 2026 and April 2026 DURB recommended protocols - The 2026 NJDURB Meeting dates were announced o October 21, 2026 - There are no further updates on the Board's positions and replacements Dr. Swee requested that Dr. Washington be provided an update regarding issues the Board has experienced with filling vacant positions.
Old Business		
(A) & (B) Utilization Trends of GLP-1/GIP	Continue to Monitor	The Board reviewed utilization reports for GLP-1/GIP agonists, and SGLT-2 inhibitors. Dr. Swee expressed that clinically, based on the mechanism of action of the GLP-1/GIP agonists, all of the agents potentially can be used to treat any of the FDA approved

Issue	Action	Notes
Agonists and SGLT-2 Inhibitors		indications. To help clarify the point, Dr. Agrawal stated the managed care organizations are covering these drugs based on the drug specific FDA approved indication(s). Dr. Swee requested confirmation of including the newly approved Foundayo. Dr. Agrawal stated Foundayo is included in the reporting and once there is utilization it will be reported.
New Business		
(A) Proposed Addendum to Protocol for Gattex®	Recommended	Dr. Swee requested the reference to pediatrics be replaced with children in the protocol. Dr. Moynihan clarified criteria pertaining to gastrointestinal cancer, to ensure it includes only active disease. Dr. Swee ensured the Board understood the change being made in both initial and continuation of therapy sections. Dr. Marcus commented that the diagnostic criteria for what constitutes short bowel is a good reminder for clinicians and most of these patients are most likely followed by gastrointestinal specialists. There were no further questions regarding the protocol criteria. The Board recommended approval of the protocol.
(B) Proposed Addendum to Protocol Strensiq®	Recommended	Dr. Swee asked to include both prevalence and incidence rates for drugs used in the treatment of rare conditions. Regarding Strensiq, Dr. Agrawal stated ten patients are receiving Strensiq who are enrolled in the NJ Medicaid/FamilyCare Program. There was a discussion regarding the general population affected by this rare disorder versus the low number of patients the State is treating. Ms. Olson stated the number may be lower due to underdiagnosed and/or mild disease. Dr. Swee posed a question to the Board asking if all prescribers would be trained in handling the black box warning of anaphylaxis associated with this drug. Ms. Olson stated managing anaphylaxis is part of a nurse practitioner's training and depending on where the drug is administered, individuals should have or be given appropriate training to handle anaphylaxis if it occurs. There were no further questions regarding the protocol criteria. The Board recommended approval of the protocol.
(C) Proposed Protocol for C Type Natriuretic Peptide Products	Recommended	Dr. Agrawal provided an overview of the proposed protocol criteria. Dr. Swee questioned documentation of open epiphyses and if x-rays would be required in order to meet the criteria. He stated x-rays would be the tool used to confirm if the epiphyses are open or closed and stated these patients most likely are getting x-rays. Dr. Agrawal stated the

Issue	Action	Notes
		documentation is not restricted to only x-rays; it can be clinical notes from the medical record stating epiphyses are open. There were no further questions regarding the protocol criteria. The Board recommended approval of the protocol.
(D) Protocols Recommended for Retirement	Recommended	The State presented three previously approved protocols for retirement due to the high prior authorization approval rates. Dr. Marcus raised a concern regarding Zyvox®, stating it is dangerous because it interacts with many different medications, such as MAO inhibitors which can lead to serotonin syndrome. Dr. Gochfeld stated MAO inhibitors are rarely used in practice. Dr. Marcus remained concerned with moving forward with retiring the Zyvox protocol without reviewing additional information. Dr. Gochfeld proposed tabling the protocol until more information is provided to the Board. There were no further questions regarding the protocols. The Board recommended retirement of Makena® and Low Molecular Weight Heparin Protocols. The Board requested additional information on the utilization of Zyvox®.
Informational Highlights/Reports		
1. Fee-for-Service/MCO Prior Authorization Report	Continue to monitor	The Board reviewed the 1st Quarter 2026 prior authorization (PA) denial report for FFS and MCOs. The Board raised concern with the denial rates and the variability of denial rates from one MCO to the next. As an example, Dr. Swee referenced issues with the ADHD drugs/category or the diabetic drugs. Dr. Agrawal reviewed claim information provided by the MCO(s) for both the ADHD and diabetic categories with no remarkable errors or discrepancies. Dr. Marcus highlighted other categories which also had variability between the different MCOs. Upon further review and discussion of the prior authorization report the Board requests with the upcoming renewal of HMO contracts, Table 12 be updated to separate formulary versus non-formulary denials for each drug category. The State will also work on streamlining the categories to avoid combining different therapeutic classes.
2. Summary of DURB Actions/Recommendations		The Board reviewed a summary of their actions from previous meetings (July 2025 through April 2026). Dr. Swee expressed his appreciation to the Department for obtaining approvals for all the Board approved protocols.

<table>
<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>3. DHS/DHSS/MCO Programs Top Drugs Report</td><td></td><td>Top drugs reports for March 2026 (FFS and MCOs) were 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>March 2026</td><td>$2,495,701*</td><td>$2,780,355*</td></tr><tr><td>MCOs</td><td>March 2026</td><td>$83,246,893</td><td>$120,216,377</td></tr><tr><td colspan="4">* Less PAAD, ADDP and Sr. Gold</td></tr></table></td></tr>
<tr><td>4. Medication Information/Clinical Guidelines</td><td></td><td>Recent Guidelines links provided to the Board for further reading on the topics below:
1. KDIGO 2026 Clinical Practice Guideline for Diabetes and Chronic Kidney Disease (CKD)
2. Guidelines of Care for the Management of Atopic Dermatitis in Pediatric Patients
3. Relationship between menopausal hormone therapy and incidence of breast cancer; systemic review and meta-analysis
4. American Association of Clinical Endocrinology Consensus Statement: Algorithm for Management of Adults with Type 2 Diabetes – 2026 Update</td></tr>
<tr><td>Follow-up items:</td><td></td><td>1. Provide a breakdown of members new to GLP-1/GIP agonists and SGLT2 inhibitors
2. Include the FDA approved indications for SGLT-2 inhibitors and GLP-1/GIP agonists for the presented utilization charts
3. Provide utilization reports for Lyfgenia® and Casgevy®
4. Reclassify Table 12 Prior Authorization Report categories and separate formulary versus non-formulary denials within each listed category.
5. Provide utilization information on Zyvox® for Board’s review.</td></tr>
</table>

Secretary's Report

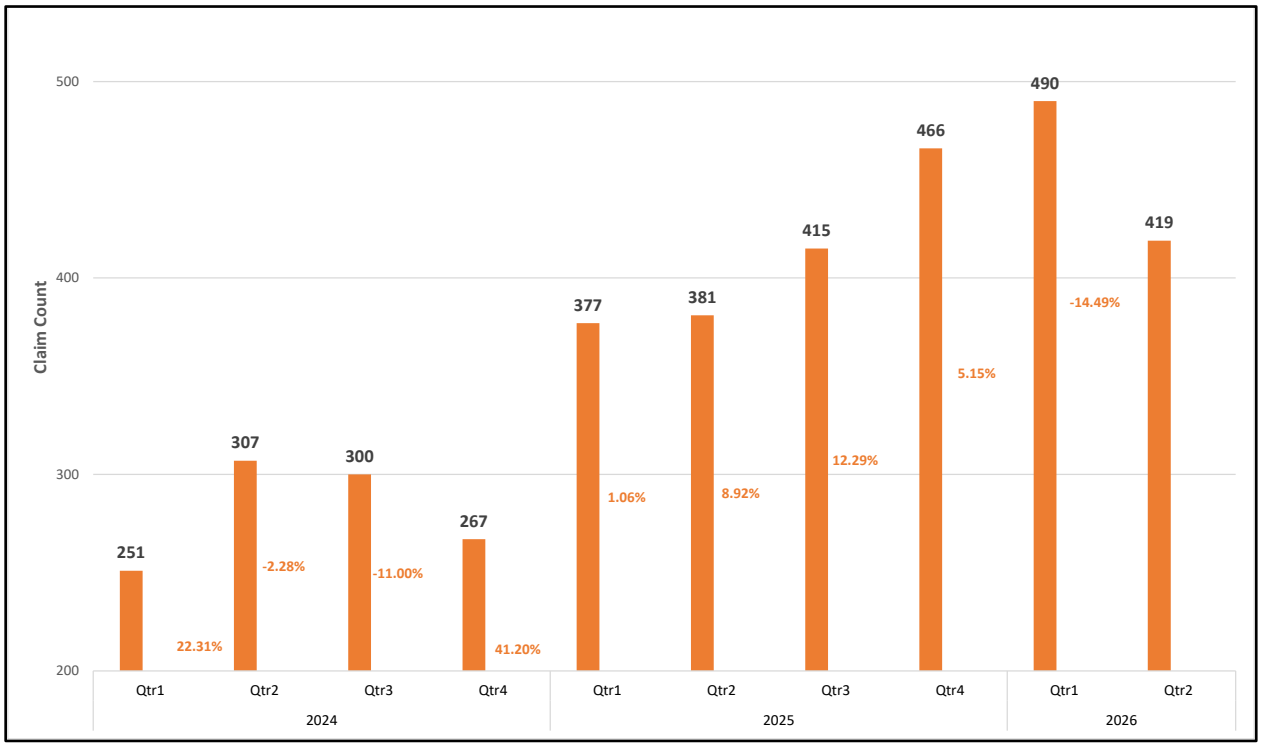
New Jersey Drug Utilization Review Board
October 21, 2026

1. The July 2026 NJ DURB recommended protocols are under review by Commissioners

2. NJDURB Meeting Dates 2027
   - January 20
   - April 14
   - July 21
   - October 27

3. The Department does not have any new updates for the Board's positions

FFS GLP-1 Agonists and Dual GIP/GLP-1 Agonists Utilization
2024 Q1 – 2026 Q2



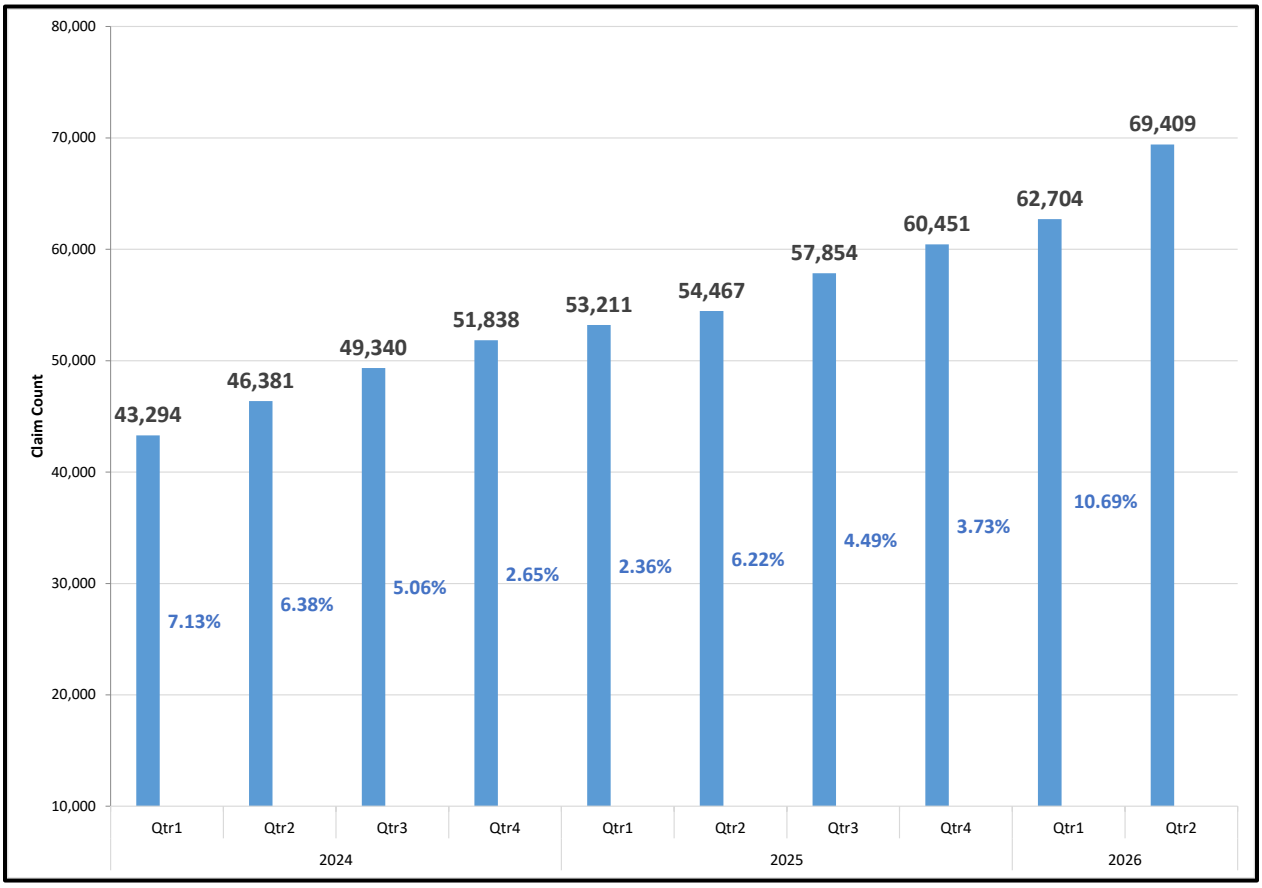
GLP-1 Agonists and Dual GIP/GLP-1 Agonists

Type 2 Diabetes Mellitus	Cardiovascular Events	Noncirrhotic Metabolic Dysfunction Associated Steatohepatitis	Obstructive Sleep Apnea	Chronic Kidney Disease
Bydureon Bcise Mounjaro Ozempic Rybelsus Soliqua Trulicity Victoza Xultophy	Ozempic Rybelsus Trulicity Victoza Wegovy Injection	Wegovy Injection	Zepbound	Ozempic

Updated June 2026

Refer to FDA approved prescribing information for each drug

MCO GLP-1 Agonists and Dual GIP/GLP-1 Agonists Utilization
2024 Q1 – 2026 Q2



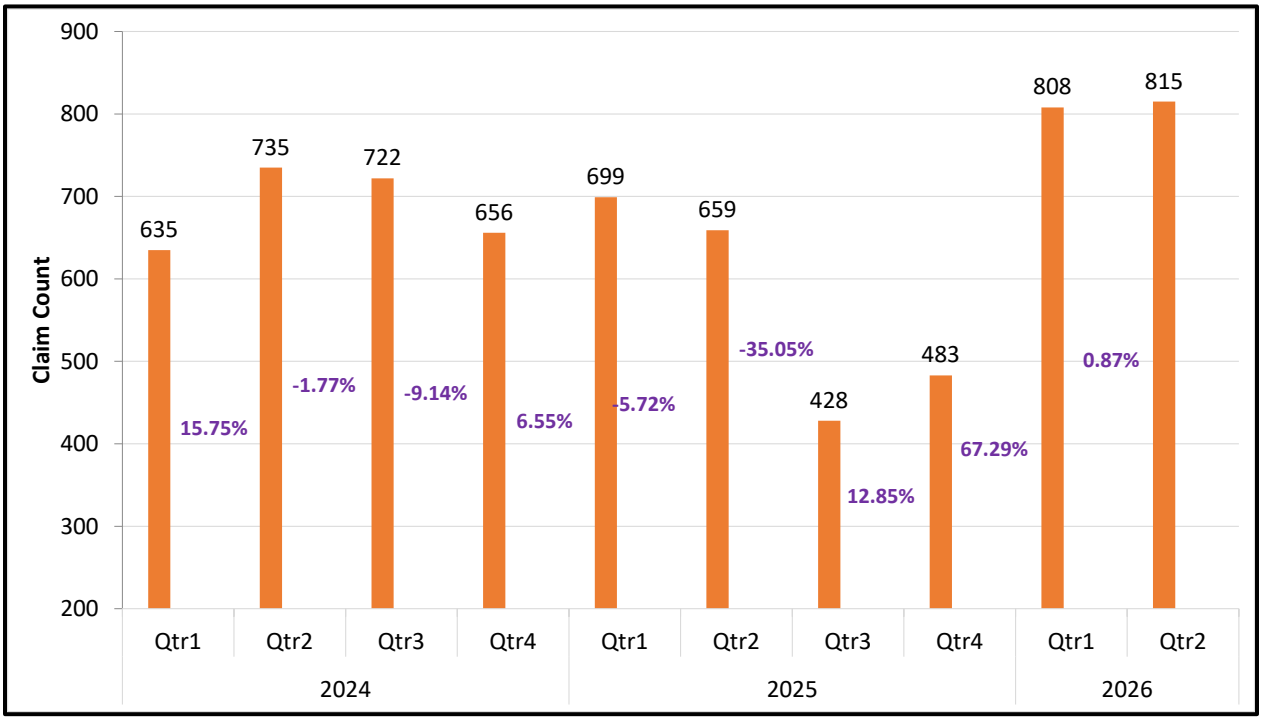
GLP-1 Agonists and Dual GIP/GLP-1 Agonists

Type 2 Diabetes Mellitus	Cardiovascular Events	Noncirrhotic Metabolic Dysfunction Associated Steatohepatitis	Obstructive Sleep Apnea	Chronic Kidney Disease
Bydureon Bcise Mounjaro Ozempic Rybelsus Soliqua Trulicity Victoza Xultophy	Ozempic Rybelsus Trulicity Victoza Wegovy Injection	Wegovy Injection	Zepbound	Ozempic

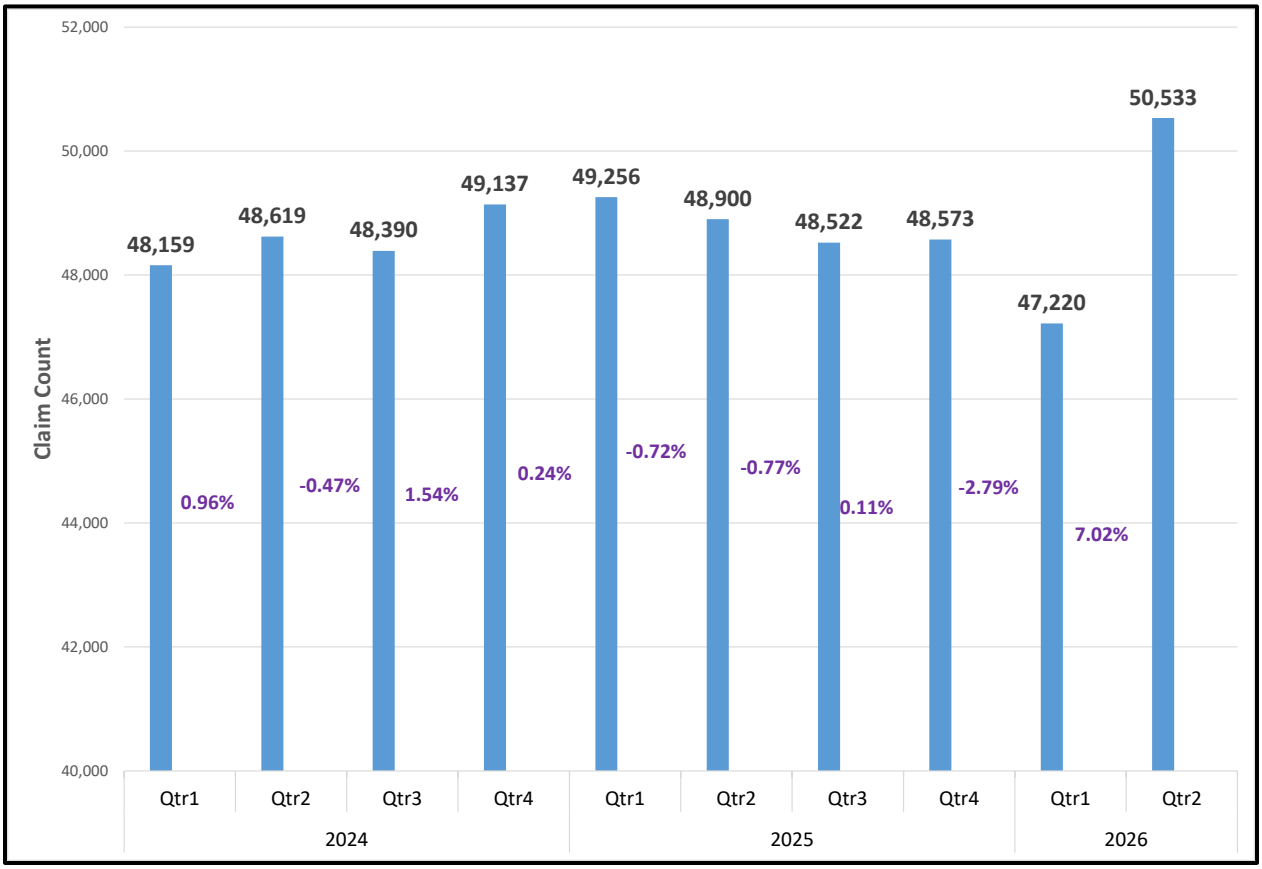
Updated June 2026

Refer to approved prescribing information for each drug listed

FFS SGLT2 Inhibitors; SGLT2 Inhibitors in Combination with DPP-4 Inhibitors, Metformin and/or SGLT2 Inhibitors Utilization
2024 Q1 – 2026 Q2



MCO SGLT2 Inhibitors; SGLT2 Inhibitors in Combination with DPP-4 Inhibitors, Metformin and/or SGLT2 Inhibitors Utilization
2024 Q1 – 2026 Q2



Proposed Addendum to Protocol for Gattex® (teduglutide)
July 2026

DURB Approval Dates	**1/2023; 7/2026**
Commissioners Approval Dates	**2/2024**

Addendum:
The initial and continuation of therapy criteria are updated.

Background:
Short bowel syndrome (SBS) is a condition affecting absorption and results from surgical resection or congenital disease of the small intestine which is characterized by the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balances when on a conventionally accepted, normal diet. The global prevalence of SBS is estimated to be 0.12 to 2.74 per 100,000 adults and 0.09 to 1.67 per 100,000 children. Gattex is as a glucagon-like peptide-2 (GLP-2) analog indicated for the treatment of all patients one year of age and older with SBS who are dependent on parenteral support.

Criteria for initial approval must meet all of the following:

1. Patient is of the FDA-labeled or compendial approved age
2. Patient does not have any contraindications to therapy
3. Patient has documented congenital disease of the small intestine or the patient has had a surgical resection of the small intestine
4. For adults a documented diagnosis of SBS defined as small intestine length < 200 cm
5. For children <18 years of age a documented diagnosis of SBS defined as small intestine length <25 percent of the normal length of small intestine for age
6. Patient is dependent on parenteral nutrition support
7. The following baseline tests have been completed within 6 months of initiation of treatment (documentation is required):
    a. For all patients: laboratory assessment of bilirubin, alkaline phosphatase, lipase, and amylase
    b. For adult patients: a colonoscopy and an upper gastrointestinal (GI) endoscopy have been completed with removal of polyps if applicable
    c. For children <18 years of age: fecal occult blood test; if there is unexplained blood in the stool, colonoscopy/sigmoidoscopy and an upper GI endoscopy have been completed
8. Medication is prescribed by or in consultation with a gastroenterologist or a provider specializing in the patient's diagnosis
9. Patient's current weight is provided
10. The patient does not have active gastrointestinal cancer
11. The medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence

Continuation of Therapy:

1. Patient is responding to therapy, defined as meeting at least one of the following:
    a. Clinically stable

b. Reduction in parenteral nutrition
c. Increase in oral intake of nutrition
d. Increase in enteral nutrition

2. The patient does not have active gastrointestinal cancer
3. The medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence

References:

1. Gattex [prescribing information]. Takeda Pharmaceuticals America, Inc. Lexington, MA. September 2025
2. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically
3. Cagir, B. (2021, February 16). Short-Bowel Syndrome. Medscape. Accessed November 18, 2022 at: https://emedicine.medscape.com/article/193391-overview
4. Guillen G and Atherton NS. ; Nichole S. Atherton. Short Bowel Syndrome. Stat Pearls, July 26, 2022. Accessed November 21, 2022 at: https://www.ncbi.nlm.nih.gov/books/NBK536935/
5. DiBaise, JK. Pathophysiology of short bowel syndrome. In: UpToDate, Inc. Available at www.uptodate.com Updated January 5, 2026. Accessed on May 7, 2026.
6. DiBaise, JK. Management of short bowel syndrome in adults. In: UpToDate, Inc. Available at www. Uptodate.com Updated March 6, 2026. Accessed on May 11, 2026.
7. Iyer K, DiBaise JK, Rubio-Tapia A. AGA Clinical Practice Update on Management of Short Bowel Syndrome: Expert Review. Clinical Gastroenterology and Hepatology. 2022;20:2185-2194. https://www.cghjournal.org/article/S1542-3565(22)00561-4/fulltext

Addendum to the Protocol for Imcivree® (setmelanotide)

October 2026

DURB Approval Dates	**10/2021; 1/2023; 7/2025; 10/2026**
Commissioners Approval Dates	**5/23/2022; 2/7/2024; 11/2025**

Addendum:

The purpose of this addendum is to add a new indication to reduce excess body weight and maintain reduction long term in adult and pediatric patients aged 4 years and older with acquired hypothalamic obesity (HO). The continuation of therapy criteria pertaining to therapy response have been updated based on prescribing information changes.

Background:
Imcivree is a melanocortin 4 (MC4) receptor agonist approved to reduce excess body weight and maintain reduction long term in adults and based on age pediatric patients. In addition to the new indication for acquired hypothalamic obesity, Imcivree is indicated for Bardet-Biedl syndrome (BBS) in those 2 years and older and pro-opiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1) or leptin receptor (LEPR) deficiency confirmed by genetic testing demonstrating variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS).

Initial Criteria for Approval:
Patient meets **ALL** the following:

1. Diagnosis of obesity as defined by the Centers for Disease Control and Prevention (CDC) as:
    a. Patients 20 years or older with BMI $\geq$ 30 kg/m^2
    b. Patients less than 20 years of age with BMI $\geq$ 95th percentile

2. Documented diagnosis of obesity due to one of the following:
    a. POMC, PCSK1, or LEPR deficiency with genetic testing confirming that variants in the POMC, PCSK1, and/or LEPR genes are interpreted as pathogenic, likely pathogenic, or of uncertain significance
    b. Confirmed Bardet-Biedl syndrome (BBS)
    c. Confirmed acquired hypothalamic obesity (HO)

3. Patient is of the FDA-labeled or compendial approved age

4. The medication is prescribed by or in consultation with a specialist who has appropriate knowledge and experience in treating POMC, PCSK1 or LEPR deficiency, or BBS and/or HO

5. Documentation of estimated glomerular filtration rate [eGFR] **has been received and is consistent with the FDA approved prescribing information** ~~$\geq$ 15 mL/min/1.73 m^2 is provided~~

6. The Patient does not have any contraindications to therapy

7. **The patient has been counseled on healthy diet and exercise program**

8. **For products with weight-based dosing, the patient's current weight is provided**

9. The medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence

Limitations of Use: ~~**Exclusions:**~~

Imcivree is not indicated for the treatment of patients with the following conditions as it would not be expected to be effective:

a. Obesity due to suspected POMC-, PCSK1-, or LEPR-deficiency with POMC, PCSK1, or LEPR variants classified as benign or likely benign
b. Other types of obesity not related to **acquired HO, BBS, or** POMC, PCSK1 or LEPR deficiency, including **obesity associated with** other genetic syndromes and general (polygenic) obesity

Continuation of therapy:

1. **Documentation is provided of a reduction in BMI or body weight at 1 year from therapy start date**
2. ~~For patients ≥6 years of age and older with obesity due to one of the following:~~
    a. ~~POMC, PCSK1, or LEPR deficiency there is a documented positive response to therapy as evidenced by a reduction in BMI at 1 year from baseline~~
    b. ~~Bardet-Biedl Syndrome there is a documented positive response to therapy as evidenced by a reduction in BMI at 1 year from baseline~~

3. ~~For patients aged 2 to less than 6 years of age with obesity due POMC, PCSK1, or LEPR deficiency, or Bardet-Biedl Syndrome, there is a documented positive response to therapy as evidenced by a reduction in BMI at 1 year from baseline~~

4. **Documentation of estimated glomerular filtration rate [eGFR] has been received and is consistent with the FDA approved prescribing information**

5. **For products with weight-based dosing, the patient's current weight is provided**

6. The medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence

References:

1. Imcivree® injection [prescribing information]. Rhythm Pharmaceuticals, Inc. Boston, MA. **March 2026**. ~~021116~~ ~~December 2024~~.
2. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically.
3. Ayers KL, Glicksberg BS et al. Melanocortin 4 Receptor Pathway Dysfunction in Obesity: Patient Stratification Aimed at MC4R Agonist Treatment. J Clin Endocrinol Metab. 2018 Jul; 103(7): 2601–2612.
4. Wabitsch M, Flück CE, et all. Natural History of Obesity Due to POMC, PCSK1, and LEPR Deficiency and the Impact of Setmelanotide. J Endocr Soc. 2022 Apr 15;6(6).
5. Forsythe, E., Beales, P. Bardet–Biedl syndrome. Eur J Hum Genet 21, 8–13 (2013)
6. Beales PL, Elcioglu N, Woolf AS, et al. New criteria for improved diagnosis of Bardet-Biedl syndrome: results of a population survey. J Med Genet. 1999;36:437-446.
7. Centers for Disease Control and Prevention. (2024, June 28). Child and Teen BMI Categories. Retrieved June 12, 2025, from https://www.cdc.gov/bmi/child-teen-calculator/index.html
8. Centers for Disease Control and Prevention. (2024, June 28). Adult BMI Categories. Retrieved June 12, 2025, from https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html#cdc_generic_section_3-adult-bmi-calculator
9. Muller HL, Bartels UK, Denzer C, et al. Expert meeting report: epidemiology and management of acquired hypothalamic obesity. Frontiers in Endocrinology. Vol 17. April 2026.https://www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2026.1798619/full
10. Muller HL. Preoperative staging in childhood craniopharyngioma: standardization as a first step towards improved outcome. Endocrine. (2016) 51:1-3. https://link.springer.com/article/10.1007/s12020-015-0800-x
11. Muller HL, Tanaka T, Hasegawa T, et al. Diagnostic criteria for acquired hypothalamic obesity – international expert guidance document. Endrocrine J. (2025) 73(2):341-53. https://www.jstage.jst.go.jp/article/endocrj/73/2/73_EJ25-0408/_article

Proposed Protocol for Zelsuvmi™ and Ycanth®
July 2026

DURB Approval Dates	
Commissioners Approval Dates	

Zelsuvmi™ (berdazimer)
Ycanth® (cantharidin)

Background:
Molluscum contagiosum virus (MCV) is a poxvirus which affects the skin. Molluscum contagiosum virus genotype 1 (MCV1) causes 90 percent of cases in the United States. According to the U.S. Centers for Disease Control and Prevention (CDC) molluscum contagiosum is usually benign and resolves without scarring if left untreated in immunocompetent people. Ycanth and Zelsuvmi are indicated for the topical treatment of molluscum contagiosum. Zelsuvmi is a nitric oxide releasing agent and Ycanth is a vesicant.

Initial Criteria for Approval (must meet criteria 1-7):

1. Patient is of the FDA-labeled or compendial approved age
2. The medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence
3. Patient does not have any contraindications to therapy
4. The patient is not concomitantly receiving another topical modality for the treatment of the same lesion(s)
5. The prescriber confirms treating the lesions is required and a watch and wait approach is not clinically appropriate (i.e., chronic skin condition, molluscum in the genital area, weakened immune system, pain and discomfort from lesions)
6. The patient meets one of the following (a. or b.)
    a. Zelsuvmi Request
        i. The drug will not be applied to lesion(s) located on ophthalmic, oral or intravaginal areas
        ii. The drug will not be applied to affected lesion(s) for more than 12 weeks
    b. Ycanth Request
        i. The drug is administered by a healthcare provider
        ii. The drug will not be applied to lesion(s) located on oral, mucosal or ophthalmic areas
        iii. Only up to two applicators will be used during a single treatment session
        iv. Each lesion will be treated no more than every 3 weeks

Continuation of Therapy Criteria:
For Ycanth Requests must meet all of the following:

1. Documentation is received showing improvement in treated lesions (e.g. reduction in papules or resolution of papules)
2. The drug will not be applied to oral, mucosal or ophthalmic areas

References:

1. Zelsuvmi [prescribing information]. LNHC, Inc. Durham, NC. 1/2024.
2. Ycanth [prescribing information]. Verrica Pharmaceuticals, Inc. West Chester, PA 10/2024.
3. Isaacs SN. Molluscum contagiosum. In: UpToDate, Inc. Available at www.uptodate.com Updated August 18, 2025. Accessed on August 19, 2026.
4. Centers for Disease Control and Prevention. (2025, April 15). Clinical Overview of Molluscum Contagiosum. https://www.cdc.gov/molluscum-contagiosum/hcp/clinical-overview/index.html Access August 19, 2026
5. Hebert AA, Bhatia N, Del Rosso JQ. Molluscum Contagiosum: Epidemiology, Considerations, Treatment Options, and Therapeutic Gaps. J Clin Aesthet Dermatol. 2023 Aug;16(8 Suppl 1):S4-S11. https://pmc.ncbi.nlm.nih.gov/articles/PMC10453394/
6. Verma KK, Burningham KM, Tyring SK. Innovation in Warts and Molluscum: An Updated Comprehensive Review. Dermatol Clin. 2025;43(1):95-102. https://pubmed.ncbi.nlm.nih.gov/39542567/

Proposed Protocol for Olumiant® (baricitinib)
October 2026

DURB Approval Dates	**1/2025**
Commissioners Approval Dates	**3/2025**

Addendum:
Protocol was updated to include additional indications for Olumiant. The protocol was aligned with standard criteria language.

Background:
Alopecia areata is a chronic, relapsing, immune-mediated, inflammatory disorder that affects hair follicles and results in nonscarring hair loss. The severity of the disorder ranges from small patches of alopecia on any hair-bearing area to the complete loss of scalp, eyebrow, eyelash, and body hair.

Criteria for Approval:
1. The patient is of the FDA-labeled or compendial age
2. The patient does not have any contraindication to therapy
3. The medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence
4. The medication is prescribed by or in consultation with a specialist who has appropriate knowledge and experience
5. For products with weight-based dosing, the patient's current weight is provided
6. The patient is not using or planning to use the requested medication concomitantly with other JAK inhibitors, biologic immunomodulators/biologic DMARDs or potent immunosuppressants (e.g., azathioprine, cyclosporine)
7. **Documentation is received that the patient has ONE of the following diagnoses (must meet a. b. or c.):**
    a. Severe Alopecia Areata (other causes of hair loss have been ruled out, e.g., androgenetic alopecia, cicatricial alopecia, tinea capitis, triangular alopecia, trichotillomania, and syphilis)
    b. **Moderate to Severe Active Rheumatoid Arthritis with trial and failure of at least one tumor necrosis factor (TNF) blockers**
    c. **Coronavirus Disease 2019 (COVID-19) and meets both i. and ii.**
        i. **Hospitalized**
        ii. **Requires supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation**
8. Prior to initiation of therapy, recommended monitoring is completed as indicated by the Olumiant prescribing information

Continuation of therapy:

1. Documentation of positive clinical response to therapy is received
2. The patient is not using or planning to use the requested medication concomitantly with other JAK inhibitors, biologic immunomodulators/biologic DMARDs or potent immunosuppressants (e.g., azathioprine or cyclosporine)
3. The patient's complete blood counts continue to be monitored during treatment with Olumiant

Olumiant has a black box warning for serious infections, thrombosis, mortality, malignancy, and major adverse cardiovascular events (MACE).

References:

1. Olumiant® [packet insert] Lilly USA, LLC. Indianapolis, IN. ~~May 2022~~ **June 2026**.
2. Shawky AM, Almalki FA, Abdalla AN, Abdelazeem AH, Gouda AM. A Comprehensive Overview of Globally Approved JAK Inhibitors. Pharmaceutics. 2022 May 6;14(5):1001
3. Clinical Pharmacology (online database). Tampa FL: Gold Standard Inc.: 2019. Updated periodically
4. Messenger AG. Alopecia Areata: Management. UpToDate November 2, 2023. Accessed online 11.4.24 https://www.uptodate.com/contents/alopecia-areata-management?csi=aa393cbe-625a-4f90-a3f7-2c8bad50fef8&source=contentShare
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Proposed Protocol for Otezla® (apremilast) / Otezla XR™ (apremilast)
October 2026

DURB Approval Dates	**7/2021; 10/2023**
Commissioners Approval Dates	**7/2024**

Addendum:
Protocol was updated to include new indications for Otezla and additional criteria.

Background:
Biologic response modifiers (BRMs), also known as immunomodulators, are the class of medications that target the disease-causing mechanism. They are used in autoimmune diseases as first-line medications or after the failure of conventional agents. Serious infections are the most severe complications and require screening before initiation, and monitoring while patients are taking the medications.

Initial Criteria for Approval (must meet 1 through 8):

1. The patient is of the FDA-labeled or compendial age
2. The medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence
3. The patient does not have any contraindications to therapy
4. The medication is prescribed by or in consultation with a specialist who has appropriate knowledge and experience
5. For products with weight-based dosing, the patient's current weight is provided
6. The patient must not use requested medication with another targeted immune modulator
7. **Documentation is received** that the patient meets **ONE** of the following diagnosis (must meet a. or b.):
    a. Adult patients (i. ii. or iii.):
        i. Plaque Psoriasis who are candidates for phototherapy or systemic therapy
        ii. Active Psoriatic Arthritis
        iii. Oral ulcers associated with Behcet's Disease
    b. Pediatric patients 6 years of age and older (i. or ii.):
        i. Moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy
        ii. **Active Psoriatic Arthritis**
8. **Documentation** is received for **ONE** of the following (must meet A. or B.):
    a. For the treatment of mild plaque psoriasis in adults, unless contraindicated and/or intolerant to all, patient must try and fail at least **one** ~~two~~ topical drug(s) (e.g. topical corticosteroids, topical calcineurin inhibitors, vitamin D analogues, tazarotene, moisturizers, salicylic acid, anthralin, or coal tar)
    b. For the treatment of adults with oral ulcers associated with Behcet's disease, unless contraindicated and/or intolerant, patient must try and fail at least one prior drug(s) (e.g. topical corticosteroid and colchicine)

Continuation of therapy:

1. The patient must not use requested medication with another targeted immune modulator

2. Documentation of positive clinical response to therapy is received (must meet a. b. or c.)
    a. **Active psoriatic arthritis (e.g. reduced pain, decrease in number of joints involved, and decrease in swelling)**
    b. **Plaque psoriasis (e.g. decrease in number of plaques involved, decrease in itchiness)**
    c. **Oral ulcers associated with Behcet's Disease (e.g. decrease in number and/or frequency of oral ulcers)**

3. The medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence

References:

1. Otezla / Otezla XR [packet insert] Amgen Inc. Thousand Oaks, CA. **August 2025**. ~~June 2020~~
2. Menter A et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. A Am Acad Dermatol 2019;80:1029-72
3. Pardasani AG, Feldman SR, Clark AR. Treatment of psoriasis: An algorithm-based approach for primary care physicians. Am Fam Physician 2000;61(3):725-733.
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5. Feldman SR. Treatment of psoriasis in adults. UpToDate February 2021. Accessed online 5.3.21 https://www.uptodate.com/contents/treatment-of-psoriasis-in-adults
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7. Wu, JJ. Contemporary Management of Moderate to Severe Psoriasis. Am J Manag Care. 2017;23:S403-S416
8. Menter A, Cordoro KM, Davis DMR, et al. Joint American Academy of Dermatology – National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis in pediatric patients. J Am Acad Dermatol. January 2020;82:161-201. **https://www.jaad.org/article/S0190-9622(19)32655-6%20/fulltext**
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12. **Menter A, Gelfand JM, Connor C, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management of psoriasis with systemic nonbiologic therapies. Journal of the American Academy of Dermatology. Vol 82. Issue 6. pp 1445-1486. June 2020. https://www.jaad.org/article/S0190-9622(20)30284-X/fulltext**

13. Elmets CA, Korman NJ, Prater EF, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. Journal of the American Academy of Dermatology. Vol 84, Issue 2. pp. 432-470. February 2021. https://www.jaad.org/article/S0190-9622(20)32288-X/fulltext
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15. Smith EL and Yazici Y. Treatment of Behcet Syndrome. In: UpToDate, Inc. Available at www.uptodate.com Updated June 18, 2026. Accessed on August 27, 2026.
16. Hatemi G, Ramiro S, Ozguler Y, et al. EULAR recommendations for the management of Behcet's syndrome: 2025 update. Annals of the Rheumatic Diseases. 85(2026):1010-1025. https://ard.eular.org/action/showPdf?pii=S0003-4967%2826%2900083-X

Gainwell Technologies/NJ MCO 2nd Quarter 2026 Prior Authorization Report

	FFS	Aetna	Fidelis	Horizon	UHC	Wellpoint
Total # of Enrolled Beneficiaries	**75,803**	**115,836**	**82,930**	**981,281**	**342,885**	**168,296**
Total # of Pharmacy Claims Processed	**472,679**	**576,225**	**320,781**	**3,215,674**	**1,201,078**	**944,386**
Total # of Members Requesting Prior Authorization*	**1,706**	**3,720**	**2,930**	**25,198**	**8,406**	**6,562**
Total Prior Authorizations Requests Received**	**5,718 (1.2%)**	**5,301 (0.9%)**	**4,959 (1.6%)**	**36,237 (1.1%)**	**11,102 (0.9%)**	**9,547 (1%)**
Received Requests Denials	**88 (2%)**	**2,757 (52%)**	**2,023 (41%)**	**13,561 (37%)**	**4,873 (44%)**	**4,634 (49%)**
Without Non-formulary Denials	**88 (2%)**	**984 (19%)**	**375 (8%)**	**4,793 (13%)**	**2,290 (21%)**	**1,463 (15%)**
Percentage Breakdown of Denials***						
Clinical Criteria Not Met	81 (92%)	837 (31%)	361 (18%)	4,721 (35%)	1,964 (40%)	1,156 (25%)
Excluded Benefit	7 (8%)	147 (5%)	14 (1%)	72 (1%)	326 (7%)	307 (7%)
Non-formulary	0 (0%)	1,773 (64%)	1,648 (81%)	8,767 (65%)	2,583 (53%)	3,171 (68%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Denials by Therapeutic Drug Classification****						
Antihyperlipidemics	8.0%	2.8%	4.5%	4.5%	4.9%	3.1%
Antidepressants	0.0%	1.1%	2.0%	2.0%	0.9%	0.9%
Antihypertensives	0.0%	1.3%	1.0%	1.0%	0.4%	0.7%
Antianxiety	1.1%	0.1%	0.3%	0.3%	0.1%	0.1%
Antidiabetics (oral and insulin)	17.0%	20.2%	15.7%	15.7%	12.0%	15.3%
Anticoagulants	0.0%	0.0%	0.1%	0.1%	0.2%	0.0%
Thyroid agents	0.0%	0.3%	0.2%	0.2%	0.3%	0.1%
Ulcer Drugs/Antispasmodics/Anticholinergics	2.3%	2.0%	2.3%	2.3%	2.2%	0.9%
ADHD/Anti-Narcolepsy/AntiObesity/Anorexiants	1.1%	14.4%	5.7%	5.7%	14.3%	17.4%
Antipsychotic/Antimanic agents	6.8%	0.4%	4.0%	4.0%	0.9%	2.2%
Antiasthmatic and Bronchodilator agents	12.5%	5.2%	5.3%	5.3%	8.3%	3.1%
Antivirals (includes both HIV and Hep C)	0.0%	0.3%	0.3%	0.3%	0.2%	0.2%
Digestive Aids (Digestive Enzymes)	2.3%	0.3%	0.1%	0.1%	0.0%	0.1%
Anticonvulsants	0.0%	1.2%	1.6%	1.6%	2.1%	1.1%
Migraine Products	1.1%	6.3%	4.6%	4.6%	5.2%	4.1%
Analgesics Anti-inflammatory	2.3%	1.6%	2.8%	2.8%	2.2%	1.6%
Analgesic Opioids	1.1%	3.5%	1.2%	1.2%	1.7%	3.0%
Endocrine and Metabolic Agents-Misc (Growth Hormone)	0.0%	1.3%	1.3%	1.3%	1.7%	2.9%
Psychotherapeutic And Neurological Agents - Misc (Multiple Sclerosis agents)	0.0%	0.5%	1.0%	1.0%	0.5%	0.7%
Combinations)	0.0%	0.0%	0.1%	0.1%	0.3%	0.2%
Dermatologics (Antipsoriatics-Systemic)	0.0%	17.3%	21.8%	21.8%	13.9%	17.9%

* Value represents unduplicated data and will not include a member more than once, even if multiple requests are made.

** Denominator for percentage is Total Number of Pharmacy Claims Processed.

*** See below for explanation of categories:

Clinical Criteria Not Met : includes categories such as Clinical Criteria Not Met, Drug-Drug Interaction, Therapeutic Duplication, Unacceptable Diagnosis

Excluded Benefit : includes categories such as Duration Exceeded, Excessive Dose, Mandatory Generic

Non-Formulary : includes categories such as Non-Formulary

Other : includes categories such as Directed Intervention, Multiple Pharmacies, Multiple Prescribers, Other DUR related rejections

**** Denominator contains total drug prior authorization requests denied. Breakdown of Therapeutic Drug Classification categories is a sample of prior authorization claims data and is not inclusive of all drug classes. Denial percentages will not equal one hundred percent.

Summary of DURB Recommendations

DURB Meeting	Action Items	Status/DURB Recommendations	Impact/Comments
July 2026	Proposed Addendum to Protocol for Gattex	• The Board recommended approval of the addendum to the protocol for Gattex. The protocol was updated to align with standard criteria for all protocols. Initial criteria for approval were updated to define short bowel syndrome in adults and children. In addition, parenteral nutrition support criteria was updated to remove the length of time and frequency requirements. Continuation of therapy criteria was updated to specifically include parameters for response to therapy.	
	Proposed Addendum to Protocol for Strensiq	• The Board recommended approval of the addendum to the Strensiq protocol. The protocol was updated to include major and minor diagnostic criteria for hypophosphatasia (HPP) as determined by clinical practice guidelines or other medically accepted compendia.	
	Proposed Protocol for C Type Natriuretic Peptide Products	• The Board recommended approval of the protocol for C type Natriuretic Peptide Products.	
	Proposed Protocols Recommended to be Retired	• The Board recommended the protocols for Makena and Low Molecular Weight Heparin be retired. Makena is no longer available on the market. Low molecular weight heparins have high approval rates.	
April 2026	Proposed Addendum to Protocol for Crysvita	• The Board recommended approval of the addendum to the protocol for Crysvita. The	

DURB Meeting	Action Items	Status/DURB Recommendations	Impact/Comments
		protocol was updated with specific monitoring parameters. The update also included aligning it with standard criteria for all protocols.	
	Proposed Addendum to Protocol for Cystic Fibrosis Transmembrane Conductance Regulator Products	• The Board recommended approval of the addendum to the protocol for Cystic Fibrosis Transmembrane Conductance Regulator products. The update included addition of Alyftrek which was approved by the FDA in December 2024.	
	Proposed Addendum to Protocol for Spinal Muscular Atrophy Products	• The Board recommended approval of the addendum to the Spinal Muscular Atrophy products. The protocol was updated to include Itmisva, a new drug approved by the FDA in November 2025.	
January 2026	Proposed Protocol for Opzelura	• The Board recommended approval of the protocol for Opzelura. Opzelura is indicated for the diagnosis of atopic dermatitis and nonsegmental vitiligo.	
	Proposed Addendum to Protocol for Duchenne Muscular Dystrophy Products	• The Board recommended approval of the addendum to the Duchenne Muscular Dystrophy products. Duvyzat, a new drug, was added to the protocol. Elevidys criteria was updated to allow approval for those who are ambulatory.	
	Proposed Addendum to Protocol for Proprotein	• The Board recommended approval of the addendum to the PCSK9 modifiers protocol. The protocol was updated to	Will continue to monitor any guideline updates /

DURB Meeting	Action Items	Status/DURB Recommendations	Impact/Comments
	Convertase Subtilisin Kexin Type 9 (PCSK9) Modifiers	include a new FDA approved indication for patients at an increased risk of developing a major cardiovascular event. Additional information from Amgen was received and reviewed by the Board.	recommendations to the use of PCSK9 modifiers versus other cholesterol lowering therapies
October 2025	Proposed Addendum to Protocol for Biologics in Moderate to Severe Asthma	• The Board recommended approval of the addendum to the biologics in moderate to severe asthma protocol. Specific criteria were updated based on the Food and Drug Administration (FDA) labeling and Global Initiative for Asthma (GINA) 2024 Guidelines. Dupixent® for the indication of asthma was removed from this protocol and added to the Dupixent® protocol.	
	Proposed Addendum to Protocol for Dupixent®	• The Board recommended approval of the addendum to the Dupixent® protocol. The protocol was updated to include the following FDA approved indications: chronic obstructive pulmonary disease, chronic spontaneous urticaria and bullous pemphigoid. The criteria pertaining to asthma as updated based on GINA 2024 Guidelines. The criteria for chronic rhinosinusitis with nasal polyposis and eosinophilic esophagitis were updated. • The Board recommended approval of the addendum to the Hereditary Angioedema	

DURB Meeting	Action Items	Status/DURB Recommendations	Impact/Comments
	Proposed Addendum to Protocol for Hereditary Angioedema Proposed Addendum to Protocol for Wegovy®	protocol. Andembry®, Dawnzera®, Orladeyo®, and Ekterly® were added to the protocol. • The Board recommended approval of the addendum to the Wegovy® protocol. The protocol was updated to include a new FDA approved indication for the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) and relevant criteria for approval.	