April 15, 2026, DURB Meeting Summary

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Gochfeld, Dr. Moynihan, Ms. Olson, Dr. Barberio, and Dr. Lind (ex-officio, Department of Human Services) Unable to attend: Mr. Schafer, Dr. Marcus, Dr. Sahu (ex-officio, Department of Health)
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.
Review of Minutes	Approved	Minutes from January 28, 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 October 2025 DURB recommended protocols - The January 2026 NJ DURB recommended protocols are in review by the Commissioners - The NJDURB State Fiscal Year 2025 NJDURB Annual Report is in review by the Commissioners - The 2026 NJDURB Meeting dates were announced o July 15, 2026; October 21, 2026 - There are no further updates on the Board's positions and replacements
Old Business		
(A) & (B) 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 the FDA approved indications be added for the drugs presented in the utilization graphs. In addition, Dr. Swee requested ongoing reports to monitor utilization of these therapeutic classes.
(C) Updated Protocol for Opzelura®		The protocol was presented highlighting a Board recommended change during the January 2026 meeting. The protocol was updated to allow a specialist who has

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		appropriate knowledge and experience with managing the conditions to prescribe Opzelura®.
(D) Updated Protocol for Duchenne Muscular Dystrophy Products		The protocol was presented noting the recommended change by the Board to the Elevidys® criteria to state "A current, active infection or infection within the previous 4 weeks."
New Business		
(A) Proposed Addendum to Protocol for Crysvita®	Recommended	The Board reviewed a proposed addendum to the Crysvita® protocol for the treatment of X-linked hypophosphatemia. Dr. Swee requested the incidence or prevalence of these rare conditions be included in the background section of applicable protocols going forward. Dr. Swee also raised a concern regarding the criteria for vitamin D analog and why this is necessary to stop prior to starting the therapy with Crysvita®. Pinali Agrawal stated she will research and provide the findings to the Board. There were no further questions pertaining to the protocol criteria. The Board recommended approval of the protocol.
(B) Proposed Addendum to Protocol for Cystic Fibrosis Transmembrane Conductance Regulator Products	Recommended	The Board reviewed a proposed addendum to the protocol for Cystic Fibrosis Transmembrane Conductance Regulator products. Dr. Swee questioned if the liver function criteria in the protocol applies to all the drugs or only Alyftrek®. Elena Fernandez, a pharmacist and a health economics and outcomes research representative from Vertex stated it is a boxed warning for both Trikafta® and Alyftrek® and the FDA labeling was updated based on real-world evidence seen in patients taking Trikafta®. The Board recommended approval of the protocol.
(C) Proposed Addendum to Protocol for Spinal Muscular Atrophy Products	Recommended	The Board reviewed a proposed addendum to the protocol for Spinal Muscular Atrophy products. The protocol was updated to include Itvisma®, a new drug approved by the FDA in November 2025. Dr. Swee discussed the Board's concerns regarding the protocol criteria which is based off of the FDA approved labeling that requires patients receive systemic corticosteroid therapy for at least 30 days for Itvisma® and Zolgensma® requests. The Board's concern is related to length of systemic corticosteroid treatment required and if the duration can be shortened. Dalia Hanna stated both drugs have black box warnings for serious liver injuries and inflammation, which could be the reason for the steroid therapy. Pinali Agrawal stated based on the prescribing information

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<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td></td><td></td><td>corticosteroids are used prior to the infusion due to increased risk of serious systemic immune response. At the end of 30-day period of systemic corticosteroid treatment, liver status should be assessed. If the liver function tests are abnormal then continuation of systemic corticosteroid treatment is recommended. Dr. Swee stated he agrees on the reason for patients to be on corticosteroids during these infusions. However, the Board would like to know how the recommended days of systemic corticosteroid treatment was determined. Pinali Agrawal stated she will research and provide any additional information to the Board.

The Board recommended approval of the protocol.</td></tr>
<tr><td>Informational Highlights/Reports</td><td></td><td></td></tr>
<tr><td>1. Fee-for-Service/MCO Prior Authorization Report</td><td>Continue to monitor</td><td>The Board reviewed the 4th Quarter 2025 prior authorization (PA) denial report for FFS and MCOs. Dr. Swee requested follow-up with the MCOs to obtain additional information to address the denial rates for the antidiabetics (oral and insulin) therapeutic category. Pinali Agrawal stated she will follow up with the MCOs and provide the information to the Board.</td></tr>
<tr><td>2. Summary of DURB Actions/Recommendations</td><td></td><td>The Board reviewed a summary of their actions from previous meetings (January 2025 through January 2026). 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 January 2026 (FFS) and December 2025 (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 2026</td><td>$2,654,083*</td><td>$2,954,215*</td></tr>
<tr><td>MCOs</td><td>December 2025</td><td>$123,912,298</td><td>$178,856,207</td></tr>
<tr><td colspan="4">* Less PAAD, ADDP and Sr. Gold</td></tr>
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4. Medication Information/Clinical Guidelines		Recent Guidelines links provided to the Board for further reading on the topics below: 1. AGA Living Clinical Practice Guideline on the Pharmacologic Management of Moderate-to-Severe Crohn's Disease 2. Transthyretin Cardiac Amyloidosis Evaluation and Management: 2025 ACC Concise Clinical Guidance 3. KDIGO 2026 Clinical Practice Guideline for the Management of Anemia in Chronic Kidney Disease (CKD) 4. Update on Familial Hypercholesterolemia: An Expert Clinical Consensus from the National Lipid Association
Follow-up items:		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®, as well as monitor if requests go beyond twelve months. 4. Provide explanation for high denial rate in the ADHD/Anti-Narcolepsy/AntiObesity/Anorexiants category for all MCOs based on the 3rd Quarter 2025 PA report 5. Provide additional detail for the high denial rate in the antidiabetic (oral ad insulin) category for all MCOs based on the 4th Quarter 2025 PA report 6. Include disease incidence or prevalence in the protocol's background section for rare disorders.