

# March 2025 PDL/DUR Board Meeting Minutes

**Date:** March 19, 2025

**Members Present:** Barnhill, Blake, Caldwell, Jost, McGrane, Nauts, Oley, Putsch

**Members Absent:** Anglim, Blank, Brown, Stone

**Others Present:** Shannon Sexauer, Dani Feist, Josh Surginer (DPHHS); Kathy Novak (Prime Therapeutics); Bahny, Miranda (MPQH); and representatives from the pharmaceutical industry.

**Public Comment:** Speaker information is as follows:

1. Christine Dube, AstraZeneca – Potassium Binders
2. Natalie Rose, Gilead – Livdelzi®
3. Kristin Duffey, Novartis Pharmaceuticals - Leqvio®
4. Kaysen Bala, Ascendis Pharma – Skytrofa®

Written public comment was submitted to the Board before the meeting. It consisted of three (3) manufacturer letters for Bonjesta®, Tyvaso®, and Orladeyo®. The Board did not feel that the criteria needed to be brought back to a future meeting at this time.

**Meeting Minutes Review:** Minutes from the February 2025 DUR Board meeting were reviewed and approved as written.

**Department Update:** No Department update.

## PREFERRED DRUG LIST MEETING

Results of the Board review of Group 3 (**Red category**):

| CLASS  | DRUGS Reviewed  | 2025 RECOMMENDATIONS   | Grandfather |
|--|---|--|-------------|
| ANTICOAGULANTS   | NI-Fragmin®<br>Arixtra®                                 | Must have one LMWH, warfarin, Eliquis®, and rivaroxaban.<br><i>Change from brand name Xarelto to generic rivaroxaban.</i>  | <b>NO</b>   |
| BILE SALTS   | ND-Iqirvo®<br>Livdelzi®<br><br>NI-Livmarli®<br>Ocaliva® | Must have one ursodiol.  | <b>NO</b>   |
| COLONY STIMULATING FACTORS                             | NI-Zarxio®  | Therapeutic alternatives. Must have one filgrastim-like agent and one pegfilgrastim-like agent.  | <b>NO</b>   |
| ERYTHROPOIESIS STIMULATING AGENTS-HEMATOPOIETIC AGENTS | ND-Vafseo®<br><br>NI-Mircera®                           | Therapeutic alternatives.  | <b>NO</b>   |
| HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS            | NI-Ozempic®   | <u>DPP-IV Inhibitors:</u> Therapeutic alternatives. Must have one single ingredient agent.<br><u>GLP-1/GIP AND COMBINATIONS:</u> Therapeutic alternatives. Must have one single ingredient agent. Must have one agent with cardiovascular benefit. | <b>NO</b>   |

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| HYPOGLYCEMICS, SGLT2                            | NI-Xigduo XR®<br>Farxiga®  | Must have one agent with cardiovascular disease benefit. All others class effect. | <b>NO</b>  |
| LIPOTROPICS, OTHERS                             | ND-Tryngolza®<br><br>NI-Praluent®<br>Nexletol®/Nexlizet®<br>Repatha® | Must have gemfibrozil and one fenofibrate.  | <b>NO</b>  |
| LIPOTROPICS, STATINS                            | NI-Crestor®  | Must have one high potency agent, must have ezetimibe.                            | <b>NO</b>  |
| PAH AGENTS: ORAL AND INHALED                    | ND-Opsynvi®  | Must have one ERA and one PDE-5. Retain grandfather (GF) & existing PA criteria.  | <b>YES</b> |
| PHOSPHATE BINDERS                               | NI-Velphoro®   | Class effect.   | <b>NO</b>  |
| PROTON PUMP INHIBITORS, OTHERS/H. PYLORI AGENTS | NI-Voquezna®   | Class effect.   | <b>NO</b>  |

The Board reviewed the **blue category** in advance of the meeting. Kathy from Prime Therapeutics reported on new doses and discontinued items in this category, as well as guideline updates. This category of drugs has had no new clinically significant information since the last review. Board recommendations for Group 2 (Blue category) from 2024 were retained. Blue category recommendations are as follows:

| <b>CLASS</b>  | <b>2025 RECOMMENDATIONS</b>   | <b>Grandfather</b> |
|---|---|--------------------|
| ANDROGENIC AGENTS, TOPICAL                          | Class effect.   | <b>NO</b>          |
| ANGIOTENSIN MODULATORS & COMBO                      | <u>Angiotensin Modulator Combinations</u> : Therapeutic alternatives.<br><u>Angiotensin II Receptor Blockers &amp; Combinations</u> : Therapeutic alternatives.<br><u>ACE Inhibitors &amp; Combinations</u> : Class effect. Do Not Add Tekturna® or Tekturna® HCT (due to aliskiren). | <b>NO</b>          |
| ANTIANGINAL/ANTI-ISCHEMIC AGENTS                    | May add with PA criteria.   | <b>NO</b>          |
| ANTIEMETIC AGENTS                                   | Must have one 5-HT3 agent and one metoclopramide product. Continue with existing PA criteria.   | <b>NO</b>          |
| ANTIHYPERURICEMICS                                  | Must have allopurinol and a single ingredient colchicine product. Continue with existing PA criteria.   | <b>NO</b>          |
| BETA-BLOCKERS                                       | Must have metoprolol ER and carvedilol in some form. All other single ingredient agents have a class effect. Do not add combo agents containing diuretics-not first line agents and issues of concern with thiazides.   | <b>NO</b>          |
| BONE RESORPTION SUPPRESSION & RELATED AGENTS        | <u>Nasal Calcitonins</u> : Class effect with existing PA criteria.<br><u>Bisphosphonates &amp; Bone Resorption</u> . Others: Class effect.  | <b>NO</b>          |
| CALCIUM CHANNEL BLOCKERS (DHP & non-DHP) and COMBOS | Must have a long-acting diltiazem and a long-acting verapamil. Must have amlodipine. All others are class effect.   | <b>NO</b>          |
| ESTROGEN, OTHERS: ORAL, TRANSDERMAL, & VAGINAL      | <u>ORAL/TRANSDERMAL</u> : Class effect. Must have one topical and one oral.   | <b>NO</b>          |

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|   | <u>VAGINAL</u> : Therapeutic alternatives.   |            |
| GI MOTILITY, CHRONIC                        | Therapeutic alternatives for each of the following categories:<br>OIC: Movantik®, Relistor®, Amitiza®, Symproic®<br>IBS-D: Alosetron®, Viberzi®<br>IBS-C/CIC: Amitiza®, Ibsrela®, Linzess®, Trulance®, Motegrity®<br>Continue with existing PA Criteria. | <b>NO</b>  |
| GLUCAGON AGENTS                             | Therapeutic alternatives.  | <b>NO</b>  |
| GROWTH HORMONE                              | Therapeutic alternatives.  | <b>NO</b>  |
| HAE TREATMENT                               | Therapeutic alternatives. Must include one on-demand treatment and one prophylactic treatment. Continue with existing PA criteria.   | <b>NO</b>  |
| HYPOGLYCEMICS: ALPHA GLUCOSIDASE INHIBITORS | Class effect.  | <b>NO</b>  |
| HYPOGLYCEMICS, INSULINS                     | Class effect for each group. Must have one from each. (Human R, N, Rapid-acting, Long-Acting, Rapid/Intermediate, Reg/Intermediate Combos). Must have U-500 pen, do not add U-500 vial.  | <b>NO</b>  |
| HYPOGLYCEMICS: MEGLITINIDES                 | Class effect.  | <b>NO</b>  |
| HYPOGLYCEMICS: METFORMINS                   | Must have metformin IR. Class effect for others.   | <b>NO</b>  |
| HYPOGLYCEMICS: SULFONYLUREAS                | Class effect.  | <b>NO</b>  |
| HYPOGLYCEMICS: TZDs                         | Class effect.  | <b>NO</b>  |
| PANCREATIC ENZYMES                          | Class effect with patients being grandfathered on current treatment.   | <b>YES</b> |
| PLATELET AGGREGATION INHIBITORS             | Must have immediate release aspirin. Must have one of prasugrel, clopidogrel, ticagrelor, or vorapaxar. Class effect for other agents. Grandfathered   | <b>YES</b> |
| POTASSIUM BINDERS                           | Therapeutic alternatives.  | <b>NO</b>  |
| PROGESTINS FOR CACHEXIA                     | Class effect.  | <b>NO</b>  |
| ULCERATIVE COLITIS AGENTS                   | Class effect. Must have more than one route.   | <b>NO</b>  |
| UTERINE DISORDER TREATMENTS                 | Therapeutic alternatives.  | <b>NO</b>  |

One **green category** was not reviewed as all chemical entities are preferred at this time.

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| <b>Class</b>                       |
| PITUITARY SUPPRESSIVE AGENTS, LHRH |

Meeting adjourned at 2:20 p.m.

The next PDL meeting will be April 16, 2025, in this same format. Additional information will be posted by the Department.