

March 2026 PDL/DUR Board Meeting Minutes

Date: March 18, 2026

Members Present: Barnhill, Blake, Brown, Caldwell, Harrison, Jost, McGrane, Nauts, Oley, Rask

Members Absent: Anglim, Forster

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. Kat Khachatourian, Novo Nordisk – Hypoglycemic – Incretin Oral Semaglutide
2. Kimberly Simpson, United Therapeutics Corporation – Tyvaso DPI
3. Richard Oliver, Liquidia – Yutrepia
4. Jeffrey Baldwin, Amgen – Repatha
5. Rod Scott, Tolmar Inc – Pituitary suppressive agents, LHRH therapy

Written public comment was submitted to the Board before the meeting. It consisted of six (6) manufacturer letters for Bonjesta®, Tyvaso®, Repatha®, Ekterly®, Leqvio®, and Yutrepia®. The Board requested that the criteria for Repatha® be re-reviewed at a future DUR Board meeting.

Meeting Minutes Review: Minutes from the February 2026 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	2026 RECOMMENDATIONS	Grandfather
ANTICOAGULANTS	NI-Eliquis®	Must have one LMWH, warfarin, apixaban, and rivaroxaban. <i>**Changed recommendation from brand name Eliquis® to generic name.</i>	NO
COLONY STIMULATING FACTORS	ND-Ryzneuta® NI-Fynetra® and Releuko®	Therapeutic alternatives. Must have one filgrastim-like agent and one pegfilgrastim-like agent.	NO
ESTROGEN, OTHERS: ORAL, TRANSDERMAL, & VAGINAL	ND-Lynkuet®	<u>ORAL/TRANSDERMAL:</u> Class effect. Must have one topical and one oral. <u>VAGINAL:</u> Therapeutic alternatives.	NO
GI MOTILITY, CHRONIC	NI-Linzess®	Therapeutic alternatives for each of the following categories: OIC: Movantik®, Relistor®, Amitiza®, Symproic® IBS-D: Alosetron, Viberzi® IBS-C/CIC: Amitiza®, Ibsrela®, Linzess®, prucalopride Continue with existing PA Criteria. <i>**Removed Trulance from recommendation as it no longer has a federal rebate. Changed recommendation from brand name Motegrity® to generic name.</i>	NO

GROWTH HORMONE	NI-Skytrofa®	Therapeutic alternatives.	NO
HAE TREATMENT	ND-Andembry®, Dawnzera®, and Ekterly®	Therapeutic alternatives. Must include one on-demand treatment and one prophylactic treatment. Continue with existing PA criteria.	NO
HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS	NI-Rybelsus®	<u>DPP-IV Inhibitors:</u> Therapeutic alternatives. Must have one single ingredient agent. <u>GLP-1/GIP AND COMBINATIONS:</u> Therapeutic alternatives. Must have one single ingredient agent. Must have one agent with cardiovascular benefit.	NO
LIPOTROPICS, OTHERS	ND-Redemplo® NI-Repatha®	Must have gemfibrozil and one fenofibrate.	NO

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 2025 were retained. Blue category recommendations are as follows:

CLASS	2026 RECOMMENDATIONS	Grandfather
ANDROGENIC AGENTS, TOPICAL	Class effect.	NO
ANGIOTENSIN MODULATORS & COMBO	<u>Angiotensin Modulator Combinations:</u> Therapeutic alternatives. <u>Angiotensin II Receptor Blockers & Combinations:</u> Therapeutic alternatives. <u>ACE Inhibitors & Combinations:</u> Class effect. Do Not Add Tekturna® or Tekturna® HCT (due to aliskiren).	NO
ANTIANGINAL/ANTI-ISCHEMIC AGENTS	May add with PA criteria.	NO
ANTIEMETIC AGENTS	Must have one 5-HT3 agent and one metoclopramide product. Continue with existing PA criteria.	NO
ANTIHYPERURICEMICS	Must have allopurinol and a single ingredient colchicine product. Continue with existing PA criteria.	NO
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.	NO
BILE SALTS	Must have one ursodiol.	NO
BONE RESORPTION SUPPRESSION & RELATED AGENTS	<u>Nasal Calcitonins:</u> Class effect with existing PA criteria. <u>Bisphosphonates & Bone Resorption. Others:</u> Class effect.	NO
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.	NO
ERYTHROPOIESIS STIMULATING AGENTS-HEMATOPOIETIC AGENTS	Therapeutic alternatives.	NO
GLUCAGON AGENTS	Therapeutic alternatives.	NO

HYPOGLYCEMICS: ALPHA GLUCOSIDASE INHIBITORS	Class effect.	NO
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.	NO
HYPOGLYCEMICS: MEGLITINIDES	Class effect.	NO
HYPOGLYCEMICS: METFORMINS	Must have metformin IR. Class effect for others.	NO
HYPOGLYCEMICS, SGLT2	Must have one agent with cardiovascular disease benefit. All others class effect.	NO
HYPOGLYCEMICS: SULFONYLUREAS	Class effect.	NO
HYPOGLYCEMICS: TZDs	Class effect.	NO
LIPOTROPICS, STATINS	Must have one high potency agent, must have ezetimibe.	NO
PAH AGENTS: ORAL AND INHALED	Must have one ERA and one PDE-5. Retain grandfather (GF) & existing PA criteria.	YES
PANCREATIC ENZYMES	Class effect with patients being grandfathered on current treatment.	YES
PHOSPHATE BINDERS	Class effect.	NO
PLATELET AGGREGATION INHIBITORS	Must have immediate release aspirin. Must have one of prasugrel, clopidogrel, or ticagrelor. Class effect for other agents. Grandfathered. <i>**Recommendation updated to remove vorapaxar as it is no longer available on the market.</i>	YES
POTASSIUM BINDERS	Therapeutic alternatives.	NO
PROGESTINS FOR CACHEXIA	Class effect.	NO
PROTON PUMP INHIBITORS, OTHERS/H. PYLORI AGENTS	Class effect.	NO
ULCERATIVE COLITIS AGENTS	Class effect. Must have more than one route.	NO
UTERINE DISORDER TREATMENTS	Therapeutic alternatives.	NO

The **green category** was reviewed but no vote was needed since all drugs are currently preferred.

Class
PITUITARY SUPPRESSIVE AGENTS, LHRH

Meeting adjourned at 2:00 p.m.

The next PDL meeting will be April 22, 2026, in this same format. Additional information will be posted by the Department.