

**Drug Utilization Review Board
Minutes Draft**

Name of Meeting: Drug Utilization Review Board
Date of Meeting: June 11, 2026
Length of Meeting: 1 hour and 57 minutes
Location of Meeting: Electronic Meeting

Members Present:

Rachel Cain, PharmD, Chair
Elizabeth Gaughan, MD, Vice-Chair
Brian Trentler, RPh
Elizabeth Krieger, MD
Jack Weisskohl, NP
Melissa Chouinard, MD
Michele Thomas, PharmD
Seth Brant, MD
Tana Kaefer, PharmD
Wendy Nash, PharmD

Members Not Present:

Denese Gomes, NP
Denise Lowe, PharmD

DMAS Attendees:

Alexis Page, PharmD, BCACP, Quality Assurance Pharmacist
Brittany L. Olmstead, CPhT, SHRM-CP, VCARM, Pharmacy Systems Administrator
Rhonda Newsome, MPP, Senior Program Advisor

Contractors:

David D'Amico, PharmD, Director, Clinical Account Services, Prime Therapeutics
Nancy Eldin, PharmD, Clinical Account Principal, Prime Therapeutics
Matthew Estes, PharmD, Clinical Account Principal, Prime Therapeutics
Jeni Hodzic, CPhT, Senior Account Management Specialist, Prime Therapeutics

Guests:

23 representatives from pharmaceutical companies, providers, advocates, associations, etc.

Call to Order and Introductions

Dr. Rachel Cain welcomed and thanked everyone for attending the DUR meeting.

Dr. Cain called the DUR meeting to order at 1:06 pm.

The DUR Board members must have their cameras on in order for their votes to be counted.

Dr. Cain conducted a roll call of the Committee members, as the meeting was held electronically, and confirmed that a quorum was present.

Physician Administered Drugs (PADs)

The DUR Board reviewed the clinical criteria for Casgevy™ and recommended updates to specify that a diagnosis of sickle cell disease must be confirmed by either genetic testing or hemoglobin fractionation. Dr. Elizabeth Gaughan made a motion to approve the revisions, which was seconded by Dr. Elizabeth Krieger. The committee voted unanimously in favor of adopting the updated clinical criteria.

The DUR Board reviewed the clinical criteria for Lyfgenia® and recommended updates to specify that a diagnosis of sickle cell disease must be confirmed by either genetic testing or hemoglobin fractionation. Dr. Gaughan made a motion to approve the revisions, which was seconded by Dr. Cain. The committee voted unanimously in favor of adopting the updated clinical criteria.

Minutes – March 12, 2026

Dr. Wendy Nash made a motion to approve the March 12, 2026 minutes as submitted, which was seconded by Dr. Gaughan. The committee voted unanimously in favor of approving the minutes as presented.

Old Business

The DUR Board reviewed reports on the utilization of therapies for vasomotor symptoms across both Fee-for-Service (FFS) and Managed Care Organization (MCO) populations. Detailed claims data and associated ICD-10 diagnosis information were presented for the five youngest FFS members. A five-year trend analysis was also provided for FFS and MCOs, highlighting key developments within the menopause hormone therapy class over this period.

The DUR Board emphasized the importance of minimizing barriers to access within the menopause vasomotor symptoms drug class. Dr. Gaughan made a motion to refrain from implementing clinical criteria for the new agent Lynkuet[®] and to remove existing clinical criteria for Veozah[™], which was seconded by Jack Weisskohl. The committee unanimously approved the motion as presented.

New Drugs

The DUR Board reviewed Enbumyst[™] (bumetanide nasal spray), Kygevv[™] (doxycitine and doxribtimine), Lasix[®] ONYU (furosemide injection), Lifyorli[™] (relacorilant), Myqorzo[™] (aficamten), Pivya[™] (pivmecillinam), and Yuviwel[®] (navepegritide). The Impact Reports and the report for the utilization of these drugs for FFS and the MCOs were reviewed.

The DUR Board reviewed the clinical criteria for Enbumyst[™], which has been incorporated into the existing Furoscix[®] criteria. The Board proposed to remove question one, “Is the drug prescribed by or in consultation with a cardiologist, nephrologist or hepatologist?” and question two, “Does the prescriber attest that the drug is not being used for an emergency?”. Dr. Melissa Chouinard made a motion to approve the clinical criteria with these revisions, which was seconded by Dr. Gaughan. The committee unanimously approved the motion as presented.

The DUR Board reviewed the clinical criteria for Kygevv[™]. Dr. Gaughan made a motion to approve the clinical criteria as presented, which was seconded by Dr. Cain. The committee unanimously approved the motion as presented.

The DUR Board reviewed the clinical criteria for Lasix[®] ONYU, which has been incorporated into the existing Furoscix[®] criteria. The Board proposed to remove question one, “Is the drug prescribed by or in consultation with a cardiologist, nephrologist or hepatologist?” and question two, “Does the prescriber attest that the drug is not being used for an emergency?”. Mr. Weisskohl made a motion to approve the clinical criteria with these revisions, which was seconded by Dr. Cain. The committee unanimously approved the motion as presented.

The DUR Board reviewed the clinical criteria for Lifyorli[™], which has been incorporated into the existing Oral Oncology – Other Cancer and Neoplasm Drugs criteria. Dr. Gaughan made a motion to approve the clinical criteria as presented, which was seconded by Dr. Chouinard. The committee unanimously approved the motion as presented.

The DUR Board reviewed the clinical criteria for Myqorzo™. Dr. Gaughan made a motion not to establish clinical criteria for this drug due to the presence of a REMS program, and Dr. Chouinard seconded the motion. The committee unanimously approved the motion as presented.

The DUR Board reviewed the clinical criteria for Pivya™, which have been incorporated into the existing Blujepa® and Orlynvah™ criteria. The Board proposed revisions to questions 3, 10, and 17. Specifically, the phrase “an inadequate response” was removed, and the questions were revised to read: “Has the member tried, or have a contraindication or an intolerance to first-line therapy or alternatives (e.g., nitrofurantoin, trimethoprim/sulfamethoxazole, fosfomycin, amoxicillin/clavulanic acid, ciprofloxacin, levofloxacin)?” Dr. Chouinard made a motion to approve the clinical criteria with these revisions, which was seconded by Dr. Gaughan. The committee voted, with seven members in favor and one opposed. As the majority voted in favor, the criteria will be updated to reflect these revisions.

The DUR Board reviewed the clinical criteria for Yuviwel®, which has been incorporated into the existing Voxzogo™ criteria. Dr. Gaughan made a motion to approve the clinical criteria as presented, which was seconded by Dr. Cain. The committee unanimously approved the motion as presented.

Topics for Discussion

Concurrent Use of Opioids and Benzodiazepines – The DUR Board reviewed reports on the concurrent use of opioids and benzodiazepines for both FFS and MCO populations. Overdose data and rate-based metrics were also presented for FFS and the MCOs.

Concurrent Use of Opioids and Antipsychotics – The DUR Board reviewed reports on the concurrent use of opioids and antipsychotics for both FFS and MCO populations. Overdose data and rate-based metrics were also presented for FFS and the MCOs.

Overlaps in Opioids, Benzodiazepines and Antipsychotics – The DUR Board reviewed reports on the overlaps in opioids, benzodiazepines and antipsychotics for both FFS and MCO populations. Overdose data and rate-based metrics were also presented for FFS and the MCOs.

Naloxone and Buprenorphine Utilization for Members on Opioids – The DUR Board reviewed reports on naloxone and buprenorphine utilization for members on chronic opioids for both FFS and MCO populations.

DUR Quarterly Newsletter - The March 2026 DUR Quarterly Newsletter was included in the DUR binder for review.

Prime Therapeutics Pipeline – The DUR Board reviewed three pipeline drugs: atacicept sc, povetacicept sc and molgramostim inhaled.

Reports

ProDUR

The DUR Board reviewed and discussed the ProDUR reports.

RetroDUR

I. Recent RetroDUR Activity

The DUR Board reviewed the Recent RetroDUR Activity reports.

II. RetroDUR Criteria Estimates

The Criteria Exception Estimates Reports were available in the DUR binder for review. The reports were broken down to the Top 40 Criteria Exception Estimates by Members and the Top 40 Criteria Exception Estimates by Total Payment Amount for FFS and each individual MCO plan.

The next RetroDUR letter will focus on opioid use in the absence of naloxone. This criterion has been previously lettered and identified members with at least two opioid claims in the past six months and no naloxone claims within the previous two years. During the Board discussion, alternative approaches were considered, including increasing the opioid claim threshold beyond two claims or evaluating opioid claims with a days supply of 21 or greater within the six-month lookback period.

Utilization Analysis

The DUR Board reviewed the Utilization Analysis reports. The board had previously requested to identify and label the preferred and non-preferred drugs on the Top 25 Drugs Ranked reports. Preferred drugs were shown in red and non-preferred drugs were shown in green.

Next DUR Meetings

- September 10, 2026
- December 10, 2026 (virtual meeting)

Dr. Nash motioned to adjourn the meeting. Dr. Chouinard seconded the motion.

Meeting adjourned at 3:03 pm