NEW JERSEY DRUG UTILIZATION REVIEW BOARD
VIRTUAL PLATFORM

April 19, 2023

http://www.state.nj.us/humanservices/dmahs/boards/durb/

AGENDA

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

II. Roll Call

III. Review of meeting transcript for January 25, 2023, meeting
https://www.state.nj.us/humanservices/dmahs/boards/durb/agendas/4-2023/DURB_meeting_transcript_Jan-2023.pdf

IV. Review of draft meeting summary for January 25, 2023, meeting (pages 3-7)

V. Secretary's report (page 8)

VI. Old Business
A. Hyftor protocol – Nobel Pharma's response to DURB question on vaccines and medication (page 9-10)
B. Proposed protocol for Hyftor® (sirolimus) topical gel (page 11)
C. Dr. Heller from Rhythm Pharmaceuticals' update to the Board on Imcivree (setmelanotide) studies on Hispanics/Latino populations (pages 12-13)
D. Summary of DURB suggested changes to proposed protocols (page 14)
- Gattex (teduglutide)

VII. New Business
A. Proposed protocol for Skysona® (elivaldogene autotemcel) [pages 15-16]
B. Proposed protocol for Zynteglo® (betibeglogene autotemcel) [pages 17-18]
C. Proposed protocol for Hemgenix® (etranacogene dezaparvovec) [pages 19-20]
D. Proposed protocol for Leqembi® (lecanemab-irmb) [pages 21-22]
E. Proposed protocol for Livmarli® (maralixibat) [page 23]

VIII. A. Informational Highlights/Reports
1. Gainwell Technologies/NJ HMO 4th Quarter 2022 Prior Authorization Report (page 24)
2. Summary of DURB Action Items (pages 25-26)
3. (a) DHS, DHSS and MCO Programs Top Drugs Report/Physicians Administered Drugs (by amount paid and by category)

FFS top drugs:
https://www.state.nj.us/humanservices/dmahs/boards/durb/agendas/4-2023/FFS_Top_Drugs_Report_Jan-2023.pdf
MCO top drugs:
https://www.state.nj.us/humanservices/dmahs/boards/durb/agendas/4-2023/MCO_Top_Drugs_Report_Dec-2022.pdf

FFS top drugs by category:
https://www.state.nj.us/humanservices/dmahs/boards/durb/agendas/4-2023/FFS_Top_Drugs_by_Category_Jan-2023.pdf
MCO to drugs by category:
https://www.state.nj.us/humanservices/dmahs/boards/durb/agendas/4-2023/MCO_Top_Drugs_by_Category_Dec-2022.pdf

(b) Antiviral drugs by amount paid
https://www.state.nj.us/humanservices/dmahs/boards/durb/agendas/4-2023/FFS_Antiviral_Drugs_Jan-2023.pdf

B. Medication information:

1. Effect of Higher-Dose Ivermectin for 6 Days vs Placebo on Time to Sustained Recovery in Outpatients With COVID-19
https://jamanetwork.com/journals/jama/fullarticle/2801827

2. The Ethics of Clinical Research Managing Persistent Uncertainty
https://jamanetwork.com/journals/jama/fullarticle/2801829

3. Are High Costs of Newer Diabetes Drugs Deterring Eligible Patients?
https://www.medpagetoday.com/endocrinology/diabetes/103293?xid=nl_mpt_DHE_2023-02-27&eun=g2076570d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=Daily%20Headlines%20Evening%202023-02-27&utm_term=NL_Daily_DHE_dual-gmail-definition

4. Docs Push Ivermectin for Flu
https://www.medpagetoday.com/infectiousdisease/uritheflu/103280?xid=nl_mpt_morningbreak2023-02-27&eun=g2076570d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=MorningBreak_022723&utm_term=NL_Gen_Int_Daily_News_Update_active

5. COVID-19 Vaccines information
https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines

January 25, 2023 DURB Meeting Summary (draft)

Issue	Action	Notes
Roll Call		Present: Dr. Swee, Dr. Gochfeld, Dr. Marcus, Ms. Olson, Dr. Moynihan, Dr. Lind (ex-officio) Unable to attend: Dr. Barberio, Mr. Schafer
Dr. Swee's pre meeting announcement		Dr. Swee called the meeting to order by reading the following statement as required for the first Board meeting of the year: In compliance with Chapter 231 of the public laws of 1975, notice of this meeting was given by way of the following filings: - On December 19, 2022, it was posted on the DHS/DMAHS website - Also on December 19, 2022, it was published in the issue of the NJ Register at 54 N.J.R 2410(a) - On December 20, 2022, it was published in the Atlantic City Press, the Bergen Record, the Camden Courier Post, the Newark Star-Ledger, and the Trenton Times. - On December 21, 2022, it was sent to the local Medical Assistance Customer Centers and County Boards of Social Services to be posted in an area accessible to both employees and the general public - Also on December 21, 2022, it was sent to the Statehouse Press Office
Review of Minutes	Approved	Minutes from October 19, 2022, meeting was reviewed and approved. The approved meeting summary will also be posted on the DURB website at: http://nj.gov/humanservices/dmahs/boards/durb/meeting/index.html
Secretary's Report		- The Commissioners have signed off on DURB-recommended protocols for: January 2022. - The Department is working with the Commissioners to also sign off on DURB recommended protocols for , April 2022, July 2022, and October 2022. - The DHS Commissioner is reviewing the recommended changes for the reappointment and replacement of DURB members.

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January 25, 2023 DURB Meeting Summary (draft)

Issue	Action	Notes
		- The MCOs have informed the State that they will provide another PA denials report requested at the last meeting at a later date because it is going to be done manually and, therefore, very labor intensive. - The Inflation Reduction Act will have no impact on the State's Medicaid population.
Old Business		
Ivermectin utilization report (January - November 2022)		The Board reviewed a follow-up report for ivermectin utilization for the period of January 2022 to November 2022. They concluded that utilization was down in the State in terms of being used incorrectly. They decided there will be no need for further reports. Dr. Swee however urged the Board to keep an eye on an ivermectin case in a Wisconsin court, which he hopes gets thrown out.
Calcitonin Gene-Related Peptide (CGRP) antagonists utilization report		The Board reviewed a utilization report for calcitonin gene-related peptide (CGRP) used in the treatment of migraines. They had requested the report at the last meeting to ensure that utilization was keeping up with the current trend as first line medications for migraine. The report showed a 42 percent increase in claims between 2021 and 2022. The Board recommended obtaining a future report to ensure that utilization continues to trend upwards.
Semaglutide utilization report		The Board reviewed a utilization report for glucagon-like peptide 1 (GLP-1) receptor agonists used in type 2 diabetes. At the previous meeting, the Board had raised concern about the use of semaglutide products for weight loss. The report showed an overall increase in this drug class. The State however found no supportive evidence to demonstrate the use of unapproved GLP-1 agonist for weight loss. The State also informed the Board that prior authorization requirements and quantity limits was put in place to ensure these products were used only for diabetes management. The Board did not discount the benefit of weight management in T2D; however, the State had informed them of the need for some administrative changes prior to implementation of payment of claims for that disease state.
Summary of suggested changes to proposed protocols		The Board reviewed changes that they suggested for the protocols they recommended at the last meeting. One was for GLP-1 receptor agonists where criterion #3 was modified to read: patient has/had suboptimal response to

Issue	Action	Notes
		metformin therapy (for at least 3 months) or cannot use metformin for one of the following reasons". The other was for cholic acid (Cholbam) protocol where the Board recommended removal of criterion #1 in the continuation of therapy requiring lab values from prescribers.
New Business		
(A) Proposed addendum for Spinal Muscular Atrophy (SMA) products protocol	Approved	The Board reviewed a proposed addendum to the Spinal Muscular Atrophy (SMA) protocol. The updates included addition of a new product, Evrysdi (risdiplam), to this class and changing the name to SMA protocol to cover two other products, Spinraza (nusinersen) and Zolgensma (onasemnogene abeparvovec) which previously had separate protocols. The Board recommended the protocol
(B) Proposed addendum to Imcivree protocol	Approved	The Board reviewed a proposed addendum to Imcivree (setmelanotide) protocol. The update was the addition of a new indication for patients with monogenic or syndromic obesity due to Bardet-Biedl syndrome (BBS). The Board recommended the protocol.
(C) Proposed addendum to GLP-1 agonists for T2D protocol	Approved	The Board reviewed a proposed addendum to glucagon-like peptide-1 receptor agonists for type 2 diabetes protocol. The update was to include a criterion that would exclude patients with established atherosclerotic cardiovascular disease (ASCVD) from trial and failure of metformin prior to treatment with these products. This change was made to be in line with the recent guidelines from the American Diabetes Association. The Board recommended the protocol.
(D) Proposed addendum to Dupixent® protocol for atopic dermatitis	Approved	The Board reviewed a proposed addendum to the protocol for Dupixent (dupilumab). The update was to remove the criterion that required the trial and failure of immunosuppressant therapy prior to the use of Dupixent. The Board recommended the protocol.
(E) Proposed protocol for Gattex®	Approved	The Board reviewed a proposed protocol for Gattex (teduglutide), a product used for the treatment of short bowel syndrome (SBS). Ms. Olson suggested the removal of "adult" in the background section to be consistent with the rest of the protocol. The Board recommended the protocol with the suggested change.

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January 25, 2023 DURB Meeting Summary (draft)

<table>
<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td>(F) Proposed protocol for Hyftor®</td><td>Tabled</td><td>The Board reviewed a protocol for Hyftor (topical sirolimus), a product used for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients 6 years of age and older. The Board was concerned about the drug label's requirement to "complete all age-appropriate vaccinations" prior to treatment with Hyftor. Dr. Moynihan suggested that for drugs that interfere with vaccines, the medication is given ahead of time or held till after the vaccination. Dr. Lind suggested that conflict would be difficult to avoid with series of core vaccines due at ages 11 and 12. Dr. Marcus suggested that as a topical agent, absorption may not be enough to interfere with vaccinations. The Board decided to table the protocol until the manufacturer, Nobelpharma, can provide more information that will clarify this issue.</td></tr>
<tr><td>Informational Highlights/Reports</td><td></td><td></td></tr>
<tr><td>1. Fee-for-Service/MCO Prior Authorization Report

2. Summary of DURB Actions/Recommendations</td><td>Continue to monitor.</td><td>The percentage of prior authorization requests relative to total claims and denials associated with the PAs for the 3rd quarter 2022 are shown below.
<table>
<tr><th>Plan</th><th>(%) PA Requests of claims</th><th>Denial (%)</th><th>% w/o NF*</th></tr>
<tr><td>FFS</td><td>0.6</td><td>6</td><td>6</td></tr>
<tr><td>Aetna</td><td>0.8</td><td>39</td><td>9</td></tr>
<tr><td>Amerigroup</td><td>0.9</td><td>38</td><td>14</td></tr>
<tr><td>Horizon</td><td>0.7</td><td>34</td><td>12</td></tr>
<tr><td>UHC</td><td>0.8</td><td>45</td><td>18</td></tr>
<tr><td>WellCare</td><td>0.8</td><td>31</td><td>9</td></tr>
</table>
NF = Non formulary
The Board reviewed a summary of their actions from previous meetings (January 2022 thru October 2022).
There were no comments.</td></tr>
<tr><td>3. DHS/DHSS/MCO Programs Top Drugs Report</td><td></td><td>Top drugs report for October 2022 (FFS) and November 2022 (MCOs) was provided for review.</td></tr>
</table>

January 25, 2023 DURB Meeting Summary (draft)

<table>
<tr><th>Issue</th><th>Action</th><th>Notes</th></tr>
<tr><td></td><td></td><td>Drug expenditure during the reporting period is noted below:
<table>
<tr><th>Plan</th><th>Month Reported</th><th>Top Drugs</th><th>Total</th></tr>
<tr><td>FFS</td><td>November 2022</td><td>$11,868,293</td><td>$12,224,856</td></tr>
<tr><td>MCOs</td><td>October 2022</td><td>$112,315,948</td><td>$157,532,370</td></tr>
</table></td></tr>
<tr><td>4. Medication Information</td><td></td><td>Medical information was presented which provided links for reference. The COVID-19 information, although with similar subjects to previous meetings, are frequently updated sources:
1. Wisconsin Supreme Court to hear ivermectin treatment use
Dr. Swee expressed his concern about this case where a patient's family is suing the hospital to have a patient treated with ivermectin in spite of the physician and hospital's objections.
2. FDA Announces Preliminary Assessment that Certain Naloxone Products Have the Potential to be Safe and Effective for Over-the-Counter Use
3. The TikTok trend that triggered a diabetes drug shortage
4. COVID-19 Vaccines information</td></tr>
<tr><td>Follow up items:</td><td></td><td>A. CGRP antagonists for migraine utilization report - update
B. Study of Imcivree in Hispanic and Latino population – report from Dr. Heller (Rhythm Pharmaceutical)
C. MCO data on PA denials</td></tr>
</table>

NEW JERSEY DRUG UTILIZATION REVIEW BOARD

April 19, 2023

Secretary's Report:

1. The Commissioners have signed off on DURB-recommended protocols for July 2022

2. The department is working with the Commissioners to review and sign off on DURB-recommended protocols for:
   - April 2022
   - October 2022
   - January 2023

3. The DHS Commissioner is reviewing the recommended changes for the reappointment and replacement of DURB members.

Nobelpharma America, LLC.
4520 East-West Highway, Suite 400
Bethesda, MD 20814
PHONE: 301-244-5951
FAX: 301-326-2106

March 17, 2023

Sam Emenike, BS Pharm., PharmD.
Gainwell Technologies
3705 Quakerbridge Rd. Suite 101
Trenton, NJ 08619

Dear Sam Emenike,

Re: "Concomitant Use with Vaccines"

Thank you for your recent inquiry about HYFTOR® (sirolimus topical gel) 0.2%. Following a search of the available literature in response to your unsolicited inquiry, we have identified responsive information as summarized in the following letters:

- NPA-MI-SRL-105 - Sirolimus Topical Gel Concentrations and Vaccination

The above letter(s) are included.

This information is supplied for your personal use as a professional courtesy in response to your inquiry. It is intended to provide pertinent data to assist you in forming your own conclusions and making decisions. This information is not intended to advocate any indication, dosage or other treatment-related decision. Enclosed please find to the package insert for the full prescribing information.

If your inquiry was prompted by the occurrence of an adverse experience in a specific patient receiving one of our products, please call us back at 1-877-375-0825 and we will take the appropriate steps to document your observations.

We hope this information will be helpful to you. If we may be of further assistance, please do not hesitate to contact Nobelpharma America Medical Information at 1-877-375-0825 or inquiry@nobelpharma-us.com.

Sincerely,

Medical Information
Nobelpharma America, LLC

Additional Enclosure(s):
HYFTOR full Prescribing Information Rev 03/2022

Nobelpharma America, LLC.
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Nobelpharma

NPA-MI-SRL-105 - Sirolimus Topical Gel Concentrations and Vaccination

BACKGROUND

This letter is being provided to you in response to your unsolicited inquiry about HYFTOR® (sirolimus topical gel) 0.2%. Your Medical Information Inquiry Number and additional information may be found in the enclosed cover letter. Please reference your Medical Information Inquiry Number in any future communications with us about this matter.

HYFTOR® is an mTOR inhibitor immunosuppressant indicated for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients 6 years of age and older.

Enclosed please find the package insert for the full Prescribing Information and additional safety information.

PERTINENT REQUESTED INFORMATION

A literature search revealed the following information from the referenced materials.

The therapeutic range for orally administered sirolimus is 5-15 ng/mL.[1] Following 12 weeks of treatment with HYFTOR (sirolimus topical gel) 0.2% in adult and pediatric subjects aged 6 years and older, sirolimus blood concentrations ranged from undetectable to 0.50 ng/mL after multiple doses of HYFTOR in the Phase 3 trial. Periodic blood samples were obtained in the 52-week trial and the maximum sirolimus concentration measured at any time in adult subjects was 3.27 ng/mL and the maximum sirolimus concentration measured at any time in pediatric subjects was 1.80 ng/mL. There was no evidence based on blood concentrations that sirolimus accumulates systemically upon topical application in patients with tuberous sclerosis for periods of up to 1 year.[2]

Immunosuppressants may affect response to vaccination. Based on the blood concentrations obtained in the clinical trials, it is unlikely that topical application of HYFTOR may illicit systemic immunosuppression and thereby affecting response to vaccination.

Studies evaluating the effects of HYFTOR on vaccination have not been conducted.

Please see the full article referenced below for additional information.

REFERENCES

1. MacDonald A, Scarola J, Burke JT, Zimmerman JJ. Clinical pharmacokinetics and therapeutic drug monitoring of sirolimus. Clin Ther. 2000;22 Suppl B:B101-121. doi: 10.1016/s0149-2918(00)89027-x. PMID: 10823378.
2. HYFTOR™ Gel 0.2% Prescribing Information. Nobelpharma America, LLC; 2021

INDICATION

HYFTOR is an mTOR inhibitor immunosuppressant indicated for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients 6 years of age and older.

Proposed Protocol for Hyftor® (sirolimus) topical gel

April 2023

Background: *Facial angiofibroma is the most predominant cutaneous manifestation of tuberous sclerosis complex (TSC), a rare autosomal dominant genetic disorder impacting the mechanistic target of rapamycin (mTOR). Facial angiofibroma can bleed spontaneously, impair eyesight, and cause aesthetic disfiguration causing psychological and social stress.*

Hyftor *is an mTOR inhibitor immunosuppressant indicated for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients 6 years of age and older.*

Criteria for approval:

1. Patient has a diagnosis of facial angiofibroma associated with tuberous sclerosis; **AND**

2. Patient is 6 years of age or older; **AND**

3. Patient has 3 or more papules of facial angiofibroma that are at least 2 mm in diameter with redness in each

4. Medication is prescribed by or in consultation with a dermatologist or a physician who specializes in the treatment of patients with tuberous sclerosis complex

5. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with 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. There is significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to reduction in size or color of angiofibromas).

2. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with 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. Hyftor [prescribing information]. Nobelpharma America, LLC, Bethesda, MD 20814. March 2022
2. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically
3. Lin, Y. et al. Efficacy and Safety of Topical Mechanistic Target of Rapamycin Inhibitors for Facial Angiofibromas in Patients with Tuberous Sclerosis Complex: A Systematic Review and Network Meta-Analysis. Biomedicines 2022, 10, 826. https://doi.org/10.3390/biomedicines10040826
4. Boggarapu, S., Roberds, S.L., Nakagawa, J. *et al.* Characterization and management of facial angiofibroma related to tuberous sclerosis complex in the United States: retrospective analysis of the natural history database. *Orphanet J Rare Dis* **17**, 355 (2022). https://doi.org/10.1186/s13023-022-02496-2

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Imcivree (setmelanotide) Studies in Hispanic/Latino Populations

Response from Rhythm Pharmaceuticals

April 2023

- Of the 561 patients included across all our setmelanotide/IMCIVREE trials so far and included in our safety data, 14.3% (n=80) were of Hispanic or Latino ethnicity (Argente et al 2022).
- Treatment-emergent adverse events were generally consistent in populations of Hispanic or Latino ethnicity versus populations of non-Hispanic or Latino ethnicity, with injection site pruritis more common (>10% difference) in the latter (10% vs 22%) and skin discoloration more common in the former (18% vs 5%).
- In our phase 3 BBS trial, 3% of patients were of Hispanic or Latino ethnicity (Haqq et al 2022).
- In our phase 3 POMC, PCSK1, and LEPR deficiency trial, 10% of patients were of Hispanic or Latino ethnicity (Clement et al 2020).
- In our most recent phase 2 Hypothalamic Obesity trial, 25% of patients were of Hispanic or Latino ethnicity (data on file, unpublished).
- Ongoing trials are currently recruiting both English and Spanish speaking patients to increase diversity in baseline demographics. Our genetic testing resources and consent forms have been made available to health care professionals and online for patients in English and Spanish (please see attached documentation).
- Currently, Rhythm does not have an active trial that includes only patients of Hispanic or Latino ethnicity, but we are looking at opportunities to support or collaborate on this in the future with external researchers. We do not currently have efficacy data powered to compare patients of Hispanic/Latino vs non-Hispanic/Latino ethnicity in this rare disease state.

Citations:

- Argente J, Clément K, van den Akker E, Wabitsch M, Kühnen P, Farooqi S, Yanovski JA, Chung WK, Mittleman RS, Yuan G, Scimia C, Haws R. Clinical Safety Summary of Setmelanotide in Healthy Volunteers With Obesity and Patients With Rare Genetic Diseases of Obesity. 2022 Pediatric Endocrine Society Annual Meeting, . 28 Apr-1 May 2022. https://www.rhythmtx.com/wp-content/uploads/2022/05/13116_PES_SafetySummaryPoster_Final.pdf
- Clément K, van den Akker E, Argente J, Bahm A, Chung WK, Connors H, De Waele K, Farooqi IS, Gonneau-Lejeune J, Gordon G, Kohlsdorf K, Poitou C, Puder L, Swain J, Stewart M, Yuan G, Wabitsch M, Kühnen P. Setmelanotide POMC and LEPR Phase 3 Trial Investigators. Efficacy and safety of setmelanotide, an MC4R agonist, in individuals with severe obesity due to LEPR or POMC deficiency: single-arm, open-label, multicentre, phase 3 trials. *Lancet Diabetes Endocrinol*. 2020 Dec;8(12):960-970. doi: 10.1016/S2213-8587(20)30364-8. Epub 2020 Oct 30. PMID: 33137293.
- Haqq AM, Chung WK, Dollfus H, Haws RM, Martos-Moreno GÁ, Poitou C, Yanovski JA, Mittleman RS, Yuan G, Forsythe E, Clément K, Argente J. Efficacy and safety of setmelanotide, a melanocortin-4 receptor agonist, in patients with Bardet-Biedl syndrome and Alström syndrome: a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial with an open-label period. *Lancet Diabetes Endocrinol*. 2022 Dec;10(12):859-868. doi: 10.1016/S2213-

8587(22)00277-7. Epub 2022 Nov 7. Erratum in: Lancet Diabetes Endocrinol. 2023 Feb;11(2):e2. PMID: 36356613; PMCID: PMC9847480.

Please let me know if there is any additional information that I can provide that would be helpful.

Rebecca L Heller, PhD, MS, RD
Senior Manager, Field Medical
222 Berkeley Street, Suite 1200
Boston, MA 02116
M: (973) 313-4548

Rhythm PHARMACEUTICALS

www.rhythmtx.com

Summary of Board-Suggested Changes to Proposed Protocol

January 2023

Gattex (teduglutide): The Board recommended removing the word "adult" in the background section of the protocol since it is indicated for all eligible patients

Proposed Protocol for Skysona® (elivaldogene autotemcel)

January 2023

Background: *Adrenoleukodystrophy (ALD) is a rare, X-linked, metabolic disorder caused by a mutation in the ABCD1 gene which results in the toxic buildup of very long-chain fatty acids (VLCFA) in the brain and spinal cord. CALD is the most severe and neurodegenerative form of this condition.*

Skysona *is indicated to slow the progression of neurologic dysfunction in boys 4-17 years of age with early, active cerebral adrenoleukodystrophy (CALD).*
This indication is approved under accelerated approval based on 24-month Major Functional Disability (MFD)-free survival. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s)

Criteria for approval:

1. Patient is male, and 4 -17 years of age

2. CALD diagnosis is confirmed by genetic testing (showing ABCD1 gene mutation); **AND**

3. There is evidence of early active CALD defined by **ALL** of the following:
a) Elevated very long chain fatty acids (VLCFA) values
b) Loes score between 0.5 and 9 (inclusive) on the 34-point scale
c) Gadolinium enhancement (GdE+) on MRI of demyelinating lesions
d) Neurologic function score (NFS) ≤1; **AND**

4. Patient is a candidate for hematopoietic stem cell transplantation (HSCT), but does NOT have access to a known and available human leukocyte antigen (HLA)-matched sibling donor; **AND**

5. Medication is prescribed by or in consultation with a neurologist, endocrinologist, hematologist and/or oncologist with expertise in the treatment of CALD; **AND**

6. Patient will undergo hematopoietic stem cell (HSC) mobilization followed by apheresis to obtain CD34+ cells for Skysona manufacturing; **AND**

7. Patient has not received prior allogeneic HSCT for CALD; **AND**

8. Patient is not on anti-retroviral medications for at least one month prior to initiating medications for stem cell mobilization and for the expected duration for elimination of the medications, and until all cycles of apheresis are completed

9. Perform screening for hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus 1 & 2 (HIV-1/HIV-2) and Human T-lymphotropic virus 1 & 2 (HTLV-1/HTLV-2) in accordance with clinical guidelines before collection of cells for manufacturing

10. Patient has been counselled regarding need for lifelong monitoring for hematological malignancies

11. Medication will only be approved for a single one-time dose

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12. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with 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. Skysona (elivaldogene autotemcel) [prescribing information]. Somerville, MA: bluebird bio. September 2022.
2. National Organization for Rare Disorders (NORD). X-linked adrenoleukodystrophy. Last updated November 13, 2019. Accessed October 16,2022. https://rarediseases.org/rarediseases/adrenoleukodystrophy/
3. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically

Proposed Protocol for Zynteglo® (betibeglogene autotemcel)

April 2023

Background: *Beta thalassemia is an inherited blood disorder characterized by reduced levels of functional hemoglobin.*

Zynteglo *is an autologous hematopoietic stem cell-based gene therapy indicated for the treatment of adult and pediatric patients with β-thalassemia who require regular red blood cell (RBC) transfusions.*

Criteria for approval:

1. Patient has a documented diagnosis of transfusion-dependent beta thalassemia (TDT) and requires regular red blood cell (RBC) transfusions.

2. Transfusion-dependent is defined as:
   a. For all ages: Documented history of ≥ 100 ml/kg/year of pRBCs in the past two years **OR**
   b. For patients aged ≥ 12 years: ≥ 8 transfusions of pRBCs per year for the past 2 years; **AND**

3. Diagnosis is confirmed by molecular genetic testing; **AND**

4. Patient is a candidate for hematopoietic stem cell transplantation (HSCT), but does NOT have access to matched family donor; **AND**

5. Medication is prescribed by or in consultation with a hematologist or a provider specializing in thalassemia; **AND**

6. Patient will undergo hematopoietic stem cell (HSC) mobilization followed by apheresis to obtain CD34+ cells for Zynteglo manufacturing

7. Perform screening for hepatitis B virus (HBV), hepatitis C virus (HCV), human T-lymphotrophic virus 1 & 2 (HTLV-1/HTLV-2), and human immunodeficiency virus 1 & 2 (HIV-1/HIV-2) in accordance with clinical guidelines before collection of cells for manufacturing

8. Patient is not on anti-retrovirals or hydroxyurea for one month prior to mobilization. If a patient requires anti-retrovirals for HIV prophylaxis, then confirm a negative test for HIV before beginning mobilization and apheresis of CD34+ cells.

9. Medication will only be approved for a single one-time dose.

10. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with 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

11. Patient has been counselled regarding need for lifelong monitoring for hematological malignancies

17

References:

1. Zyntelgo [prescribing information]. Bluebird Bio, Inc. Somerville, MA. August 2022
2. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically
3. Galanello, R., Origa, R. Beta-thalassemia. Orphanet J Rare Dis 5, 11 (2010). https://doi.org/10.1186/1750-1172-5-11
4. Benz EJ, Angelucci E. Management of thalassemia. UpToDate, Aug 24, 2022.
5. Weiss MJ. Update on the Diagnosis and Management of Thalassemia. Clinical Advances in Hematology & Oncology Volume 12, Issue 1 January 2014.
6. National Organization for Rare Disorders. Beta-thalassemia. 2018. Available at: https://rarediseases.org/rarediseases/thalassemia-major/. Accessed on February 10, 2023.

Proposed Protocol for Hemgenix® (etranacogene dezaparvovec)

April 2023

Background: *Hemophilia is a rare genetic bleeding disorder characterized by the inability of a person's blood to properly clot, resulting in spontaneous, prolonged, and excessive bleeding. Hemophilia B arises from missing or functionally defective levels of factor IX (FIX) due to a mutation in the F9 gene.*

Hemgenix *is an adeno-associated virus vector-based gene therapy indicated for the treatment of adults with Hemophilia B (congenital Factor IX deficiency).*

Criteria for approval:

1. Documented diagnosis of hemophilia B based on a factor assay to demonstrate deficiency of FIX; **AND**
   a. Documentation of moderate disease (FIX level 1-5 IU/dL, or 1%-5% of normal; OR
   b. Documentation of severe disease (FIX level < 1 IU/dL, or < 1% of normal

2. Patient is 18 years or older

3. Current use of FIX prophylaxis for ≥ 2 months with greater than 150 previous exposure days of treatment with FIX protein; OR
   a. Have current or historical life-threatening hemorrhage; OR
   b. Have repeated, serious spontaneous bleeding episodes

4. There is documentation that the patient has been evaluated for preexisting neutralizing antibodies to the adenovirus vector (e.g., AAV-5) used to deliver the therapy

5. Medication is prescribed by or in consultation with a hematologist or a prescriber who specializes in hemophilia B

6. Approval is for one infusion per lifetime

7. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with 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

Exclusion Criteria:

Hemgenix will NOT be covered when ANY of the following are present:

1. Previous gene therapy

2. History of FIX inhibitors or a positive FIX inhibitor screen

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References

1. Hemgenix [prescribing information]. CSL Berhring. King of Prussia, PA. November 2022
2. Soucie JM, Miller CH, Dupervil B, Le B, Buckner TW. Occurrence rates of haemophila mong males in the United States based on surveillance sonducted in specialized haemophilia treatment centres. Haemophilia. 2020;26(3):487-493
3. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically

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Proposed Protocol for Leqembi® (lecanemab-irmb)

April 2023

Background: *Alzheimer's is a progressive disease beginning with mild memory loss and possibly leading to loss of the ability to carry on a conversation and respond to the environment.*

Leqembi *is an amyloid beta-directed antibody indicated for the treatment of Alzheimer's disease. Treatment with Leqembi should be initiated in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was initiated in clinical trials. There are no safety or effectiveness data on initiating treatment at earlier or later stages of the disease than were studied. This indication is approved under accelerated approval based on reduction in amyloid beta plaques observed in patients treated with Leqembi. Continued approval for this indication may be contingent upon verification of clinical benefit in a confirmatory trial*

Criteria for approval:

1. Patient is ≥ 50 years of age; AND

2. Patient has a documented diagnosis of mild dementia or mild cognitive impairment (MCI) associated with Alzheimer's disease (AD)

3. Patient meets all the following testing requirements:
   a) Mini Mental State Examination (MMSE) score ≥ 22 and ≤ 30
   b) Clinical Dementia Rating (CDR) global score of 0.5 or 1 and Memory Box score of 0.5 or greater
   c) Documentation of positive amyloid Positron Emission Tomography (PET) scan OR a lumber puncture (LP) for biomarkers such as amyloid or Tau
   d) Recent (within one year) brain MRI to evaluate for pre-existing Amyloid Related Imaging (ARIA); **AND**

4. Medication is prescribed by or in consultation with a neurologist, geropsychiatrist, geriatrician, or a prescriber who specializes in the treatment of Alzheimer's disease

5. Leqembi will not be used in combination with any other amyloid beta-directed antibodies (e.g., aducanumab).

6. Patient is not on anticoagulant therapy

7. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with 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

8. Weight will be monitored

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Continuation of therapy:

1. Documentation of follow-up MRIs to evaluate for ARIA-E, ARIA-H, and other structural changes prior to the 5th, 7th, and 14th infusions, (if radiographically observed ARIA occurs, treatment recommendations are based on type, severity, and presence of symptoms); **AND**

2. Patient has shown clinical benefit while on the medication (e.g., improvement, stability, or slowing in cognitive and/or functional impairment)

3. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with 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. Weight will be monitored

References

1. Leqembi [prescription information]. Eisai Inc. Nutley, NJ. January 2023
2. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically
3. Press D, Alexander M; (2021). Treatment of Alzheimer disease. In J. Wilterdink (Ed.) UpToDate. Retrieved July 8, 2021, from https://www.uptodate.com/contents/treatment-of-alzheimer-disease?search=Aduhelm&source=search_result&selectedTitle=2~7&usage_type=default&display_rank=1#H2549013834
4. Delaby C, Alcolea D, Hirtz C, Vialaret J, Kindermans J, Morichon L, Fortea J, Belbin O, Gabelle A, Blennow K, Zetterberg H, Lleó A, Lehmann S. Blood amyloid and tau biomarkers as predictors of cerebrospinal fluid profiles. J Neural Transm (Vienna). 2022 Feb;129(2):231-237

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Proposed Protocol for Livmarli® (maralixibat)

April 2023

Background: *Alagille syndrome (ALGS) is an inherited multisystem disorder typically manifesting as cholestasis, and potentially leading to end-stage liver disease and death.*

Livmarli *is an ileal bile acid transporter (IBAT) inhibitor indicated for the treatment of cholestatic pruritus in patients with Alagille syndrome*

Criteria for approval:

1. Diagnosis of Alagille syndrome

2. Patient is 3 months of age or older

3. Patient has symptoms of moderate to severe pruritus

4. Patient has cholestasis, as indicated by at least ONE of the following:
   a. Total serum bile acid >3x the upper limit of normal (ULN) for age
   b. Conjugated bilirubin >1 mg/dL
   c. Fat soluble vitamin deficiency that is otherwise unexplainable
   d. Gamma Glutamyl Transferase (GGT) >3 × ULN for age
   e. Intractable pruritus explainable only by liver disease

5. Medication is prescribed by or in consultation with a hepatologist, gastroenterologist, or other specialist in the treated disease state

6. Patient has no history of liver transplant or clinical evidence of decompensated cirrhosis

7. Patient has had inadequate response to at least one medication used to treat pruritus (e.g., Ursodiol [ursodeoxycholic acid], cholestyramine, rifampin, naltrexone) unless all are contraindicated

8. Medication is prescribed in accordance with Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with 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. Documentation of positive clinical response to therapy (e.g., reduced pruritus, reduced serum bile acids from baseline) in chart notes or medical records

2. Medication is prescribed by or in consultation with a hepatologist, gastroenterologist, or other specialist in the treated disease state

References
1. Livmarli [prescribing information]. Mirum Pharmaceuticals Inc. Foster City, CA. September 2021
2. Kamath BM, et al. Systematic review: The epidemiology, natural history, and burden of Alagille syndrome. J Pediatr Gastroenterol Nutr. 2018; 67:148-156.
3. Clinical Pharmacology® Gold Standard Series [Internet database]. Tampa FL. Elsevier 2019. Updated periodically

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NJ DURB Prior Authorization Denial Report - 4th Quarter 2022 (October - December)

	FFS	Aetna	Amerigroup	Horizon	UHC	Wellcare
Total # of Enrolled Beneficiaries	**60,188**	**136,654**	**250,806**	**1,191,524**	**420,685**	**109,859**
Total # of Pharmacy Claims Processed	**376,678**	**628,094**	**1,080,381**	**3,898,064**	**1,091,928**	**429,672**
Total # of Members Requesting Prior Authorization*	**1,077**	**3,706**	**6,388**	**18,186**	**6,037**	**2,099**
Total Prior Authorizations Requests Received**	**2,409 (0.6%)**	**4,294 (0.7%)**	**8,742 (0.8%)**	**26,414 (0.7%)**	**7,280 (0.7%)**	**3,127 (0.7%)**
Received Requests Denials	**184 (8%)**	**1,695 (39%)**	**3,188 (36%)**	**9,052 (34%)**	**3,206 (44%)**	**938 (30%)**
Without Non-formulary Denials	**184 (8%)**	**499 (12%)**	**1,222 (14%)**	**3,278 (12%)**	**1,205 (17%)**	**296 (9%)**
Percentage Breakdown of Denials***						
Clinical Criteria Not Met	105 (57%)	461 (27%)	999 (31%)	3,007 (33%)	983 (30%)	294 (31%)
Excluded Benefit	79 (43%)	38 (2%)	187 (6%)	271 (3%)	222 (7%)	2 (0%)
Non-formulary	0 (0%)	1,196 (71%)	1,966 (62%)	5,774 (64%)	2,001 (62%)	642 (68%)
Other	0 (0%)	0 (0%)	36 (1%)	0 (0%)	0 (0%)	0 (0%)
Denials by Therapeutic Drug Classification****						
Antihyperlipidemics	4.3%	6.7%	3.2%	2.9%	4.0%	4.1%
Antidepressants		0.4%	1.2%	2.0%	1.6%	0.4%
Antihypertensives		0.7%	0.6%	0.5%	1.3%	0.2%
Antianxiety	1.1%	0.1%	0.2%	0.2%	0.1%	0.3%
Antidiabetics (oral and insulin)	3.8%	10.0%	8.5%	19.6%	17.2%	18.4%
Anticoagulants		0.1%		0.2%	0.4%	0.5%
Thyroid agents		0.3%	0.1%	0.3%	0.4%	0.0%
Ulcer Drugs/Antispasmodics/Anticholinergics	29.3%	2.7%	12.2%	2.2%	2.4%	0.6%
ADHD/Anti-Narcolepsy/AntiObesity/Anorexiants		8.2%	5.1%	3.6%	4.1%	5.1%
Antipsychotic/Antimanic agents	6.5%	1.5%	1.9%	3.5%	1.6%	0.8%
Antiasthmatic and Bronchodilator agents	1.1%	6.8%	2.1%	8.3%	8.7%	3.9%
Antivirals (includes both HIV and Hep C)	0.5%	0.7%	0.6%	0.5%	0.9%	1.0%
Digestive Aids (Digestive Enzymes)		0.2%	0.1%	0.1%	0.0%	0.3%
Anticonvulsants	1.6%	4.0%	1.3%	1.6%	2.7%	1.8%
Migraine Products		3.2%	3.1%	3.6%	4.3%	2.9%
Analgesics Anti-inflammatory	4.3%	2.9%	2.3%	1.5%	1.7%	4.1%
Analgesic Opioids	0.5%	4.3%	5.9%	1.7%	2.2%	2.8%
Endocrine and Metabolic Agents-Misc (Growth Hormone)		0.6%	1.3%	1.1%	1.5%	2.8%
Psychotherapeutic And Neurological Agents - Misc (Multiple Sclerosis agents)		1.8%	0.6%	0.6%	0.5%	1.3%
Respiratory Agents-Misc (Cystic Fibrosis Agent – Combinations)		0.2%	0.1%	0.0%	0.1%	0.2%
Dermatologics (Antipsoriatics-Systemic)		16.1%	15.6%	15.3%	15.0%	14.9%

* 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

April 19, 2023

Meeting Date	Action Item	Status/DURB recommendation	Impact/Comments
January 2023	Addendum to Spinraza®/Zolgensma® protocols	- The Board recommended the protocol	
	Addendum to Imcivree® (setmelanotide) protocol	- The Board recommended the protocol	
	Addendum to Dupixent® protocol (atopic dermatitis)	- The Board recommended the protocol	
	Proposed protocol for Gattex® (teduglutide)	- The Board recommended the protocol with suggestion to remove the word "adult" in the background section.	The updated information will be presented at the next meeting
October 2022	Addendum to calcitonin gene-related peptide (CGRP) receptor antagonist protocol	- The Board recommended the protocol	
	Proposed protocol for glucagon-like peptide-1 receptor agonists for T2D	- The Board recommended the protocol with suggestions to reword criterion #3 and removal of criterion #1 under continuation of therapy	An updated version was presented at the next meeting
	Proposed protocol for biologics in moderate to severe asthma treatment	- The Board recommended the protocol	
	Proposed protocol for Cholbam (cholic acid)	- The Board recommended the protocol with suggestion to remove the monitoring requirement in the "continuation of therapy" section	An updated version was presented at the next meeting
	Proposed protocol for Crysvita (burosumab-twza)	- The Board recommended the protocol	
July 2022	Addendum to calcitonin gene-related peptide (CGRP) receptor antagonist protocol	- The Board tabled the protocol with a suggestion to create a flow chart that will make it easier to understand	
	Proposed protocol for Vuity® (pilocarpine ophthalmic)	- The Board recommended the protocol with a suggestion to add optometrist to criterion #3	An updated version was presented at the next meeting
	Proposed protocol for complement inhibitor products (Soliris®, Empaveli®, Ultomiris®)	- The Board recommended the protocol with a suggestion to follow Advisory Committee on Immunization Practices (ACIP) guidelines for determining vaccination needs for the three products	An updated version was presented at the next meeting
	Proposed protocol for Bylvay® (odevixibat)	- The Board recommended the protocol with a suggestion to add "if able to report" to criterion #3	

Summary of DURB Recommendations

Meeting Date	Action Item	Status/DURB recommendation	Impact/Comments
			An updated version was presented at the next meeting
April 2022	Proposed protocol for Hetlioz® (tasimelteon)	- The Board wanted more information about why young teens couldn't use pills and why teens and adults couldn't use the liquid	This information was presented at the next meeting
	Proposed protocol for cysteamine products (Cystagon® and Procysbi®)	- The Board recommended the protocol	
	Proposed protocol for Revcovi® (elapegademase)	- The Board recommended the protocol	
	Proposed protocol for Luxturna® (voretigene neparvovec-rzyl)	- The Board recommended the protocol	

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