May 2025 PDL/DUR Board Meeting Minutes

Date: May 21, 2025

Members Present: Barnhill, Blake, Blank, Caldwell, Jost, McGrane, Nauts, Oley (signed on at approximately 1:23 pm)
Members Absent: Anglim, Brown, Putsch
Others Present: Shannon Sexauer, Dani Feist, Josh Surginer (DPHHS); Kathy Novak (Prime Therapeutics); Bahny, Miranda, (Mountain Pacific); and representatives from the pharmaceutical industry.

Public Comment: Speaker information is as follows:

- Cambridge Hampsher, Indivior – Sublocade®
- Jay Mehta, Axsome – Symbravo®
- Patrick Boland, Bristol Myers Squibb – Cobenfy®
- Lynda Finch, Biogen – Zurzuvae®
- Paul Thompson, Alkermes – Lybalvi®
- Michelle Manzo, UCB, Inc. – Fintepla®
- John Deason, Neurocrine Bioscience – Ingrezza® Sprinkle
- Lori Blackner, Pfizer Global Medicine – Nurtec®

Written public comment was submitted to the Board prior to the meeting. It consisted of four manufacturer documents regarding Symbravo®, Cobenfy®, Ajovy®, and Austedo®. The Board had no comments on these documents.

Department Update: No Department update.

Meeting Minute Review: The meeting minutes from the April 16, 2025, PDL meeting were approved as written.

PREFERRED DRUG LIST MEETING

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

CLASS	DRUG NAME	2025 RECOMMENDATIONS	GRANDFATHERED
ALZHEIMER'S AGENTS	ND-Zunveyl® DR	Must have an oral donepezil and a transdermal product. Grandfathered class.	Yes
ANTICONVULSANTS	NI-Motpoly® XR	CARBAMAZEPINE DERIVATIVES - Must have carbamazepine chewable, oral tablets and suspension, a long-acting carbamazepine and oxcarbazepine immediate release. FIRST GENERATION - Must have phenobarbital, phenytoin, primidone, phenytoin 30mg and 50mg, divalproex IR and ER, ethosuximide capsules and suspension, valproic acid caps and suspension. Do not add felbamate.	Yes

		SECOND GENERATION AND OTHERS - Must have a rescue product that includes a nasal formulation (with corresponding PA criteria to allow for appropriate access), gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate IR and zonisamide.	
ANTIPSYCHOTICS, ATYPICAL	ND-Cobenfy®, Erzofri® ER	Must have aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone, lurasidone and clozapine. Continue clinical criteria. Grandfathered class.	Yes
SUBSTANCE USE DISORDER TREATMENTS	NI-Sublocade®	OPIOID USE DISORDER TREATMENTS -Therapeutic alternatives. Must have buprenorphine/naloxone film. Must have buprenorphine monotherapy tablet. OPIOID REVERSAL - Must have injection and nasal naloxone. Do not add high-dose nasal naloxone (≥8mg). Do not add nalmefene. *Add "greater than or equal to 8mg" to the high-dose nasal naloxone statement, with the intent that the "do not add" recommendation applies to all high-dose nasal naloxone products that come to market in the future.*	No

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

CLASS	2025 RECOMMENDATIONS	GRANDFATHERED
ANALGESICS, NARCOTIC LONG ACTING	Must have one (1) long-acting formulation of morphine or oxycodone. Must have buprenorphine transdermal formulation. Continue clinical criteria. Grandfathered class.	Yes
ANTIDEPRESSANTS, OTHER	Must have bupropion XL, trazodone, mirtazapine, venlafaxine ER. Grandfathered class.	Yes
ANTIDEPRESSANTS, SSRIs	Class effect. Grandfathered class.	Yes
ANTIMIGRAINE AGENTS	Must have one (1) nasal formulation, one (1) injection and one (1) short-acting agent (short-acting agents have class effect).	No

ANTIPARKINSON'S AGENTS	Must have a dopamine agonist, a COMT inhibitor, a MAO-B inhibitor, trihexyphenidyl, benztropine, amantadine, IR carbidopa/levodopa, CR carbidopa/levodopa.	No
MOVEMENT DISORDERS	Class effect and continue with PA criteria.	No
MULTIPLE SCLEROSIS AGENTS	Must have glatiramer, one (1) interferon agent and an oral agent. Exclude Physician Administered Drugs. Grandfathered class.	Yes
NEUROPATHIC PAIN	Must have duloxetine and gabapentin. Continue existing specific PA criteria. Grandfathered class.	Yes
NSAIDS	Class effect. Must have one (1) oral and one (1) topical agent.	Yes
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	ANTIHISTAMINES - Class effect. MAST CELL STABILIZERS - Class effect.	No
OPHTHALMIC ANTIBIOTICS	Class effect.	No
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS	Class effect.	No
OPHTHALMICS, ANTI-INFLAMMATORIES	NSAIDS - Class effect. STEROIDS - Therapeutic alternatives.	No
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR	Therapeutic alternatives. May add with PA criteria for appropriate use.	No
OPHTHALMIC GLAUCOMA AGENTS	OPHTHALMIC ALPHA 2 ADRENERGIC AGENTS - Must have brimonidine due to increased efficacy. OPHTHALMIC BETA BLOCKERS - Class effect. GLAUCOMA, OTHERS Must have one (1) single agent. OPHTHALMIC PROSTAGLANDINS - Class effect.	No
OTIC ANTIBIOTICS	Class effect.	No
OTIC ANTI-INFECTIVES & ANESTHETICS	Therapeutic alternatives.	No
OTICS, ANTI-INFLAMMATORY	May add.	No
SEDATIVE HYPNOTICS	Therapeutic alternatives.	No

	BENZODIAZEPINES - Must have temazepam, do not add others. BZ-1 SELECTIVE AGENTS - Must have one (1) BZ-1 selective agent. Do not add ramelteon.	
SKELETAL MUSCLE RELAXANTS	Must have baclofen and cyclobenzaprine. Other agents are therapeutic alternatives.	No
STIMULANTS & RELATED AGENTS	NON-STIMULANT ADHD AGENTS - Must have atomoxetine, guanfacine ER, and clonidine ER. STIMULANTS - Trial of two (2) preferred agents required. Must have one (1) long-acting agent and one (1) short-acting agent each of a methylphenidate-like product and an amphetamine-like product. Grandfathered class only applies to stimulants.	NON-STIMULANTS: No STIMULANTS: Yes
ANTIHYPERTENSIVES, SYMPATHOLYTICS	Therapeutic alternatives. Must have a clonidine product and a guanfacine product.	No

There are no green category drugs to review at this time.

The meeting adjourned at 1:54 p.m.

This is the final PDL meeting of 2025. The next meeting will be the DUR Board meeting on June 18, 2025, in this same format.