MaineCare Services
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
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TO: Maine Drug Utilization Review Board
DATE: October 15th, 2014
RE: Maine DUR Board **Meeting** minutes from October 14th, 2014

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Robert Weiss, M.D., Cardiologist, Chair	X		
Amy Enos, Pharm. D. Waltz LTC Pharmacy	X		
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR	X		
Lindsey Tweed, M.D., Psychiatrist		X	
Mark Braun, M.D., FACP, Internist/Geriatrician	X		
Mike Ouellette, R.Ph., GHS	X		
Linda Glass, M.D.	X		
Non –Voting			
Jan Yorks-Wright, Pharmacy Supervisor, OMS	X		
Kevin Flanigan, M.D., Internist, Medical Director, OMS			X
Roger Bondeson, Director of Operations, OMS	X		

Guests of the Board: Jeffrey S. Barkin MD, DFAPA, Steve Liles, PharmD

CALL TO ORDER: 6PM

PUBLIC COMMENTS

Shalini Hede, from Bristol Meyers Squibb, is here to present Eliquis. Eliquis (Apixaban) for the treatment of DVT and PE as well as the reduction in the risk for recurrent DVT/PE following initial therapy. Trials should that Eliquis was non-inferior to conventional therapy (Enoxaprin/Warfarin) when in terms of recurrent symptomatic DVT/PE related death. Eliquis was superior to the standard of care for major bleeding. Eliquis also had a lower incidence of bleeding compared to conventional therapy in secondary bleeding outcomes (clinically relevant non-major bleeding, minor bleeding). Long term anticoagulation with Epixaban is associated with less all-cause hospitalization in comparison with placebo and prolonged the mean time to hospitalization

Cathy Mullooly, from Novo Nordisk, is here to present Levemir and Victoza. Levemir (Insulin Detemir) remains the only basal analog with a class B indication for pregnancy, in addition to adults with diabetes,

pediatric and geriatric populations have shown to be effective and safe. The Incretin Mimetic class provide a valuable therapeutic option as they stimulate insulin secretion, suppress glucagon release, slow gastric emptying and reduce appetite. Studies comparing Victoza to Januvia found that more patients on Victoza did not require dose increases or additional therapies. Also, more patients using Victoza achieved an A1C less than 7%. Additional studies showed that a greater percentage of patients on Victoza were able to achieve and A1C less than 7 than Januvia and Byetta. Victoza was associated with a 7% lower average diabetes related pharmacy cost.

Dominic Manth from Novo Nordisk, is here to present Norditropin. Norditropin (Somatropin) has a few key differences between other growth hormones with the same active ingredient that he would like to highlight. The first is the fine dosing increments with the FlexPro pen. The smallest dose you can dial with the FlexPro pen is 25mcg. This allows for an endocrinologist to adjust doses in small increments vs. other products which would force the physician to jump their dosing increments. This results in waste and additional pens needing to be dispensed. Additionally, the FlexPen may be left out of the refrigerator up to 77 degrees Fahrenheit for up to three weeks without the risk of spoiling.

Steve Smith, from Sanofi Pasteur, is here to present Sklice. Sklice (Ivermectin) Lotion is indicated for the topical treatment of head lice infestations, 6 months and over. Clinical reports demonstrate declining efficacy of over the counter products. In-vitro studies demonstrate that the Ivermectin formulations are 100% effective at killing lice after a single 10 minute application. Topical Ivermectin allows treated eggs to hatch but kills the hatched lice within 48 hours, not allowing them to reach maturity and lay eggs. Pharmacokinetic studies showed less than 1 nanogram of transcutaneous absorption. During clinical trials adverse reactions were reported in less than 1% of subjects. These ADR included conjunctivitis, eye irritation, dandruff, and dry skin.

Sunil Majethia, from Gilead, is here to present Zydelig, Sovaldi, and Harvoni. Zydelig (Idelalisib) is indicated for the treatment of malignancies, specifically Non-Hodgkin's Lymphoma, Small Lymphocytic lymphoma and Chronic Lymphocytic Leukemia. Response rates were 54-58%. The duration of response was 11.9 months. The most common adverse events are diarrhea, fatigue, and nausea. It does have a REMS that goes along with it to inform physicians about the risks. There was an 82% reduction in the progression of death compared to Rituxan. For CLL it is given in combination with Rituxan, but for the other indications it is monotherapy.

Harvoni is a combination of Ledipasvir and Sofosbuvir. Patients who are treatment naïve with or without cirrhosis receive a 12 week course. Patients with a viral load less than 6 million, can receive an 8 week course. For treatment experienced patients without cirrhosis it is also a 12 week regiment. However in treatment experienced patients with cirrhosis a 24 week regiments is required. A large percentage of the populations with Hep C are treatment naïve so 8 or 12 weeks regiments would be common. Less than 1% of patients discontinue therapy due to side effects. The most common adverse events were headache and fatigue. It is pregnancy category B. 94-97% of patients achieve a SVR of virological cure. There were roughly 1.8% relapses and there are limited drug-drug interactions.

Lance Nichols, from Pfizer, is here to present Quillivant XR, Xeljanz, and Genotropin.
Quillivant XR (Methylphenidate) is indicated for the treatment of ADHD and is the first once daily extended release oral suspension. It does not need to be refrigerated and once it is reconstituted it is good for 120 days.

Xeljanz (Tofacitinib). Xeljanz has been previously presented to the board as an oral agent that can be used to treat rheumatoid arthritis. New trials aimed at safety have been reported. Incidence rates were 2.93 events per 100 patient years for serious infections and 0.84 events per 100 patient years.

Genotropin (Somatropin) has 6 approved indications, five pediatric and one adult. It has two delivery systems, a multi-dose pen and a mini-quick pen. The mini-quick is the only preservative free hormone that requires no refrigeration.

Dr. Patty Roman, from Otsuka, is here to present Abilify. Abilify (Aripiprasole) is approved for a broad range of indications in the adult and pediatric populations. Abilify was associated with significantly lower total healthcare costs as compared to other atypical antipsychotics. These cost offsets were primarily driven by lower hospitalizations. There are two black box warnings for Abilify; increased mortality in elderly patients with dementia related psychosis and suicide in anti-depressant drugs in children, adolescents and young adults.

Mark Vincent, from Merck, is here to present Grastek, Ragwitek, and Zontivity.
Grastek (Timothy Grass Pollen Allergen Extract) is indicated for patients with allergic Rhinitis with or without conjunctivitis as long as they have tested positive based off of a skin test. The dosing regimen is 12 weeks before the start of the season and the 12 weeks in which the season is occurring. There is an alternative dosing regimen where the patient takes the drug continuously for three years which allows them to take nothing during the fourth year and still maintain the effect of the drug. First dose of the medication must be given in an office where someone has been trained to treat patients with immunotherapy. Trials looking at efficacy showed a statistical advantage to using Grastek compared to placebo. Side effects were oral puritis, throat irritation, mouth edema, most of which resolved within 7 days of taking the medication.

Ragwitek (Short Ragweed Pollen Allergen Extract) is very similar to Grastik, but there are key differences. Ragwitek does not have a pediatric indication. There is no sustained dosing regimen at this point.

Zontivity (Vorapaxar) is for patients to experience a decrease in thrombotic events and secondary prevention in patients who have had an MI and/or PAD. It has been shown to reduce the endpoints of CV death, MI, stroke and UCR. This drug only been studied in combination with the standard of care which includes aspirin and/or clopidogrel. This drug should not be administered to patients who have a history of bleeds, TIA, CIA, intracranial hemorrhage, or active pathological bleed (i.e. peptic ulcer). This drug has shown a history of gastro moderate and severe bleeds were increased with the drug as well as clinically significant bleeds.

Judy Cando, from Sunovian, is here to present Latuda. Latuda (Lurasidone) is approved for the indications of Depression with Bipolar 1 (as monotherapy or in combination with Lithium or Valproate). Latuda was found efficacious in short and long term trials with no significant effects on cardiac or metabolic systems (weight and lipids). Trials Latuda vs. Seroqul XR, showed fewer relapses and hospitalizations with Latuda. In maintenance trial, Lautuda was associated with a lower rate of relapse than patients receiving placebo. It does have black bow warnings associated with other atypical antipyschotics. It has a category B pregnancy rating and no effect on QTC intervals.

Jake Nichols, from Orexo, is here to present Zubsolv. Zubsolv (Buprenorphine/Naloxone) is a menthol based tablet with a rapid dissolve time and a high bioavalibilty. Zubsolv has an F1 package rating for

child resistance. Comparative trials dealing with patient preference showed that 9 out of 10 patients preferred Zubsolve to Suboxone film, and 8/10 with the tablets. There was no difference in switching back and forth Zubsolv and Suboxone. There is little to no street value with Zubsolve due to the lower dose and because it is a menthol based product it burns if injected/snorted.

Judy Hull, from Genzyme, is here to present Cerdelga. Cerdelga (Eliglustat) is for type 1 Gauchers Disease. Trials have shown to reduce spleen volume 28%, reduce liver volume by 5.2%, increase hemoglobin by 7.7 g/dL and increase platelets by 32% compared to placebo. Other trials showed that Cerdelga was non-inferior to ERT treatments. There were no new bone crises in any patients receiving Cerdelga in any trial. Metabolic phenotype is important in determining treatment with Cerdelga. Cerdelga is contraindicated in patients who are receiving CYP2D6 strong/moderate inhibitors with CYP3A4 strong/moderate inhibitor. It is also not recommending for patients with pre-existing cardiac disease, long QTC syndrome and those taking class I or III antiarrythmic agents.

Tom Algozzine, from Novartis, is here to present Gilenya. Gilenya (Fingolimod)has been presented to the board before but since then safety data has continued to be collected. Over the four years that Gilenya has been on the market there continues to be no increase in frequency or severity of known risks and no new safety signals have been identified. In most recent data 44.7 reported events of bradycardia/bradyarrythmia per 1,000 patient years and of these, 1.4% are symptomatic. Looking at utilization there has been an increase in the use of oral treatments. Prescribers are becoming more comfortable with oral medications and they are finding the correct patients to use them in.

Tobi Podhaler (Tobramycin) is a dry powder inhaled version of Tobramycin. There is minimal use of inhaled tobramycin solution in general and that we consider changing the criteria from access to the Tobi Podhaler from trial and failure of a preferred Tobramycin product to just a trial.

Question From the Board- Is there any data regarding switching between Avonex and Gilenya?

Mr. Algozzine- Yes, real world data that looks at switching from Avonex or any interferon to Gilenya, Copaxone or another interferon as second line therapy, showed the Gilenya was significantly superior to Copaxone over a 12 month period of time. There was about a 50% decrease in relapses. There isn't data regarding switching from Gilenya back to Avonex but they are looking at the switch from Avonex to Gilenya where they tend to see improvement in outcomes compared to other accepted therapy.

Dr. Candice Anderson, from Upsher-Smith, is here to present Qudexy XR (Topiramate Extended Release) which is also available as an authorized generic. Qudexy XR has a lower peak plasma concentration for improved tolerability while maintaining concentrations for efficacy. Qudexy XR has three indications; initial monotherapy in patients 10 years and older, adjunct therapy in patients two years or older with partial onset or generalized primary tonic-clonic seizures, and adjunct therapy in patients two years and older with seizures associated with Lennox-Gastaut syndrome. Results of trials are consistent to trials of Topiramate Immediate Release.

Dr. Olivia Lee, from Abbvie, is here to present Humira and Androgel.
Humira (Adalimumab) was recently approved for moderate to severe pediatric Chron's disease for children 6 years and up. Studies showed that Humira plus Methotrexate was superior to Methotrexate alone in radiographic and clinical outcomes. In terms of RA, 59% of patients still following up 10 years after the DEO-19 trial were in remission and 45% had no radiographic progression. Humira is the only self-injecting agent indicated for recuing signs and symptoms and in inducing and maintaining clinical

remission in adult patients with moderate to severely active Chron's Disease who have had an inadequate response to conventional therapy. Also Humira is indicated for reducing signs and symptoms and inducing clinical remission in patients who have failed or are intolerant to Infliximab. Trials showed fewer GI surgery and hospitalizations were observed for Humira patients compared to standard immunosuppressive therapies plus placebo. In Psoriasis, trials showed 71% of Humira treated patients had a 75% clearing of psoriatic plaques and 20% had a total clearing after 16 weeks.

Androgel (Testosterone) 1% and 1.62% are approved for testosterone replacement therapy (TRT) in adult males associated with a deficiency or absence of endogenous testosterone due to primary or secondary hypogonadism. Trials with 1.62% showed that 82% of users had testosterone levels within normal limits at day 112. Efficacy was maintained in 78% of men for one year. Common side effects in greater than 2% of patients where increased PSA, emotional lability, hypertension, increased hemoglobin, hematocrit, and contact dermatitis. Black bow warnings are similar to other TRTs.

Arlene Price, from Jansen, is here to present Invokamet, Xarelto, Olysio, Simponi, Stelara, and Invega Sustenna.

Invokamet (Invokana/Metformin) is indicated for type two diabetes. Trials showed safety and efficacy. Claims analysis showed that after the first Invokana claim there was a reduction in other anti-diabetic medications, reduction in the use of anti-hypertensive medications, and a reduction in insulin dosage.

Xarelto (Rivaroxaban) is a once daily novel anti-coagulant. Indications include non-valvular atrial fibrillation, treatment for DVT/PE, secondary prophylaxis of DVT/PE, and prophylaxis of DVT after total hip or knee replacement. Safety and efficacy has been proven.

Olysio (Simeprevir) is a protease inhibitor that is FDA approved in combination with other anti-viral agents for the treatment of hepatitis C.

Simponi (Golimumab) is a TNF-Alpha antagonist that is FDA approved for rheumatoid Arthritis, psoriatic arthritis, plaque psoriasis, ankylosing spondylitis, and ulcerative colitis.

Stelara (Ustekinumab) is an IL-2 inhibitor that is approved for psoriasis and psoriatic arthritis

Invega Sustenna (Paliperidone) is a long acting injectable antipsychotic which is FDA approved for schizophrenia. There is a pending application for additional indications and dosing regiments.

Marjorie Leeve, from UCB, is here to present Vimpat. Vimpat (Lacosamide) is indicated in patients 17 years and older for partial onset seizures as mono or adjunct therapy. Most common adverse events were dizziness, nausea, and headache. Drug interaction studies show no pharmacokinetic drug interactions with carbamazepine, Valproate, Digoxin, metformin, Omeprazole, Warfarin, or oral contraceptives, however pharmacodynamic interactions cannot be ruled out. It is available as a tablet, oral solution, and an intravenous solution. No dosage adjustments are necessary when switching between formulations. Dosing can be initiated in a onetime loading dose for quick onset. Caution is advised in patients with known cardiac conduction problems, those taking drugs known to prolong PR interval and patients with severe cardiac disease.

Tyson Park, from Teva, is here to present Copaxone and Qnasl.

Copaxone (Glatiramer) now has two strengths 20 and 40 mgs. Trials have shown a decrease in annual relapse rate vs. placebo. Recent results have demonstrating durability of efficacy and safety with a 24 month extension trial. Recent trials comparing Copaxone vs. Avonex (as well as a combination of the two therapies) have found that Copaxone was statistically better at reducing annual relapse over 36 months. In comparing the 20mg formulation and the 40 mg formulations, there is a 50% reduction in the rate of annual injection 40mg strength. The reduction in injection events combined with fewer administrations per week may lead to better adherence for some patients. Copaxone requires no routine monitoring or testing and has a pregnancy category B rating. Common side effects for both strengths include injection site and post injection reactions.

Qnasl (Beclomethasone) is a nasal aerosol corticosteroid indicated for symptoms associated with seasonal and perennial allergic rhinitis in patients 12 years of age and older. Trials have shown those treated with Qnasl showed statistically significant meaningful improvements in nasal symptom scores, quality of life measures and physician rated symptom scores. Common adverse events were nasal discomfort, headache and epistaxis. The non-aqueous formulation increase nasal deposition and retention rates compared to other nasal sprays. The product also has a dose counter.

OLD BUSINESS

DUR MINUTES

The September 9th, 2014 minutes were approved.

PSYCH WORK GROUP MONTHY UPDATE

The Psych group is now meeting quarterly. No update at this point.

NEW BUSINESS

BIOSIMILAR DISCUSSION

Presented by Dr. Liles
The Biologics Price Competition and Innovation act of 2009 allowed the approval of biosimilars through an abbreviated pathway. It said that biologic products may be demonstrated to be biosimilar if data shows that the product is highly similar to an already approved product. The act requires sponsors to notify the reference manufacturer within 20 days of filing the application to permit the reference manufacturer to work on patent potential infringement issues as soon as possible. FDA has issued some guidance on biosimilars. The sponsor must show that the biosimilar product can be expected to produce the same result as the reference product in any given patient. They must also demonstrate that the risk of switching between the biosimilar and the reference product is not any greater than using their current product. Unlike generic small molecules where the drugs are exactly the same thing, because of the way biosimilars are produced, there can be some variation but the clinical result must be the same.

The FDA has yet to provide any information regarding naming the biosimilars. Also the question of extrapolating the indications from the reference product to the biosimilar has yet to be decided. The FDA has set standards for biosimilarity; highly similar with fingerprint like similarity, highly similar (meets statutory standard for similarity but it is not as similar), similar (need to get additional data), and non similar (recommend not proceed down the biosimilar route). The FDA launched the Purple book, which is the list of licensed biologic products with their reference product exclusivity, similarity, interchangeability, etc. If there is a biosimilar that is not close enough for the FDA to be a biosimilar or if the manufacturer files a biologic license, it is classified as a copycat biologic. It is not interchangeable but it does do essential the same thing and it avoids any potential patent infringement. An example of this is Neupogen, where it is not a biosimilar because they filed before the biosimilar law and they don't have any comparative data.

There are biosimilars in the pipeline. Some we will begin seeing in the next few years, whereas other biologics still have years left on their patent. Sandoz filed the first biosimilar application. Remicade has a patent expiring in 2018 and the sponsor has filed a biosimilar application. WHO made a statement that biosimilar should be given the same generic name (as currently done with small drug molecules). Drug companies are trying to lobby for each biosimilar to have a unique name to better track adverse events. Unlike small molecule generics, these will only be discounted by about 20%, so it isn't going to be the discount we are used to seeing. It is also thought that this will cause brand manufacturers to better compete in the market against the biosimilars. This will have less of an impact on Medicaid due to rebates, so it will be difficult for the biosimilar companies to get to the net cost that Medicaid is getting from the original product.

NEW DRUG REVIEWS

Stiverdi Respimat (common name Olodaterol) in the PDL category Antiasthmatic-Beta-Adrenergics, the recommendation is for it to be non-preferred.

Zydelig (common name Idelalisib) in the PDL category Cancer, the recommendation is for it to be non-preferred.

Cerdelga (common name Eliglustat) in the PDL category Gaucher Disease, the recommendation is for it to be non-preferred.

Northera (common name Droxidopa) in the PDL category Neurogenic Orthostatic Hypotension (NOH), the recommendation is for it to be non-preferred.

Triumeq (common name Dolutegravir/Abacavir/Lamivudine) in the PDL category Antiretrovirals, the recommendation is for it to be non-preferred.

Invokamet (common name Canagliflozin/Metformin) in the PDL category SGLT-2 Inhibitor Combination Products, the recommendation is for it to be non-preferred.

ANNUAL PDL REVIEW

Category	Drug Name	PDL Status	Vote	Comments
ACNE AGENTS	ACZONE GEL	NP	All in Favor	
ADHD AGENTS	ADDERALL XR	NP	All in Favor	
	DAYTRANA DIS	P		
	FOCALIN TAB	P		
	FOCALIN XR CAP	P		
	QUILLIVANT XR SUS	NP		
	STRATTERA CAP	NP		
	VYVANSE CAP	P		
ALLERGEN IMMUNOTHERAPY	GRASTEK SUB	NP	All in Favor	Criteria will be decided at a future meeting.
	RAGWITEK SUB	NP		
ANTIBIOTICS, INHALED	BETHKIS	NP	All in Favor	
	TOBI PODHALER	NP		
ANALGESICS,OPIOID	BUTRANS DIS	NP	All in Favor	
	IBUDONE TAB	NP		
	KADIAN ER Cap	P		
	LORTAB ELX	P		
	NUCYNTA TAB	NP		
	NUCYNTA ER TAB	NP		
	OPANA ER TAB	NP		
	OXYCONTIN TAB	NP		
	XARTEMIS TAB	NP		
ANALGESICS,OPIOID ABUSE	SUBOXONE SUB	P	Six in Favor	
	VIVITROL INJ	NP	One	
	ZUBSOLV SUB	NP	Opposed	
ANDROGENS/ANABOLICS	ANDROGEL GEL	P	All in Favor	
	ANDROGEL PUMP	P		
	TESTIM	NP		
ANTIANGINAL AGENTS	RANEXA TAB	P	All in Favor	
ANTICOAGULANTS	ELIQUIS TAB	NP	All in Favor	
	LOVENOX INJ	P		
	PRADAXA CAP	NP		
	XARELTO TAB	NP		
ANTICONVULSANTS	DIASTAT GEL	P	All in Favor	
	EQUETRO CAP	NP		
	FYCOMPA TAB	NP		
	LYRICA CAP	NP		
	VIMPAT	P		
ANTIDEMENTIA AGENTS	EXELON DIS	P	All in Favor	
	NAMENDA XR CAP	P		

ANTIDEPRESSANTS	BRINTELLIX TAB	NP	All in Favor	
	FETZIMA CAP	NP		
	PRISTIQ TAB	NP		
	VIIBRYD KIT	NP		
	VIIBRYD TAB	NP		
ANTIDIABETICS-INSULIN	HUMALOG INJ	P	All in Favor	Novolog/Novolin products will move to non-preferred
	HUMALOG KWIK	NP		
	HUMALOG MIX 50/50 INJ	NP		
	HUMALOG MIX 50/50 KWIK	NP		
	HUMALOG MIX 75/25	NP		
	KWIK	P		
	HUMALOG MIX 75/25 INJ	NP		
	HUMULIN 70/30 INJ	P		
	HUMULIN 70/30 KWIK	NP		
	HUMULIN N INJ	NP		
	HUMULIN N KWIK	NP		
	HUMULIN PEN 70/30	P		
	HUMULIN R INJ	P		
	LANTUS INJ	P		
	LANTUS SOLOSTAR	P		
	LEVEMIR FLEXPEN	P		
ANTIDIABETIC- NON-INSULIN	BYDUREON INJ	NP	All in Favor	
	FARXIGA TAB	NP		
	INVOKANA TAB	NP		
	JANUMET TAB	P		
	JANUMET XR TAB	P		
	JANUVIA TAB	P		
	JENTADUETO TAB	P		
	KAZANO TAB	NP		
	KOMIBIGLYZE TAB	NP		
	NESINA TAB	NP		
	ONGLYZA TAB	NP		
	OSENI TAB	NP		
	TRADJENTA TAB	P		
	VICTOZA INJ	NP		
ANTIEMETICS	DICLEGIS TAB	NP	All in Favor	
	EMEND CAP	NP		
ANTIHEMOPHILIC	WILATE INJ	P	All in Favor	
ANTIHYPERLIPIDEMICS	LIPTRUZET TAB	NP	All in Favor	
	ZETIA TAB	NP		
ANTIHYPERTENSIVE, ARBS	DIOVAN TAB	P	All in Favor	
	DIOVAN HCT TAB	NP		
ANTIHYPERTENSIVE, ARBS/CCB COMBO	EXFORGE TAB	P	All in Favor	
	EXFORGE HCT TAB	P		

ANTI-INFECTIVE AGENTS, MISC	TINDAMAX TAB	NP	All in Favor
ANTI-INFLAM,NSAIDS	CELEBREX CAP NALFON CAP ZORVOLEX CAP	NP NP NP	All in Favor
ANTI-OBESITY AGENTS	QSYMIA CAP	NP	Not a covered drug category, no vote was recorded
ANTI-PARKINSONIAN AGENTS	STALEVO TAB	NP	All in Favor
ANTIPSYCHOTICS	ABILIFY SOL ABILIFY TAB ABILIFY DISC TAB ABILIFY INJ FANAPT TAB INVEGA INJ LATUDA TAB SAPHRIS TAB SEROQUEL XR TAB ZYPREXA INJ	P P NP NP NP NP NP NP NP NP	All in Favor
ANTIVIRALS, ANTIRETROVIRALS	NORVIR TAB	P	All in Favor
ANTIVIRALS, HEPATITIS AGENTS	PEGASYS INJ RIBAPAK RIBASPHERE TAB SOVALDI TAB VICTRELIS CAP	P P P P *Clinical PA* *P Clinical PA*	All in Favor
BETA BLOCKERS – CARDIO SELECTIVE	BYSTOLIC TAB	NP	All in Favor
BIOLOGIC IMMUNOMODULATORS	CIMZIA KIT ENBREL INJ HUMIRA CROHN STARTER PK HUMIRA KIT HUMIRA PEN SIMPONI INJ STELARA INJ	NP P NP P NP NP NP	All in Favor
BRONCHODIL, ANTICHOLINERGICS	SPIRIVA HANIHALER CAP TUDORZA	P NP	All in Favor
BRONCHODIL, STEROID	AEROSPAN	NP	All in Favor

INHALANTS	FLOVENT DISKUS/HFA PULMICORT	P P		
BRONCHODIL,PDE4	DALIRESP	NP	All in Favor	
BRONCHODIL, SYMPATHOMIMETICS	BREO ELLIPTA COMBIVANT RESPIMAT DULERA SYMBICORT VENTOLIN HFA	NP NP P P NP	All in Favor	
CALCIU, REGULATORS-OSTEOPOROSIS	BINOSTO TAB	NP	All in Favor	
CEPHALOSPORINS	SUPRAX	NP	All in Favor	Remove current language on PDL
CORTICOSTEROIDS	DEXPAK	P	All in Favor	
DERM, ANTIPSORIATICS	TAZORAC CRE TAZORAC GEL	P P	All in Favor	
DERM, CORTICOSTEROIDS	TEXACORT SOL	P	All in Favor	
DERM, LOCAL ANESTHETICS	SYNERA	NP	All in Favor	
DERM, SCABICIDES/PEDICULOCIDES	NATROBA SKLICE	P NP	All in Favor	
DIGESTIVE ENZYMES	CREON CAP PERTZYE CAP ULTRESA CAP VIOKACE TAB ZENPEP CAP	P NP NP NP P	All in Favor	
DIRECT RENIN INHIBITORS	AMTURNIDE TAB TEKAMLO TAB TEKTURNA TAB TEKTURNA HCT TAB	NP NP NP NP	All in Favor	
ANAPHYLACTIC DEVICES	AUVI-Q EPIPEN EPIPEN JR.	P P P	All in Favor	
FIBROMYALGIA AGENTS	SAVELLA TAB	NP	All in Favor	
GROWTH HORMONE	GENOTROPIN INJ HUMATROPE INJ NORDITROPIN INJ NUTROPIN AQ INJ	NP NP P P	All in Favor	
HEMATAPOIETIC, GROWTH FACTOR	ARANESP INJ PROCRIT INJ	NP P *Clinical PA*	All in Favor	

HEMATOPOIETIC MIXTURES	FERIVA CAP	P	All in Favor
	FERIVAFA CAP	P	
	FERRALET 90 TAB	P	
	FUSION PLUS CAP	P	
	HEMOCYTE PLU CAP	P	
	HEMOCYTE-F TAB	P	
	INTEGRA CAP	P	
	INTEGRE PLUS CAP	P	
	TANDEM CAP	P	
	TANDEM PLUS CAP	P	
IBS AGENTS	LINZESS CAP	NP	All in Favor
INFLAMMATORY BOWEL AGENTS	APRISO CAP	P	All in Favor
	CANASA SUP	P	
	LIALDA TAB	NP	
	PENTASA CAP 250mg	P	
IVIG	GAMMAPLEX INJ	NP	All in Favor
	OCTAGAM INJ	NP	
LAXATIVES, BOWEL EVAC	PREPOPIK PAK	NP	All in Favor
MIGRAINE PRODUCTS	RELPAX TAB	P	All in Favor
MULTIVITAMINS, PRENATAL	CONCEPT DHA CAP	NP	All in Favor
	CONCEPT OB CAP	NP	
	PRENATE CAP	NP	
	PRENATE CHW	NP	
	PRENATE TAB	NP	
	PRENATE DHA TAB	NP	
	PRENATE MINI CAP	NP	
	PROVIDA OB CAP	NP	
	SELECT-OB+ PAK	NP	
	VITAFOL CAP	NP	
	VITAFOL-ONE CAP	NP	
MS AGENTS	AUBAGIO TAB	NP	All in Favor
	AVONEX INJ	P	
	BETASERON INJ	NP	
	COPAXONE KIT	P	
	COPAXONE INJ	NP	
	EXTAVIA KIT	P	
	GILENYA CAP	P	
	REBIF	NP	
	TECFIDERA CAP	NP	
NASAL ANTIALLERGY	ASTEPRO	NP	All in Favor
	DYMISTA	NP	
	PATANASE	NP	
NASAL STEROIDS	QNASL	NP	All in Favor
OP. ADRENERGIC	ALPHAGAN P SOL	NP	All in Favor

	SIMBRINZA SUS	P		
OP. BETA – BLOCKERS	COMBIGAN	P	All in Favor	
OPTHALMIC ANTIALLERGICS	LASTACAFT PATADAY PATANOL	NP P P	All in Favor	
OPTHAMLMIC ANTI-INFECTIVES	BESIVANCE MOXEZA VIGAMOX ZYMAXID	NP P P NP	All in Favor	
OP. NSAIDs	ACUVAIL ILEVRO NEVANAC	NP NP NP	All in Favor	
OP. PROSTAGLANDINs	LUMIGAN TRAVATAN Z TRAVOPROST ZIOPTAN	NP P NP NP	All in Favor	
OP. STEROIDS	LOTEMAX GEL LOTEMAX OINT	NP NP	All in Favor	
OTIC ANTI-INFECTIVES	CIPRODEX	P	All in Favor	
PHOSPHATE BINDERS	FOSRENOL CHW PHOSLYRA SOL RENAGEL VELPHORO CHW	NP P P NP	All in Favor	
PH-PHOSPHODIESTERASE INHIBITORS	ADCIRCA TAB	NP	All in Favor	
VASOPROTECTANTS	ORENITRAM SILDENAFIL	NP P	All in Favor	
PLATELET AGGREGATION INHIBITORS	BRILINTA TAB EFFIENT TAB ZONTIVITY	NP NP NP	All in Favor	Zontivity PA criteria will be decided at a later date.
PROGESTINS	MAKENA INJ	NP	All in Favor	
PULMONARY HYPERTENSION-ERAS	LETAIRIS TAB OPSUMIT TAB TRACLEER TAB	P NP P	All in Favor	
SMOKING DETERENTS	CHANTIX PAK CHANTIX TAB	NP P	All in Favor	

SOMATOSTATIC AGENTS	ED-SPAZ	NP	All in Favor
ULCER DRUGS, PPIS	PRILOSEC OTC	NP	All in Favor
URINARY ANTISPASMODICS	MYRBETRIQ TAB TOVIAZ TAB VESICARE TAB	NP P P	All in Favor
URINARY PROSTATIC HYPERTROPHY	AVODART CAP	NP	All in Favor

ADJOURNMENT: 6PM

The next meeting will be held on **November 18th, 2014**, 6:00p.m. – 8:00p.m at the Augusta Armory.