



Department of Health and Human Services  
 MaineCare Services  
 Pharmacy Unit  
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**TO:** Maine Drug Utilization Review Board  
**DATE:** 10/12/2017  
**RE:** Maine DUR Board **Meeting** minutes from October 10,2017

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Linda Glass, MD	X		
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR			X
Mike Antonello, MD			X
Kathleen Polonchek, MD	X		
Kenneth McCall, PharmD	X		
Steve Diaz, MD	X		
Erin Ackley, PharmD.	X		
Corinn Martineau, PharmD.	X		
<b>Non –Voting</b>			
Mike Ouellette, R.Ph., Change Healthcare	X		
Jeffrey S. Barkin MD, DFAPA Change Healthcare			X
Christopher Pezzullo, State Health Officer DHHS, DO			X
Jill Kingsbury, MaineCare Pharmacy Director	X		

**Guests of the Board:** Ed Bosshart, PharmD, Change Healthcare, Carla Quinlivan, Change Healthcare

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**CALL TO ORDER: 1:00PM**

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Jill Kingsbury called the meeting to order at 1:00 PM.

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**PUBLIC COMMENTS**

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Kelly Broterick from Sunovion: Highlighted the attributes of Aptiom.  
 Stephanie Duhoux from Tris Pharma: Highlighted the attributes of Dyanavel XR.  
 Nick Casale from Indiviar: Highlighted the attributes of Suboxone Film.  
 Teresa Zyczynski from BMS: Highlighted the attributes of Eliquis.  
 Brian Korenda from Boehringer Ingelheim: Highlighted the attributes of Jardiance.  
 Lance Nicholls from Pfizer: Highlighted the attributes of Xeljanz and Genotropin.  
 Tom Algozzine from Novartis: Highlighted the attributes of Cosentyx, Entresto and Ciprodex.  
 Jane Guo from Otsuka: Highlighted the attributes of Abilify Maintena.

Tyson Park spoke of behalf of Teva.  
Marjory Levey from UCB: Highlighted the attributed of Briviact and Vimpat.  
Margaret Fisher spoke of behalf of Novo Nordisk.  
Representative from Gilead: Highlighted the attributes of Vosevi.

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### OLD BUSINESS

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#### DUR MINUTES

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The September DUR meeting minutes were accepted as written.

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#### MAINECARE UPDATE

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No update at this time.

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### NEW BUSINESS

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#### PRESENT RETRO-DUR INITIATIVES FOR 2018

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Statin use in congestive heart failure  
Duration of smoking cessation products  
Naloxone Intolerance  
Use of type II diabetic medications in patients with type I diagnosis  
Chronic triptan use  
Vivitrol adherence

**Board Decision:** After reviewing the proposed topics the board decided that they would like to work on Statin use in congestive heart failure, Naloxone Intolerance, and Chronic triptan use. There is also interest in Vivitrol adherence, however, there is concern the sample size will be small. Change Healthcare will pull the sample size if it is greater than 49 member it will be included for 2018 RetroDUR. Change Healthcare will complete a RetroDUR calendar for the December meeting.

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#### PRESENT 2018 MEETING SCHEDULE

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March 13, 2018 5:30pm- 8:30pm  
June 12, 2018 5:30pm- 8:30pm  
September 11, 2018 5:30pm- 8:30pm  
October 9, 2018 – Annual Meeting 1:00pm- 4:30pm  
December 11, 2018 5:30pm- 8:30pm

**Board Decision:** No action needed.

VOTING

Category	Drug Name	PDL Status	VOTE	Comments
ADHD AGENTS	ADDERALL XR	NP	All in favor	Offer valid if Adderall XR is listed in non preferred position but preferred over its generic equivalents and is non preferred to Vyvanse
	ADZENYS XR	NP		
	APTENSIO XR	P		
	ARMODAFINIL	P		
	DEXTROAMPHETAMINE ER	P		
	DYANAVEL	NP		
	COTEMPLA	NP		
	FOCALIN TAB	NP		
	FOCALIN XR CAP	P		
	KAPVAY	NP		
	METHYLPHENIDATE ER (00406)	NP		
	METHYLPHENIDATE ER (00591,62175)	P		
	METHYLPHENIDATE HCL CHEW	NP		
	MODAFINIL (STEP8)	NP		
	PROCENTRA	NP		
	QUILLIVANT XR SUS	P		
	VYVANSE CAP	P		
	VYVANSE CHEW	P		
	EVEKEO	NP		
	ZENZEDI	NP		
QUILICHEW ER	P			
QUILLIVANT	P			
AHF VIII	NOVOEIGHT VIAL	P	All in favor	
	NUWIQ VIAL	P		
	WILATE	P		
	XYNTHA	P		
ANTIBIOTICS, INHALED FOR CF	BETHKIS	NP	All in favor	
	KITABIS PAK	P		
	TOBI PODHALER	NP		
ANALGESIC, NSAIDS	FLECTOR PATCH	NP	All in favor	
	NAPRELAN	NP		

ANALGESICS, OPIOID	ARYMO ER	NP	All in favor with the exception on Butrans. Motion for Butrans to go back to manufacture for GNP. Will be brought back to Dec meeting	Reject offer on oxycodone (alvoген inc)- offer not enough to preferred NDC over generic(SMAC)
	<b>BUTRANS DIS</b>	<b>NP</b>		
	EMBEDA	P		
	FENTANYL	P		
	IBUDONE TAB	NP		
	HYSINGLA ER	NP		
	OXYCODONE HCL (ALVOGEN INC)	P		
	OXYCODONE/ACETAMINOPHEN (ALVOGEN INC)	P		
OXYCONTIN TAB	NP			
ANALGESICS, OPIOID ABUSE	BUNAVAIL	NP	All in favor	
	SUBOXONE SUB	P		
	VIVITROL INJ	P		
	ZUBSOLV	NP		
ANDROGENS/ANABOLICS	ANDROGEL GEL	P	All in favor	
	ANDROGEL PUMP	P		
	<b>DEPO-TESTOSTERONE</b>	<b>NP</b>		
	<b>TESTOSTERONE CYPIONATE</b>	<b>P</b>		
ANGIOTENSIN MOD-NEPRILYSIN INHIB	ENTRESTO	P	All in favor	
ANTIANGINAL AGENTS	RANEXA	P	All in favor	
ANTIASTHMATIC - BETA - ADRENERGICS	ARCAPTA	NP	All in favor	
	STRIVERDI	NP		
ANTIBIOTICS-CEPHALOSPORINS	SUPRAX	NP	All in favor	
ANTICOAGULANTS	ELIQUIS TAB	P	All in favor	
	FONDAPARINUX	P		
	LOVENOX INJ	NP		
	PRADAXA CAP	P		
	SAVAYSA	NP		
	XARELTO	P		
ANTICONVULSANTS	APTIOM	NP	All in favor	<b>Vimpat-Auto-PA per labels indications</b>
	FELBAMATE	NP		
	FYCOMPA TAB	NP		
	FYCOMPA SOL	NP		
	LYRICA CAP	NP		
	LYRICA SOL	NP		
	VIMPAT	P		
	TROKENDI XR	P		
	OXTELLAR XR	NP		
ANTIDEMENTIA AGENTS	EXELON	P	All in favor	

	RIVASTIGMINE	NP		
<b>ANTIDEPRESSANTS</b>	IRENKA VIIBRYD	NP NP	All in favor	
<b>ANTIDIABETICS-INSULIN</b>	HUMALOG KWIKPEN HUMALOG MIX 50/50 KWIKPEN HUMALOG MIX 75/25 KWIKPEN HUMULIN 70/30 KWIVKPEN HUMULIN N KWIKPEN HUMULIN R U-500 TRESIBA FLEXTOUCH	NP NP NP NP NP P NP	All in favor	
<b>ANTIDIABETIC- NON-INSULIN</b>	ACARBOSE BYDUREON PEN FARXIGA GLYXAMBI INVOKAMET TAB INVOKAMET XR INVOKANA JANUMET TAB JANUMET XR TAB JANUVIA TAB JARDIANCE NATEGLINIDE STARLIX SYNJARDY SYNJARDY XR TRULICITY VICTOZA INJ XIGDUO XR	NP P P NP NP NP NP P P P NP P NP NP NP P NP	All in favor	Listed on PDL as preferred Automated lookback for use of either metformin or a metformin combination agent accepted Any other preferred DPP-IV must have the same or greater step-edit as JANUVIA or JANUMET
<b>ANTIHYPERTENSIVE, ARBS/CCB COMBO</b>	EXFORGE TAB EXFORGE HCT TAB	NP P	All in favor	
<b>ANTIHYPERTENSIVE, ARBS/CCB COMBO</b>	TRICOR REPATHA	NP NP	All in favor	
<b>ANTIHYPERTENSIVE, ARBS/CCB COMBO</b>	EXFORGE TAB EXFORGE HCT TAB	NP P	All in favor	
<b>ANTIPSYCHOTICS</b>	ABILIFY MAIN INJ ARISTADA INVEGA SUSTENNA INVEGA TRINZA LATUDA TAB SAPHRIS TAB SEROQUEL XR VRAYLAR	NP NP NP NP NP P NP NP	All in favor	Latuda with GF

<b>ANTIVIRALS, ANTIRETROVIRALS</b>	DESCOVY	P	All in favor	
	EVOTAZ TAB	P		
	GENVOYA	P		
	NEVIRAPINE ER	NP		
	NORVIR TAB	P		
	ODEFSEY	NP		
	PREZCOBIX	NP		
<b>ANTIVIRALS, HEPATITIS AGENTS</b>	DAKLINZA TAB	NP	All in favor	
	EPCLUSA	P <i>Clinical PA</i>		
	HARVONI TAB	NP		
	MAVYRET	P <i>Clinical PA</i>		
	SOVALDI TAB	NP		
	TECHNIVIE TAB	NP		
	VIEKIRA PAK	NP		
	VIEKIRA XR	NP		
	VOSEVI	NP		
ZEPATIER	P <i>Clinical PA</i>			
<b>BONE DENSITY REGULATORS</b>	BINOSTO	NP	All in favor	
<b>BIOLOGIC IMMUNOMODULATORS</b>	COSENTYX	P	All in favor	<b>Cosentyx- Preferred position with Step Edit allowing trial and failure of one preferred agent</b>
	CIMZIA	NP		
	ENBREL INJ	P		
	ENBREL SURECLICK	P		
	HUMIRA	P		<b>Humira- Must fail at least 2 preferred products before authorization for non-preferred product.</b>
	XELJANZ TAB	NP		
	XELJANZ XR	NP		
<b>RESP- ANTICHOLINERGICS</b>	INCRUSE ELPT	NP	All in favor	
	SEEBRI NEOHALER	NP		
	SPIRIVA HANIHALER CAP	P		
	SPIRIVA RESPINAT	NP		
<b>RESP- STEROID INHALANTS</b>	AEROSPAN	NP	All in favor	
	ARNUITY ELIPTA	NP		
	ASMANEX INHALATION	NP		
	FLOVENT DISK	NP		
	PULMICORT	P		
<b>RESP- ADRENERGIC COMBO</b>	ADVAIR HFA	P	All in favor	
	ANORO ELLIPTA	NP		

	BEVESPI AEROSPHERE	P	
	BREO ELLIPTA	NP	
	COMBIVANT RESPIMAT	NP	
	UTIBRON NEOHALER	NP	
	STIOLTO RESIMAT	NP	
<b>DERM, CORTICOSTEROIDS</b>	TEXACORT	P	All in favor
<b>DERM, SCABICIDES/PEDICULOCIDES</b>	NATROBA SKLICE	P NP	All in favor
<b>DIGESTIVE ENZYMES</b>	CREON CAP PERTZYE CAP ZENPEP CAP	P NP P	All in favor
<b>ANAPHYLACTIC DEVICES</b>	EPIPEN EPIPEN JR.	P P	Motion for EpiPen to go back to manufacture for GNP. Will be brought back to Dec meeting
<b>GI- ANTIDIARRHEALS</b>	RESTORA	NP	All in favor
<b>GI- ANTIEMETICS</b>	DICLEGIS	NP	All in favor
<b>GI-BOWEL EVACUANT COMBINATIONS</b>	PREPOPIK	NP	All in favor
<b>GI- ULCERATIVE COLITIS AGENTS</b>	APRISO CANASA COLAZAL DIPENTUM LIALDA PENTASA ROWASA	P P NP NP NP NP NP	All in favor
<b>GOUT AGENTS</b>	MITIGARE COLCHICINE CAP COLCHINCE TAB	P P NP	All in favor
<b>GROWTH HORMONE</b>	GENOTROPIN NORDITROPIN FLEXPRO NUTROPIN AQ	P P NP	All in favor
<b>GROWTH HORMONE RELEASING FACTOR</b>	EGRIFTA	NP	All in favor

HEMATOPOIETICS-CSF	GRANIX NEUPOGEN	P NP	All in favor	
HEMATOPOIETIC, GROWTH FACTOR	ARANESP	P	All in favor	
IBS AGENTS	AMITIZA	P	All in favor	Linness allows for electronic step
	MOVANTIK	NP		
	LINZESS CAP VIBERZI	P NP		
NEUROTOXINS	DYSPORT	NP	All in favor	
MIGRAINE PRODUCTS	IMITREX INJ	NP	All in favor	Dosing limits apply
	RELPAK TAB	P		
	SUMATRIPTAN INJ	P		
MULTIVITAMINS, PRENATAL	CITRANATAL ASSURE	NP	All in favor	
	CITRANATAL B -CALM TAB	NP		
	CITRANATAL DHA	NP		
	CITRANATAL 90 DHA	NP		
	CITRANATAL HARMONY CAP	NP		
	CITRANATAL RX TAB	NP		
	CONCEPT OB	NP		
	CONCEPT DHA	NP		
	PRENATE	NP		
	PRENATE AM	NP		
	PRENATE DHA	NP		
	PRENATE ENHANCE	NP		
	PRENATE ESSENTIAL	NP		
	PRENATE MINI	NP		
	PRENATE PIXIE	NP		
	PRENATE RESTORE	NP		
	PRIMACARE	NP		
	PROVIDA OB	NP		
	SELECT-OB	NP		
	SELECT-OB+DHA	NP		
	VITAFOL GUMMIES	NP		
	VITAFOL ULTRA	NP		
	VITAFOL- NANO	NP		
	VITAFOL- OB	NP		
	VITAFOL-OB+DHA	NP		
	VITAFOL-ONE	NP		
VITAFOL FE+	NP			
MS AGENTS	AUBAGIO TAB	P	All in favor	Clinical PA is required to establish diagnosis and medical necessity.
	BETASERON INJ	P		
	COPAXONE 20MG	P		



	GILENYA CAP	P	
	PLEGRIDY	NP	
	TECFIDERA	NP	
<b>OP. ADRENERGIC</b>	SIMBRINZA SUS	P	All in favor
<b>OPHTHALMIC ANTIALLERGICS</b>	OLOPATADINE HCL	NP	All in favor
	PATADAY	NP	
	PAZEO	P	
<b>OPHTHALMIC ANTIBIOTIC-ATINFLAM</b>	MAXITROL OINT	NP	All in favor
	NEO-POLY-DEXAMETH OINT	P	
	NEO-POLY-DEXAMETH SUSP	P	
	SULFACETAMIDE-PREDNISOLONE	P	
	TOBRADEX ST DROPS SUSP	NP	
	TOBRADEX DROPS SUSP	P	
	TOBRAMYCIN/DEX	NP	
	ZYLET SUSP	P	
<b>OPHTHALMIC ANTIBIOTIC</b>	BESIVANCE SUSP	NP	All in favor
	GENTAK	NP	
	GENTAMICIN SULFATE	NP	
	MOXEZA	P	
	VIGAMOX	NP	
<b>OP. ANTI-INFLAMMATORIES</b>	LOTEMAX	P	All in favor
	ILEVRO	P	
<b>OTIC ANTI-INFECTIVES</b>	CIPRODEX	P	All in favor
	CIPROFLOXAXCIN HCL	NP	
	FLOXIN	NP	
	NEOMYCIN-POLYMYXIN-HC	NP	
	OFLOXACIN	P	
	OTOVEL	NP	
<b>OPHTHALMIC MISC</b>	RESTASIS	NP	All in favor
	XIIDRA	NP	
<b>PHOSPHATE BINDERS</b>	CALCIUM ACETATE TAB	NP	All in favor
	ELIPHOS TAB	NP	
	FOSRENOL CHW	NP	
	RENAGEL	P	
<b>PROGESTINS</b>	MAKENA	P	All in favor

<b>PLATELET AGGREGATION INHIBITORS</b>	BRILINTA TAB	NP	All in favor
<b>PULMONARY HYPERTENSION-ERAS</b>	ADCIRCA TAB	NP	All in favor <b>Requires WHO Group 1 diagnosis of primary PAH (Primary Pulmonary Hypertension) and functional class 2 or 3 symptoms.</b>
	LETAIRIS TAB	P	
	OPSUMIT TAB	NP	
	ORENITRAM TAB	P	
	TRACLEER TAB	P	
<b>RSV PROPHYLAXIS</b>	SYNAGIS	P <i>Clinical</i> PA	All in favor
<b>SMOKING DETERENTS</b>	CHANTIX PAK	NP	All in favor
	CHANTIX TAB	P	
<b>URINARY ANTISPASMODICS</b>	MYRBETRIQ TAB	NP	All in favor
	TOVIAZ TAB	P	
	VESICARE TAB	NP	
<b>VAGINAL ANTI-INFECTIVES</b>	CLEOCIN CREAM	NP	All in favor
	CLINDESSE	P	
	GYNAZOLE-1	NP	
	METROGEL- VAGINAL GEL	NP	
<b>VITAMIN D ANALOGS</b>	RAYALDEE	NP	All in favor

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FDA SAFETY ALERTS

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Keytruda (pembrolizumab) in Patients with Multiple Myeloma: FDA Statement - Two Clinical Trials on Hold

[https://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm574347.htm?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](https://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm574347.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery)

FDA Drug Safety Communication: FDA recommends separating dosing of potassium-lowering drug sodium polystyrene sulfonate (Kayexalate) from all other oral drugs

[https://www.fda.gov/Drugs/DrugSafety/ucm572484.htm?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](https://www.fda.gov/Drugs/DrugSafety/ucm572484.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery)

**Board Decision:** No formal action required

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**ADJOURNMENT: 4:30PM**

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The next meeting will be held on **December 12, 2017** 5:30pm –8:30pm at the Augusta Armory.