



**Maine Department of Health and Human Services
MaineCare Services
Pharmacy Unit
11 State House Station
Augusta, Maine 04333-0011**

**PAUL R. LEPAGE
GOVERNOR**

**BETHANY L. HAMM
ACTING COMMISSIONER**

TO: Maine Drug Utilization Review Board
DATE: 10/12/2018
RE: Maine DUR Board **Meeting** minutes from October 9, 2018

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
Non –Voting			
Mike Ouellette, R.Ph., Change Healthcare	X		
Jacquelyn Hedlund, MD, Change Healthcare	X		
Christopher Pezzullo, State Health Officer DHHS, DO	X		
Jill Kingsbury, MaineCare Pharmacy Director	X		

Guests of the Board: Ed Bosshart, PharmD, Carla Quinlivan, Tammy Sheehan, Sherry Baldwin

CALL TO ORDER: 1:10PM

Jill Kingsbury called the meeting to order at 1:10 PM.

PUBLIC COMMENTS

Janelle Duffee from Insulet: Highlighted the attributes of Omnipod.
Margaret Fisher from Noro Nordisk: Highlighted the attributes of Rebinyn.
Daniel Shan from Shire: Highlighted the attributes of Advate and Adynovate.
Adam Sosa from Sunvion: Highlighted the attributes of Aptiom.
Jane Guo from Otsuka: Highlighted the attributes of Abilify maintena.
Lance Nicholls from Pfizer: Highlighted the attributes of Eucrisa and Xeljanz.
Bijal Sheth from Neurocrine: Highlighted the attributes of Ingrezza.
Tom Algozzine from Novartis: Highlighted the attributes of Cosentyz and Gilenya.
Karen Phillips from Amgen: Highlighted the attributes of Aimovig.
Paul Isikwe from Teva: Highlighted the attributes of Copaxone and Austedo.

Brian Calamari from Abbvie: Highlighted the attributes of Humira and Mavyret.
Jonathan Hertz from Aerie Pharm: Highlighted the attributes of Opth. Rhopressa.
Arlene Price from Janssen: Highlighted the attributes of Invokana, Xarelto, Antipsychotics and HIV.

OLD BUSINESS

DUR MINUTES

The September DUR meeting minutes were accepted as written.

MAINECARE UPDATE

Jill Kingsbury stated that the Hepatitis PA form has been updated. Removing the section stating: Documentation in provider notes (must be submitted) showing that member has had no abuse of alcohol and drugs for the previous 6 months. MUST submit urine drug screen for members with history of abuse of drugs other than alcohol. Counseling MUST be provided and documented regarding non-abuse of alcohol and drugs as well as education on how to prevent HCV transmission.

NEW BUSINESS

PRESENT: 2019 DUR MEETING SCHEDULE

2019 Proposed DUR Board Meeting Dates

March 12, 2019

June 11, 2019

September 10, 2019

October 8, 2019

December 10, 2019

Board Decision: No action needed at this time.

PRESENT: 2019 POTENTIAL RETRODUR INITIATIVES

- Sildenafil use in patients without a pulmonary arterial hypertension diagnosis.
- Adherence to anti-retroviral therapy for HIV.
- **Use of multiple concurrent antipsychotics in children and adolescents.**
- **Appropriate use of asthma controller medications (this initiative was done back in April 2016).**
- **Continuous use of antidepressants at 3, 6 and 12 months after initiation.**
- Use of hormone replacement therapy in post-menopausal women.
- **Use of statins in members with diabetes mellitus.**

Dr. Hedlund from Change healthcare gave a brief description of each topic and what information would be gathered.

Board Decision: The Board unanimously approved the bolded topics listed above. Change Healthcare will create a schedule for 2019.

VOTING

Category	Drug Name	PDL Status	VOTE	Comments
ADHD AGENTS	ADDERALL XR	NP	All in favor	
	ADZENYS XR- ODT	P		
	ADZENYS ER	NP		
	APTENSIO XR	NP		
	COTEMPLA XR- ODT	P		
	DEXTROAMPHETAMINE			
	SULFATE TAB	NP		
	DYANAVEL XR	P		
	FOCALIN TAB	P		
	FOCALIN XR CAP	P		
	METHAMPHETAMINE			
	HCL TAB	NP		
	METHYLPHENIDATE TAB	P		
	METHYLPHENIDATE SOL	NP		
	METHYLPHENIDATE CD			
	TAB	NP		
	METHYLPHENIDATE ER			
	TAB	NP		
	METHYLPHENIDATE LA	NP		
	DEXMETHYLPHENIDATE			
	HCL ER	NP		
	PROCENTRA	NP		
	QUILLICHEW ER	P		
	QUILLIVANT XR SUS	P		
	VYVANSE CAP	P		
	VYVANSE CHEW	P		
	EVEKEO	NP		
ZENZEDI	NP			

AHF IX	BEBULIN VIAL	P	All in favor		
	BENEFIX	P			
	RIXUBIS VIAL	P			
	REBINYN VIAL	NP			
	IXINITY VIAL	P			
	ALPROLIX VIAL	P			
	IDELVION	NP			
AHF VIII	ADYNOVATE VIAL	NP	All in favor		
	ADVATE VIAL	P			
	AFSTYLA	NP			
	ELDOCATE	NP			
	KOGENATE FS	NP			
	NOVOEIGHT VIAL	P			
	NUWIQ VIAL	P			
	RECOMBINATE VIAL	NP			
	WILATE	P			
	XYNTHA	P			
ANTIBIOTICS, INHALED FOR CF	BETHKIS	NP	All in favor		
	KITABIS PAK	P			
	TOBI PODHALER	NP			
ANALGESIC, NSAIDS	DICLOFENAC GEL	NP	All in favor		
	DICLORENAC DROPS	NP			
	FLECTOR PATCH	P			
	PENNSAID	P			
	VOLTAREN GEL	P			
ANALGESICS, OPIOID	ARYMO ER	NP	All in favor		
	EMBEDA	P			
	HYDROMORPHONE ER	NP			
	HYSINGLA ER	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 offer requires all NDCs to be Preferred.	
	ANDROGEL PUMP	P			
	METHITEST TAB	NP			
	METHYLTESTERONE CAP	NP			
	TESTOSTERONE GEL PACKET	NP			
	TESTOSTERONE SOL	NP			

	STRIANT MUC ER	NP		
ANGIOTENSIN MOD-NEPRILYSIN INHIB	ENTRESTO	P	All in favor	
ANTIANGINAL AGENTS	RANEXA	P	All in favor	
ANTIBIOTICS-CEPHALOSPORINS	CEFPODOXIME PROXETIL SUS	NP	All in favor	
	CEFPODOXIME PROXETIL TAB	NP		
	CEFIXIME SUS	NP		
	SUPRAX	NP		
ANTICOAGULANTS	ELIQUIS TAB	P	All in favor	
	FONDAPARINUX	NP		
	FRAGMIN VIAL	NP		
	FRAGMIN SYRINGE	NP		
	LOVENOX INJ	NP		
	LOVENOX SUBQ SYRINGE	NP		
	PRADAXA CAP	P		
	WARFARIN	P		
	XARELTO	P		
ANTICONVULSANTS	APTIOM	NP	All in favor	Vimpat-Auto-PA per labels indications
	CARBAMAZEPINE XR	NP		
	CARBATROL	NP		
	FELBAMATE	NP		
	FYCOMPA TAB	NP		
	FYCOMPA SOL	NP		
	GABAPENTIN SOL	P		
	GABITRIL TAB	NP		
	LAMOTRIGINE TAB	NP		
	LYRICA CAP	P		
	LYRICA SOL	NP		
	VIMPAT	P		
	TEGRETOL TAB	NP		
	TIAGABINE TAB	NP		
	TOPIRAMATE ER CAP	P		
	TRILEPTAL SUS	NP		
	QUDEXY XR	NP		
ANTIDEMENTIA AGENTS	EXELON	P	All in favor	

	RIVASTIGMINE	NP		
ANTIDIABETICS-INSULIN	HUMALOG KWIKPEN	NP	All in favor	
	HUMALOG MIX 50/50 KWIKPEN	NP		
	HUMALOG MIX 75/25 KWIKPEN	NP		
	HUMULIN 70/30 KWIVKPEN	NP		
	HUMULIN N VIAL	NP		
	HUMULIN R VIAL	NP		
	HUMULIN N KWIKPEN	NP		
	TRESIBA FLEXTOUCH	NP		
ANTIDIABETIC- NON-INSULIN	BYDUREON PEN	P	All in favor	Janumet Tab, Janumet XR tab, Januvia preferred if therapeutic doses of metformin are seen in members drug profile for at least 60 days within the past 18 months or if phosphate binder is currently seen in the members drug profile.
	FARXIGA	P		
	GLYXAMBI	NP		
	JANUMET TAB	P		
	JANUMET XR TAB	P		
	JANUVIA TAB	P		
	JARDIANCE	P		
	SEGLUROMET	NP		
	STEGLUJAN	NP		
	SYNJARDY	P		
	SYNJARDY XR	P		
	TRULICITY	NP		
	VICTOZA INJ	P		
	XIGDUO XR	NP		
ANTI-INFLAM-ANTIREHEUM ANTIMETA	RASUVO	NP	All in favor	
	OTREXUP	NP		
ANTIHYPERLIPIDEMICS	PRALUENT PEN	P	All in favor	Praluent for patients with recent coronary syndrome with LDL levels \geq 100 despite intense statin therapy.
	REPATHA	NP		

ANTIHYPERTENSIVE, ARBS/CCB COMBO	AMLODIPINE- OLMESARTAN TAB AZOR TAB EXFORGE TAB EXFORGE HCT TAB	P NP NP P	All in favor	
ANTIPSYCHOTICS	ABILIFY MAINTENA ARISTADA ARIPRAZOLE ODT ARIPRAZOLE SOL CLOZAPINE ODT INVEGA SUSTENNA INVEGA TRINZA LATUDA TAB PALIPERIDONE ODT RISPERIDONE ODT SAPHRIS TAB SEROQUEL XR VERSACLOZ SUSP VRAYLAR	NP NP NP NP NP NP NP NP NP P P NP NP NP	All in favor	
ANTIVIRALS, ANTIRETROVIRALS	ABACAVIR TAB BIKTARVY TAB ZIAGEN TAB DESCOVY EVOTAZ TAB GENVOYA NEVIRAPINE ER NORVIR TAB ODEFSEY EPZICOM TAB REYATAZ TYBOST EPIVIR LAMIVUDINE TAB ISENTRESS TAB TENOFVIR TAB TROGARZO VIREAD TAB VIREAD POW	P P NP P P P NP P NP NP NP P NP P NP P P NP P	All in favor	TROGARZO CLINICAL PA
ANTIVIRALS, HEPATITIS AGENTS	EPCLUSA HARVONI TAB MAVYRET	P <i>Clinical PA</i> NP P <i>Clinical PA</i>	All in favor	

	SOVALDI TAB VOSEVI ZEPATIER	NP NP P <i>Clinical PA</i>		
BONE DENSITY REGULATORS	BINOSTO	NP	All in favor	
BIOLOGIC IMMUNOMODULATORS	COSENTYX ENBREL INJ KEVARAR HUMIRA TALTZ XELJANZ TAB XELJANZ XR	P P NP P NP NP NP	All in favor	
DERM, ATOPIC DEMATITIS	EUCRISA	P	All in favor	Electronic step edit through Elidel and Protopic
DERM, CORTICOSTEROIDS	DERMA-SMOOTHIE-FS OIL	P	All in favor	
DERM, SCABICIDES/PEDICULOCIDES	NATROBA SKLICE SPINOSAD SUSP	P P NP	All in favor	
DIGESTIVE ENZYMES	CREON CAP PERTZYE CAP ZENPEP CAP	P NP P	All in favor	
ANAPHYLACTIC DEVICES	EIPEN EIPEN JR.	P P	All in favor	
ESTROGENS	ACTIVELLA TAB ALORA PATCH ANGELIQ CLIMARA PATCH COMBIPATCH EVAMIST SPRAY ESTRADIOL NORETHINDRONE LOPREEZA TAB MINIVELLE PATCH MENOSTAR PATCH	P P P NP P NP NP NP NP P NP	All in favor	

	MENEST TAB NORETHINDRON-ETHINYL VIVELLE-DOT PATCH	NP NP NP	
GI- ANTIEMETICS	DICLEGIS	P	All in favor
GI-BOWEL EVACUANT COMBINATIONS	CLENPIQ SOL COLYTE W FLAVOR PACKETS GAVILYTE-H AND BISACODYL KIT MOVIPREP POWD PACK PEG 3350-ELECTROLYTE SOL PREPOPIK SUPREP SOL	NP P NP P P NP P	All in favor
GI- ULCERATIVE COLITIS AGENTS	DELZICOL CAP LIALDA MESALAMINE ENEMA MESALAMINE TAB MESALAMINE ENEMA KIT PENTASA	P NP P P NP NP	All in favor
GOUT AGENTS	MITIGARE	P	All in favor
GROWTH HORMONE	GENOTROPIN NORDITROPIN FLEXPRO NUTROPIN AQ ZOMACTON VIAL	P P NP NP	All in favor
GROWTH HORMONE RELEASING FACTOR	EGRIFTA	NP	All in favor
HEMATOPOIETICS-CSF	GRANIX NEUPOGEN SYRINGE NEUPOGEN VIAL	P NP P	All in favor
HEMATOLOGIC OXYGEN TRANSPORTERS	FIRAZYR SYRINGE BERINERT KIT KALBITOR VIAL RUCONEST VIAL	P NP NP NP	All in favor

HEMATOPOIETIC MIXTURES	FERRALET 90	NP	All in favor	
	FUSION PLUS	NP		
	FUSION SPRINKLES	NP		
	HEMOCYTE PLUS	NP		
	HEMOCYTE-F	NP		
	INTEGRA F	NP		
	INTEGRA PLUS	NP		
	TANDEM PLUS	NP		
HEMATOPOIETIC, GROWTH FACTOR	ARANESP	NP	All in favor	
	EPOGEN VIAL	P		
	MIRCERA SYRINGE	P		
IBS AGENTS	MOVANTIK	P	All in favor	Movantik offer permits class step through OTC laxatives
	LOTRONEX TAB	P		
	VIBERZI	P		
NEUROTOXINS	DYSPORT	NP	All in favor	
	MYOBLOC	NP		
MIGRAINE PRODUCTS	RELPAK TAB	P	All in favor	Dosing limits apply
	RIZATRIPTAN RAPDIS	P		
MOVEMENT DISORDER	AUSTEDO TAB	P	All in favor	Austedo offer for preferred positioning over Ingrezza
	XENAZINE TAB	P		
MULTIVITAMINS, PRENATAL	CITRANATAL 90 DHA		All in favor	
	COMBO	NP		
	CITRANATAL ASSURE			
	COMBO	NP		
	CITRANATAL B-CALM	NP		
	CITRANATAL BLOOM	NP		
	CITRANATAL BLOOM DHA	NP		
	CITRANATAL DHA	NP		
	CITRANATAL HARMONY	NP		
	CITRANATAL MEDLEY	NP		
	CITRANATAL RX	NP		
	CONCEPT DHA	NP		
	CONCEPT OB	NP		
	PROVIDA DHA	NP		
	PROVIDA OB	NP		

SELECT OB	NP
SELECT OB DHA	NP
TRICARE	NP
VITAFOL	NP
VITAFOL FE+	NP
VITAFOL GUMMIES	NP
VITAFOL ULTRA	NP
VITAFOL NANO	NP
VITAFOL OB	NP
VITAFOL OB DHA	NP
VITAFOL ONE	NP
C NATE DHA CAP 28-1-200	NP

MS AGENTS	AUBAGIO TAB	P	All in favor	Clinical PA is required to establish diagnosis and medical necessity.
	BETASERON INJ	P		
	COPAXONE 40MG	NP		
	GILENYA CAP	P		
	PLEGRIDY	NP		
	TECFIDERA	NP		

OP. ADRENERGIC	BIMATOPROST DROPS	NP	All in favor
	BRIMONIDINE TARTRATE DROPS 0.15 %	NP	
	BRIMONIDINE TARTRATE DROPS 0.2 %	P	
	COSOPT DROPS	NP	
	LUMIGAN DROPS	P	
	RHOPRESSA DROPS	P	
	SIMBRINZA SUS	P	
	TIMOLOL DROP DAILY	NP	
	TIMOLOL SOL-GEL	NP	

OPHTHALMIC ANTIALLERGICS	AZELASTINE HCL DROPS	P	All in favor
	CROMOLYN SODIUM DROPS	P	
	KETOTIFEN FUMARATE DROPS	P	
	OLOPATADINE HCL 0.1%	P	
	OLOPATADINE HCL 0.2%	NP	
	PAZEO	P	

OPHTHALMIC ANTIBIOTIC-ATINFLAM	BLEPHAMIDE DROPS SUSP	NP NP	All in favor
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MAXITROL OINT	
NEOMYCIN-POLYMYXIN- HC SUSP	NP
PRED-G DROPS SUSP	P
PRED-G OINT	P
SULFACETAMIDE-	
PREDNISOLONE DROPS	P
TOBRADEX DROPS SUSP	P

OPHTHALMIC ANTIBIOTIC	BACITRACIN OINT	NP	All in favor
	GATIFLOXACIN DROPS	NP	
	LEVOFLOXACIN DROPS	NP	
	MOXEZA	P	
	NEOMYCIN-POLY- GRAMICIDIN DROPS	NP	
	OFLOXACIN DROPS	P	
	POLYTRIM DROPS	NP	
	SULFACETAMIDE		
	SODIUM DROPS	NP	
	SULFACETAMIDE		
	SODIUM OINT	NP	
	TOBRAMYCIN DROPS	P	
	TOBREX OINT	P	

OP. ANTI-INFLAMMATORIES	ACULAR DROPS .5%	P	All in favor
	DEXAMETHASONE		
	SODIUM PHOSPHATE		
	DROPS SUSP	NP	
	FML DROPS SUSP	NP	
	FML FORTE DROPS SUSP	P	
	ILEVRO	P	
	ILUVIEN IMPLANT	NP	
	LOTEMAX OINT	P	
	LOTEMAX DROPS GEL	NP	
	MAXIDEX DROPS SUSP	P	
	NEVANAC DROPS SUSP	P	
	OMNIPRED DROPS SUSP	NP	
	PREDINISOLONE SODIUM		
	PHOSPHATE DROPS	NP	
	RETISERT IMPLANT	NP	
	TRIESENCE VIAL	NP	
		NP	

OPHTHALMIC MISC	RESTASIS	P	All in favor
	XIIDRA	NP	

OTIC ANTI-INFECTIVES	CIPRODEX	P	All in favor	
	COL-MYCIN S DROPS SUSP	P		
	OFLOXACIN DROPS	P		
	OTOVEL VIAL	NP		
OTIC STEROIDS DERM	DERMOTIC DROPS 0.01% FLUOCINOLONE	NP	All in favor	
	ACETONIDE OIL DROPS 0.01%	NP		
PHOSPHATE BINDERS	FOSRENOL POWD PACK	NP	All in favor	
	FOSRENOL CHEW	NP		
PITUITARY SUPPRESSANTS, CPP	SYNAREL (NASAL) SPRAY	P	All in favor	
	LUPRON DEPOT-PED KIT	P		
	SUPPRELIN LA (IMPLANT) KIT	NP		
	TRIPTODUR VIAL	NP		
	LUPRON DEPOT-PED SYRINGEKIT 11.25 MG	NP		
PROGESTINS	MAKENA	P	All in favor	
PLATELET AGGREGATION INHIBITORS	ASPIRIN-DIPYRIDAMOLE ER CPMP 12HR	NP	All in favor	
	BRILINTA TAB	NP		
	PRASUGREL HCL TAB	P		
PULMONARY HYPERTENSION-ERAS	LETAIRIS TAB	P	All in favor	Requires WHO Group 1 diagnosis of primary PAH (Primary Pulmonary Hypertension) and functional class 2 or 3 symptoms.
	OPSUMIT TAB	NP		
	TRACLEER TAB	P		
	TRACLEER TAB SUSP	NP		
	ADCIRA	P		
RESP- ANTICHOLINERGICS	ATROVENT HFA	P	All in favor	
	INCRUSE ELPT	NP		
	SEEBRI NEOHALER	NP		

	SPIRIVA RESPINAT TUDORZA PRESSAIR	NP P	
RESP- STEROID INHALANTS	ARNUITY ELIPTA ASMANEX INHALATION BUDESONIDE AMPUL- NEB BUDESONIDE AMPUL- NEB 1MG FLOVENT DISK PULMICORT QVAR REDHALER	NP P P NP P NP NP NP	All in favor
RESP- ADRENERGIC COMBO	ADVAIR DISKUS ANORO ELLIPTA BEVESPI AEROSPHERE BREO ELLIPTA COMBIVANT RESPIMAT UTIBRON NEOHALER STIOLTO RESIMAT FLUTICASONE- SALMETEROL TRELEGY ELLIPTA	P NP P NP NP NP NP NP NP	All in favor
RESP- BETA AGONIST INHALERS	ARCAPTA STRIVERDI RESPIMAT LEVALBUTEROL TARTRATE PROAIR HFA PROAIR RESPICLICK	NP NP NP P P	All in favor
SMOKING DETERRENTS	CHANTIX NICOTINE LOZENGE MINI NICOTINE LOZENGE	P P P	All in favor
URINARY ANTISPASMODICS	BETHANECHOL CHLORIDE TAB DARIFENACIN ER TAB FLAVOXATE HCL TAB GELNIQUE GEL PACKET GELNIQUE GEL MD PMP MYRBETRIQ TAB TOVIAZ TAB	P NP NP NP NP NP P	All in favor

	URECHOLINE TAB	NP	
VAGINAL ANTI-INFECTIVES	AVC CREAM	NP	All in favor
	CLOTRIMAZOLE-3 CREAM	P	
	CLINDAMYCIN		
	PHOSPHATE CREAM	NP	
	CLINDESSE	P	
	GYNAZOLE-1	NP	
	MICONAZOLE 3 KIT OTC	P	
	MICONAZOLE 3 KIT	NP	
	NUVESSA GEL	NP	
	TERCONAZOLE CREAM	NP	
	TIOCONAZOLE OIN/PF	P	
VITAMIN D ANALOGS	CALCITRIOL SOL	NP	All in favor
	RAYALDEE CAP	NP	
	ROCALTROL SOL	P	

Additional changes after discussion were to move Adcirca, ProAir Respclick, ProAir HFA to Preferred. The criteria for Aimovig will be reviewed and brought back to the board at the December meeting.

Board Decision: The Board unanimously approved the above recommendation.

FDA SAFETY ALERTS

FDA warns about increased risk of cancer relapse with long-term use of azithromycin (Zithromax, Zmax) antibiotic after donor stem cell transplant
<https://www.fda.gov/Drugs/DrugSafety/ucm614085.htm>

FDA reinforces safety information about serious low blood sugar levels and mental health side effects with fluoroquinolone antibiotics; requires label changes
<https://www.fda.gov/Drugs/DrugSafety/ucm611032.htm>

Board Decision: No formal action required

ADJOURNMENT: 8:30PM

The next meeting will be held on **December 11, 2018** 5:30pm –8:30pm at the Augusta Armory.