PAUL R. LEPAGE
GOVERNOR

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

BETHANY L. HAMM
ACTING COMMISSIONER

**TO:** Maine Drug Utilization Review Board
**DATE:** 12/13/2018
**RE:** Maine DUR Board **Meeting** minutes from December 11, 2018

| ATTENDANCE | PRESENT | ABSENT | EXCUSED |
|---|---|---|---|
| Linda Glass, MD | X | | |
| Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR | X | | |
| Mike Antoniello, 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

## CALL TO ORDER: 5:30PM

Jill Kingsbury called the meeting to order at 5:30 PM.

## PUBLIC COMMENTS

Laura Robbins from Insulet: Highlighted the attributes of Omnipod.
Kendra Davies from Greenwich Biosciences: Highlighted the attributes of Epidiolex.
Karen Phillips from Amjen: Highlighted the attributes of Aimovig.
Franco Casagrande from Abbvie: Highlighted the attributes of Orilissa.
Susanna Robinson from Abbott: Highlighted the attributes of CGM Sensor.
Paul Isikwe from Teva: Highlighted the attributes of Ajovy.

## OLD BUSINESS

## DUR MINUTES

The October DUR meeting minutes were accepted as written.

## MAINECARE UPDATE

No updated at this time.

## AIMOVIG CRITERIA

Please defer until the criteria review of Ajovy and Emaglity.

## INSULIN PUMPS

Dr. Hedlund assistant medical director for Change Healthcare followed up with an endocrinologist discussing the new technology insulin pumps he did not have a brand preference on pumps.
Dr. Glass a pediatrician and DUR board member followed up with a pediatric prescriber and felt that the connect to the technology was a benefit, but what is prescribed is decided by what fits best for the child's lifestyle.

**Recommendation:** Dexcom, Omnipod and Freestyle Libre to be preferred with a clinical prior authorization.

**Board Decision:** The Board unanimously approved.

# NEW BUSINESS

## DATA PRESENTATION: CHRONIC TRIPTANS USE

The use of triptans has become standard of care for the treatment of acute migraine headaches, given their effectiveness, safety and tolerability. However, like many medications used to treat migraine, overuse renders them less effective. Additionally, rebound headaches from triptan overuse is common. For patients who experience frequent headaches, or whose headaches are long lasting or chronic, use of headache prophylactic medications are recommended by several medical associations, including the American Headache Society and the American Academy of Neurology. While there may be slight variation in the definitions, generally prophylaxis is recommended for patients who experience more than 4 migraine headaches a month, or those in whom headaches last more than 12 hours. In patients with chronic migraines, those who have 15 or more headache days per month, the focus primarily should be on finding a suitable prophylactic medication in order to minimize the incidence of acute headaches that require treatment with triptans or other medications. Botox is a prophylactic injectable treatment given to patients with refractory migraines, despite trying other prophylaxis, and is effective in decreasing acute migraine attacks. We used paid, non-reversed Medicaid pharmacy and medical claims date from CYY 2017 excluding members with Part D, MaineRX and TPL.

Identified members with triptan prescriptions of more than 9 doses every 30 days for greater than or equal to 90 days and examine whether they are also taking medications, such as beta blockers, antidepressants or anticonvulsants for headache prophylaxis. Will also investigate how many members who require frequent dosing of a triptan are also getting regular Botox injections as prophylaxis. There were 320 members with more than 27 doses of a triptan prescribed in any 90-day period, for an average of 9 or more doses per month. Of the 73 members with no treatments in 2017 other than triptans, only 6 had prescriptions for other medications in 2016.

It seems that triptan medication is effective in members on prophylactic medication as well as those not on prophylactic medication, and the majority have tried other forms of prophylaxis. It is not clear that any intervention is warranted or that there is significant inappropriate prescribing. It may be worthwhile to monitor the future prescribing of aimovig and other CGRP inhibitors in migraine sufferers, as they are new drugs with a new mechanism of action and may change prescribing patterns.

**Board Decision:** No action needed at this time.

## INTRODUCATION: VIVITROL ADHERENCE

The opioid epidemic has resulted in a dramatic increase in the use of abuse deterrent medications, the most common being the agonist/antagonist combination of buprenorphine and naloxone, given in an oral form daily. There are also depot intramuscular formulations of buprenorphine and naltrexone, each given once every 28 days. Two recent trials comparing daily sublingual buprenorphine with monthly LAI naltrexone found minimal differences in abstinence rates but may offer advantages for patients who do not respond to agonist treatment, cannot adhere to a daily medication, or are in a safety-sensitive occupation that does not permit concurrent agonist treatment. However, trials of LAI naltrexone have been limited by high dropout rates and the transition on to LAI naltrexone may be a challenge for some patients. As an example, a 2011 trial compared a once-monthly, injectable depot formulation of naltrexone with placebo in 250 patients with a DSM-IV diagnosis of opioid dependence over 24 weeks, finding that the median proportion of weeks of confirmed abstinence was greater in the actively treated group compared with the placebo group (90 versus 35 percent); however, these findings excluded 47 percent of the patients who did not complete the study. Treatment with oral or LAI naltrexone is a reasonable first-line alternative to methadone or buprenorphine in those who have a mild opioid use disorder, require medical supervision or are in occupations where opioid agonist treatment is not allowed (public safety, transport of hazardous materials, etc.).

We will use paid, non-reversed Medicaid pharmacy and medical claims date from 2016 and 2017 excluding members with Part D, MaineRX and TPL. Identify members given at least one dose of IM naltrexone and look to see how many consecutive doses were given monthly, without any interruption. We will follow each member out from the first prescription to the end of calendar year 2017, allowing us to assess the percentage of members who were adherent with therapy. We will also look at member profiles to see if an alternative therapy was trialed after the last LAI naltrexone prescription was filled.

**Board Decision:** The Board unanimously approved

## NEW DRUG REVIEW

**Ajovy®** (fremanezumab-vfrm); **PDL category**- Migraine, Misc

Fremanezumab-vfrm, the active ingredient of Ajovy®, is a humanized IgG2Δ a/kappa monoclonal antibody specific for calcitonin gene-related peptide (CGRP) ligand that is produced by recombinant DNA. It binds to CGRP ligand and blocks its binding to the receptor. It is indicated for the preventive treatment of migraine in adults. The safety and efficacy of Ajovy® were assessed in 2 multicenter, randomized, 3-month, double-blind, placebo-controlled studies. Ajovy® is a subcutaneous injection to be used monthly or quarterly (every 3 months) for the preventive treatment of migraine in adults. In clinical trials compared with placebo, Ajovy® significantly reduced the monthly average number of migraine days (and number of headache days of at least moderate severity), as well as improved response rates, as compared with placebo in adults with episodic or chronic. Ajovy® is the second CGRP antagonist to be approved in 2018, with a prior FDA approval of Aimovig® that carries the same indication as Ajovy®. No comparator studies with Ajovy® and other treatments for the prevention of migraine were found.

**Recommendation:** Ajovy® be non-preferred.

**Clinical Criteria:** Defer until after Emgality review.

**Board Decision:** The Board unanimously approved the above recommendation.

**Emgality®** (galcanezumab-gnlm); **PDL category**- Migriane, Misc.

Galcanezumab-gnlm, the active ingredient of Emgality®, is a humanized IgG4 monoclonal antibody specific for calcitonin gene-related peptide (CGRP) ligand that is produced by recombinant DNA technology. It binds to CGRP ligand and blocks its binding to the receptor. It is indicated for the preventive treatment of migraine in adults. The safety and efficacy of Emgality® were assessed as preventive treatment of episodic or chronic migraine in 3 multicenter, randomized, double-blind, placebo-controlled studies that included two 6-month studies in patients with episodic migraine (Studies 1 and 2) and one 3-month study in patients with chronic migraine. In clinical trials compared with placebo, Emgality® significantly reduced the monthly migraine headache days, as well as improved response rates, in adults with chronic or episodic migraines. Emgality® is the third CGRP antagonist to be approved in 2018, with a prior FDA approval of Aimovig® and Ajovy® that have the same indication as Emgality®. No comparator studies with Emgality® and other treatments for the prevention of migraine were found.

**Recommendation:** Emgality® be non-preferred.

**Clinical Criteria:**

- Aimovig, Ajovy and Emgality will be available for chronic migraine defined as 15 or more headaches a month. Adequate trial of three preventative treatment medications of 60 days each.

**Board Decision:** The Board unanimously approved the above recommendation.

**Altreno®** (tretinoin); **PDL category**- Topical- Acne Preparations

Tretinoin, the active ingredient of Altreno®, is a metabolite of vitamin A that binds with high affinity to specific retinoic acid receptors located in both the cystosol and nucleus. Tretinoin activates 3 members of

the retinoic acid nuclear receptors, which act to modify gene expression, subsequent protein synthesis, and epithelial cell growth and differentiation. It has not been established if the clinical effects of tretinoin are mediated through activation of retinoic receptors, other mechanisms, or both. While the exact mechanism of action in acne treatment is not known, evidence suggests that it decreases cohesiveness of follicular epithelial cells with decreased microcomedo formation. Also, tretinoin stimulates mitotic activity and increased turnover of follicular epithelial cells causing extrusion of the comedones. It is indicated for the topical treatment of acne vulgaris in patients 9 years of age and older. It was found to be more effective as compared with vehicle for endpoints including EGSS success, non-inflammatory facial lesions and inflammatory facial lesions. While tretinoin products, brands and generics, have been available for numerous years, this is the first formulation of tretinoin in a lotion.

**Recommendation:** Altreno® be non-preferred.

**Clinical Criteria:**

- Deferred until after Plixda review.

**Board Decision:** The Board unanimously approved the above recommendation.

**Plixda®** (adapalene); **PDL category**- Topical- Acne Preparations

Adapalene, the active ingredient of Plixda®, is a retinoid-like compound, and studies have shown that it is a modulator of cellular differentiation, keratinization, and inflammatory processes, all of which are important features in the pathology of acne vulgaris. Adapalene binds to specific retinoic acid nuclear receptors. While the exact mechanism of action is not known, it is thought that topical adapalene may normalize the differentiation of follicular epithelial cells resulting in decreased micocomedone formation. It is indicated for the topical treatment of acne vulgaris. There were no clinical trials listed in the prescribing information for Plixda®. Various adapalene dosage forms, both brand and generics as well as in combination products, have been available for numerous years and have proven safety and efficacy for treatment of acne. There is no evidence at this time to support that Plixda® is safer or more effective than other formulations of adapalene that are significantly less costly.

**Recommendation:** Plixda® be non-preferred.

**Clinical Criteria:**

- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

**Board Decision:** The Board unanimously approved the above recommendation.

**Braftovi®** (encorafenib); **PDL category**- Cancer

Encorafenib, the active ingredient of Braftovi®, is a kinase inhibitor. It targets BRAF V600E, as well as wild-type BRAF and CRAF in in vitro cell-free assays. Encorafenib was also able to bind to other kinases in vitro. In mice implanted with tumor cells expressing BRAF V600E, encorafenib induced tumor regressions

associated with RAF/MEK/ERK pathway suppression. Encorafenib and binimetinib are to be used in combination and they target two different kinases in the RAS/RAF/MEK/ERK pathway. Compared to either drug alone, co-administration resulted in greater anti-proliferative activity in vitro in BRAF mutation-positive cell lines and greater anti-tumor activity with respect to tumor growth inhibition in BRAF V600E mutant human melanoma xenograft studies in mice. In addition, the combination delayed the emergence of resistance in BRAF V600E mutant human melanoma xenografts in mice compared to either drug alone. It is indicated in combination with binimetinib (Mektovi®) for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test. Braftovi® is not indicated for treatment of patients with wild-type BRAF melanoma. Avoid the concomitant use of Braftovi® with strong or moderate CYP3A4 inhibitors, including grapefruit juice. The safety and efficacy of Braftovi® in combination with binimetinib were assessed in a randomized, active-controlled, open-label, multicenter study (COLUMBUS) that included patients required to have BRAF V600E or V600K mutation-positive unresectable or metastatic melanoma. In the COLUMBUS clinical trial, Braftovi® in combination with binimetinib demonstrated a statistically significant improvement in progression-free survival as compared with vemurafenib. There is some evidence to suggest, based on progression-free survival, that Braftovi® in combination with binimetinib is more effective than vemurafenib; however, there is no evidence that Braftovi® in combination with binimetinib is safer or more effective than the other currently available medications.

**Recommendation:** Braftovi® be non-preferred.

**Clinical Criteria:**

- PA required to confirm appropriate diagnosis and testing.
- DDI: Braftovi, Cometriq, Ibrance, Tafinlar and Tibsovo will require a prior authorization if it is currently being used in combination with drugs known to be significant CYP3A4 inhibitors (ketoconazole, itraconazole, clarithromycin, indinavir, nefazodone, nelfinavir, ritonavir, atazanavir, saquinavir and telithromycin).

**Board Decision:** The Board unanimously approved the above recommendation.

**Libtayo®** (cemiplimab-rwlc); **PDL category**- Cancer

Cemiplimab-rwlc, the active ingredient of Libtayo®, is a human programmed death receptor-1 (PD-1) blocking antibody, a recombinant human IgG4 monoclonal antibody that binds to PD-1 and blocks its interaction with PD-L1 and PD-L2. Binding of the PD-1 ligands PD-L1 and PD-L2, to the PD-1 receptor found on T cells, inhibits T-cell proliferation and cytokine production. By binding to PD-1 and blocking its interaction with PD-L1 and PD-L2, cemiplimab-rwlc releases PD-L1 pathway-mediated inhibition of the immune response, including the anti-tumor immune response. In mouse models, blocking PD-1 activity resulted in decreased tumor growth. It is indicated for the treatment of patients with metastatic cutaneous squamous cell carcinoma (CSCC) or locally advanced CSCC who are not candidates for curative surgery or curative radiation. **:** The efficacy of Libtayo® in patients with metastatic (nodal or distant) cutaneous squamous cell carcinoma (CSCC) or locally advanced CSCC who were not candidates for curative surgery or curative radiation was assessed in 2 open-label, multicenter, non-randomized multicohort studies. Both studies excluded patients with autoimmune disease that required systemic therapy with immunosuppressant agents within 5 years; history of solid organ transplant; prior treatment with anti-PD-1/PD-L1 blocking antibodies or other immune checkpoint inhibitor therapy; infection with

HIV, hepatitis B, or hepatitis C; or ECOG performance scores ≥2. In 2 single-arm, non-randomized studies, Libtayo® resulted in objective response rate in almost half of the patients in the studies.

**Recommendation:** Libtayo® be non-preferred.

**Clinical Criteria:**

- PA required to confirm appropriate diagnosis and testing.

**Board Decision:** The Board unanimously approved the above recommendation.

**Lumoxiti ®** (moxetumomab pasudotox-tdfk); **PDL category**- Cancer

Moxetumomab pasudotox-tdfk, the active ingredient of Lumoxiti®, is a CD22-directed cytotoxin. It is composed of a recombinant, murine immunoglobulin variable domain genetically fused to a truncated form of *Pseudomonas* exotoxin, PE38, that inhibits protein synthesis. During the moxetumomab pasudotox-tdfk manufacturing process, fermentation is carried out in nutrient medium containing the antibiotic kanamycin; however, kanamycin is cleared in the manufacturing process and is not detectable in the final product. It is indicated for the treatment of adults with relapsed or refractory hairy cell leukemia (HCL) who received at least 2 prior systemic therapies, including treatment with a purine nucleoside analog (PNA). Lumoxiti® is not recommended in patients with severe renal impairment (CrCl ≤29ml/min). Lumoxiti® has a box warning regarding increased risk of capillary leak syndrome (CLS) and hemolytic uremic syndrome (HUS). The efficacy of Lumoxiti® was based upon Study 1053, which was conducted in patients with histologically confirmed HCL or HCL variant with a need for therapy based on presence of cytopenias or splenomegaly and who had received prior treatment with at least 2 systemic therapies, including 1 purine nucleoside analog (PNA). Eligible patients had serum creatinine ≤1.5mg/dl or creatinine clearance ≥60ml/min. Of the 80 patients enrolled, there were 77 with classic HCL and 3 with HCL variant. It is not recommended for use in patients with severe renal impairment. In a clinical trial, Lumoxiti® demonstrated a durable complete response in 30% of the patients.

**Recommendation:** Lumoxiti® be non-preferred.

**Clinical Criteria:**

- PA required to confirm appropriate diagnosis and testing.
- Lumoxiti is indicated for the treatment of adults with relapsed or refractory hairy cell leukemia who received at least 2 prior systemic therapies, including treatment with a purine nucleoside analog.

**Board Decision:** The Board unanimously approved the above recommendation.

**Mektovi®** (binimetinib); **PDL category**- Cancer

Binimetinib, the active ingredient of Mektovi®, is a kinase inhibitor. It is a reversible inhibitor of mitogen-activated extracellular signal regulated kinase 1 (MEK1) and MEK2 activity. MEK proteins are upstream regulators of the extracellular signal-related kinase (ERK) pathway. Binimetinib and encorafenib are to be used in combination and they target two different kinases in the RAS/RAF/MEK/ERK pathway. Compared to either drug alone, co-administration resulted in greater anti-proliferative activity in vitro in BRAF mutation-positive cell lines and greater anti-tumor activity with respect to tumor growth inhibition in

BRAF V600E mutant human melanoma xenograft studies in mice. In addition, the combination delayed the emergence of resistance in BRAF V600E mutant human melanoma xenografts in mice compared to either drug alone. It is indicated in combination with encorafenib (Braftovi®) for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, as detected by an FDA-approved test. The safety and efficacy of Mektovi® in combination with encorafenib were assessed in a randomized, active-controlled, open-label, multicenter study (COLUMBUS) that included patients required to have BRAF V600E or V600K mutation-positive unresectable or metastatic melanoma. There is some evidence to suggest, based on progression-free survival, that Mektovi® in combination with encorafenib is more effective than vemurafenib; however, there is no evidence that Mektovi® in combination with encorafenib is safer or more effective than the other currently available medications.

**Recommendation:** Mektovi® be non-preferred.

**Clinical Criteria:**

- PA required to confirm appropriate diagnosis and testing.

**Board Decision:** The Board unanimously approved the above recommendation.

**Talzenna®** (talazoparib); **PDL category-** Cancer

Talazoparib, the active ingredient of Talzenna®, is an inhibitor of mammalian polyadenosine 5'-diphosphoribose polymerase (PARP) enzyme, including PARP1 and PARP2, which play a role in DNA repair. In vitro studies with cancer cell lines that harbored defects in DNA repair genes, including BRCA 1 and 2, have shown that talazoparib-induced cytotoxicity may involve inhibition of PARP enzymatic activity and increased formation of PARP-DNA complexes resulting in DNA damage, decreased cell proliferation, and apoptosis. It is indicated for the treatment of adults with deleterious or suspected deleterious germline breast cancer susceptibility gene (BRCA)-mutated (*gBRCAm*) human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer. Select patients for therapy based on an FDA-approved companion diagnostic for Talzenna®. The safety and efficacy of Talzenna® were assessed in an open-label study (EMBRACA study) that included patients (N=431) with gBRCAm HER2-negative locally advanced or metastatic breast cancer who were randomized to Talzenna® or healthcare provider's choice of chemotherapy (capecitabine, eribulin, gemcitabine, or vinorelbine) until disease progression or unacceptable toxicity. In a clinical trial compared with chemotherapy, Talzenna® was found to demonstrate a statistically significant improvement in progression free survival compared to the provider's choice of chemotherapy.

**Recommendation:** Talzenna® be non-preferred.

**Clinical Criteria:**

- PA required to confirm appropriate diagnosis and testing.

**Board Decision**: The Board unanimously approved the above recommendation**.**

**Tibsovo®** (talazoparib); **PDL category-** Cancer

Ivosidenib, the active ingredient of Tibsovo®, is an inhibitor of isocitrate dehydrogenase 1 (IDH1) enzyme. It is a small molecule that targets the mutant IDH1 enzyme. Susceptible IDH1 mutations are defined as

those leading to increased levels of 2- hydroxyglutarate (2-HG) in the leukemia cells and where efficacy is predicted by clinically meaningful remissions with the recommended dose of ivosidenib and/or inhibition of mutant IDH1 enzymatic activity at levels of ivosidenib sustainable at the recommended dose. Inhibition of the mutant IDH1 enzyme by ivosidenib led to decreased 2-HG levels and induced myeloid differentiation in vitro and in animal models of IDH1-mutated acute myeloid leukemia (AML). In blood samples from patients with AML with mutated IDH1, ivosidenib decreased 2-HG levels, reduced blast counts, and increased percentages of mature myeloid cells. It is indicated for the treatment of adults with relapsed or refractory acute myeloid leukemia (AML) with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation as detected by an FDA-approved test.

**Recommendation:** Tibsovo® be non-preferred.

**Clinical Criteria:**

- PA required to confirm appropriate diagnosis and testing.

**Board Decision**: The Board unanimously approved the above recommendation**.**

**Vizimpro®** (dacomitinib); **PDL category-** Cancer

Dacomitinib, the active ingredient of Vizimpro®, is an oral kinase inhibitor. It is an irreversible inhibitor of the kinase activity of the human epidermal growth factor receptor (EGFR) family and certain EGFR activating mutations. It is indicated for a first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA approved test. The efficacy of Vizimpro® was demonstrated in a randomized, multicenter, open-label study (ARCHER 1050) that included patients required to have unresectable, metastatic NSCLC with no prior therapy for metastatic disease or recurrent disease with a minimum of 12 months disease-free after completion of systemic therapy; an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; and EGFR exon 19 deletion or exon 21 L858R substitution mutations. In clinical trials, Vizimpro® was found to demonstrate a statistically significant improvement in progression free survival as compared with gefitinib (brand name Iressa®). Iressa® is also an oral kinase inhibitor with the same indication as Vizimpro®.

**Recommendation:** Vizimpro® be non-preferred.

**Clinical Criteria:**

- PA required to confirm appropriate diagnosis and testing.

**Board Decision**: The Board unanimously approved the above recommendation**.**

**Delstrigo®** (doravirine, lamivudine, and tenofovir disoproxil fumarate); **PDL category**- Antiretrovirals

Delstrigo® is a fixed-dose combination tablet containing 3 antiretroviral drugs, including doravirine, (an HIV-1 non-nucleoside reverse transcriptase inhibitor or NNRTI), lamivudine (an HIV-1 nucleoside analogue reverse transcriptase inhibitor), and tenofovir disoproxil fumarate or TDF (a prodrug of tenofovir, an HIV-1 reverse transcriptase inhibitor). It is indicated as a complete regimen for the treatment of HIV-1 infection in adult patients with no prior antiretroviral treatment history. The efficacy of Delstrigo® is based on the analyses of 48-week data from a randomized, multicenter, double-blind, active-controlled, phase

3 trial (DRIVE-AHEAD) that included HIV-1 infected subjects with no antiretroviral treatment history. In a clinical study DRIVE-AHEAD, Delstrigo® was found to be as effective as the combination of efavirenz/emtricitabine/tenofovir DF for achieving HIV-1 RNA <50 copies/ml. Delstrigo® is an oral tablet indicated as a complete regimen for the treatment of HIV-1 infection in adults with no prior antiretroviral treatment history. In a clinical study DRIVE-AHEAD, Delstrigo® was found to be as effective as the combination of efavirenz/emtricitabine/tenofovir DF for achieving HIV-1 RNA <50 copies/ml.

**Recommendation:** Delstrigo® be non-preferred.

**Clinical Criteria:**

- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

**Board Decision:** The Board unanimously approved the above recommendation.

**Doptelet®** (avatrombopag); **PDL category**- Hematological Agents- Thrombopoietin Receptor Agonists

Avatrombopag, the active ingredient of Doptelet®, is a thrombopoietin (TPO) receptor agonist that stimulates proliferation and differentiation of megakaryocytes from bone marrow progenitor cells, resulting in an increased production of platelets. Avatrombopag does not compete with TPO for binding to the TPO receptor and has an additive effect with TPO on platelet production. It is indicated for the treatment of thrombocytopenia in adults with chronic liver disease who are scheduled to undergo a procedure. The safety and efficacy of Doptelet® for the treatment of thrombocytopenia were assessed in 2 identically-designed multicenter, randomized, double-blind, placebo-controlled trials (ADAPT-1 and ADAPT-2) that included patients with chronic liver disease who were scheduled to undergo a procedure. In clinical trials, there was a significantly greater number in the Doptelet® group who met the primary endpoint of the proportion not requiring a platelet transfusion or any rescue procedure for bleeding after randomization and up to 7 days after an elective procedure by baseline platelet count and treatment group.

**Recommendation:** Doptelet® be non-preferred.

**Clinical Criteria:** Defer until after Mulpelta review.

**Board Decision:** The Board unanimously approved the above recommendation.

**Mulpleta®** (lusutrombopag); **PDL category**- Hematological Agents- Thrombopoietin Receptor Agonists

Lusutrombopag, the active ingredient of Mulpleta®, is a thrombopoietin (TPO) receptor agonist that interacts with the transmembrane domain of human TPO receptors expressed on megakaryocytes to induce the proliferation and differentiation of megakaryocytic progenitor cells from hematopoietic stem cells and megakaryocyte maturation. It is indicated for the treatment of thrombocytopenia in adults with chronic liver disease who are scheduled to undergo a procedure. The safety and efficacy of Mulpleta® for the treatment of thrombocytopenia were assessed in 2 randomized, double-blind, placebo-controlled studies that included adults with chronic liver disease who were scheduled to undergo a procedure.

Patients with a platelet count less than 50 X $10^9$/L were eligible. Patients were randomized to Mulpleta® 3mg or placebo for up to 7 days and included adults with median age of 60 years. In clinical trials, there was a significantly greater number who met the primary endpoints and a significantly larger number of responders with Mulpleta® as compared with placebo, with responders defined as patients who had a platelet count of ≥50 X $10^9$/L with an increase of ≥20 X $10^9$/L from baseline.

**Recommendation:** Mulpleta® be non-preferred.

**Clinical Criteria:**

- Doptelet and Mulpelta: For the treatment of thrombocytopenia in adults with chronic liver disease who are scheduled to undergo a procedure.

**Board Decision:** The Board unanimously approved the above recommendation.

**Epidiolex®** (cannabidiol); **PDL category**- Anticonvulsants

Cannabidiol, the active ingredient of Epidiolex®, is a cannabinoid that naturally occurs in the *Cannabis sativa* L. plant. While the exact mechanism of action by which it exerts its anticonvulsant effect in humans is not known, cannabidiol does not appear to exert its anticonvulsant effects through interaction with cannabinoid receptors. It is indicated for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) or Dravet syndrome (DS) in patients 2 years of age and older. Concomitant use of Epidiolex® with alcohol and other CNS depressants may increase the risk of sedation and somnolence. Concomitant use of Epidiolex® with valproate increases the incidence of liver enzyme functions. Discontinuation or reduction of Epidiolex® and/or concomitant valproate should be considered. Insufficient data are available to assess the risk of concomitant administration of other hepatotoxic drugs and Epidiolex®. The efficacy of Epidiolex® for the treatment of seizures associated with LGS was established in 2 randomized, double-blind, placebo-controlled trials that included patients aged 2 to 55 years with a diagnosis of LGS and who were inadequately controlled on at least one AED, with or without vagal nerve stimulation and/or ketogenic diet. It is the first FDA approved drug comprised of an active ingredient derived from marijuana for this indication. While it is a Schedule V controlled substance, studies demonstrate that cannabidiol does not produce cannabinoid-like behavioral response and likely does not produce physical dependence. Compared with placebo, Epidiolex® was found to significantly reduce the frequency of drop-seizures in patients with Lennox-Gastaut Syndrome and significantly reduced the frequency of convulsive seizures in patients with Dravet syndrome.

**Recommendation:** Epidiolex® be non-preferred.

**Clinical Criteria:**

- Epidiolex is for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) or Dravet syndrome (DS) in patients 2 years of age and older.
- Epidiolex Criteria for Lennox-Gastaut syndrome (LGS): a trial of three drugs (two preferred drugs and then either Banzel or clobazam).
- Epidiolex Criteria for Dravet syndrome: previous trial of clobazam with valproic acid in patients not adequately controlled on monotherapy.

**Board Decision:** The Board unanimously approved the above recommendation.

**Firvanq®** (vancomycin hydrochloride); **PDL category**- Antibiotics, Mics.

Vancomycin, the active ingredient of Firvanq®, is a tricyclic glycopeptide antibiotic derived from *Amycolatopsis orientalis*. The bactericidal action of vancomycin against the vegetative cells of *C. difficile* and *S. aureus* results mainly from inhibition of cell-wall biosynthesis. Also, vancomycin alters bacterial-cell-membrane permeability and RNA synthesis. It is indicated for the treatment of *Clostridium difficile*-associated diarrhea in adults and pediatric patients less than 18 years of age and for the treatment of enterocolitis caused by *Staphylococcus aureus* (including methicillin-resistant strains) in adults and pediatric patients less than 18 years of age. There were 2 clinical trials that assessed the efficacy of vancomycin 125mg PO QID for 10 days in adults with *C. difficile*-associated diarrhea (CDAD). Parenteral administration of vancomycin is not effective for these indications; thus, vancomycin must be given orally for these infections. Orally administration vancomycin is not effective for the treatment of other types of infection. In 2 clinical trials, oral vancomycin was found to have high clinical success rate for CDAD.

**Recommendation:** Firvanq® be preferred.

**Clinical Criteria:**

- Quantity limit of one on 150ml bottle.

**Board Decision:** The Board unanimously approved the above recommendation.

**Ilumya®** (tildrakizumab-asmn); **PDL category**- Psoriasis Biologicals

Tildrakizumab-asmn, the active ingredient of Ilumya®, is a humanized IgG1/k monoclonal antibody that selectively binds to the p19 subunit of IL-23 and inhibits its interaction with the IL-23 receptor. IL-23 is a naturally occurring cytokine that is involved in inflammatory and immune responses. Tildrakizumab inhibits the release of proinflammatory cytokines and chemokines. It is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. In 2 multicenter, randomized, double-blind, placebo-controlled trials, patients were treated with Ilumya® 100mg (N=616) or placebo (N=310) for up to 64 weeks to assess the efficacy of Ilumya® in adults with plaque psoriasis. Treatment should be administered by a healthcare professional, and live vaccines should be avoided with use. In two phase 3 clinical trials, a significantly higher proportion achieved the co-primary endpoints with Ilumya® as compared with placebo. In one of the phase 3 trials, a significantly higher number in the Ilumya® 100mg group achieved PASI 75 as compared with the active comparator etanercept; however, significant differences were not seen between these active treatments in the co-primary endpoint of PGA response.

**Recommendation:** Ilumya® be non-preferred.

**Clinical Criteria:**

- For the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

**Board Decision:** The Board unanimously approved the above recommendation.

**Jivi®** (antihemophilic factor (recombinant) pegylated-aucl); **PDL category**- Antihemophilic Agents

Antihemophilic factor (recombinant), PEGylated-aucl (Jivi®) temporarily replaces the missing coagulation Factor VIII. The site-specific PEGylation in the A3 domain reduces binding to the physiologic Factor VIII clearance receptors resulting in an extended half-life and increased area under the curve (AUC). The administration of Jivi® increases plasma levels of Factor VIII and can temporarily correct the coagulation defect in hemophilia A patients. It is indicated as a recombinant DNA-derived, Factor VIII concentrate indicated for use in previously treated adults and adolescents 12 years of age and older with hemophilia A (congenital Factor VIII deficiency) for:

- On demand treatment and control of bleeding episodes
- Perioperative management of bleeding
- Routine prophylaxis to reduce the frequency of bleeding episodes

Jivi® is not indicated for use in children <12 years of age due to greater risk for hypersensitivity reactions and is not indicated for use in previously untreated patients. In addition, Jivi® is not indicated for treatment of von Willebrand disease. The safety and efficacy of Jivi® for on-demand treatment, perioperative management of bleeding and routine prophylaxis in male subjects with severe hemophilia A were assessed in one study that included immunocompetent subjects ≥12 years of age with no history of Factor VIII inhibitors. In addition, Jivi® is not indicated for the treatment of von Willebrand disease. While initial dosing for prophylaxis is twice weekly, there is ability to dose every 5 days. Efficacy of Jivi® was established in previously treated patients with severe hemophilia A based on decreases in annualized bleeding rates and being assessed as 'good' to 'excellent' in control of bleeding episodes.

**Recommendation**: Jivi® be non-preferred.

**Clinical Criteria:**

- Not indicated for use in children <12 years of age due to greater risk for hypersensitivity reactions and is not indicated for use in previously untreated patients.

**Board Decision:** The Board unanimously approved the above recommendation.

**Lokelma ®** (sodium zirconium cyclosilicate); **PDL category**- K Removing Resins

Sodium zirconium cyclosilicate, the active ingredient of Lokelma®, is a potassium binder. It is non-absorbed binder that preferentially exchanges potassium for hydrogen and sodium. In vitro, Lokelma® has a high affinity for potassium ions, even in the presence of other cations such as calcium and magnesium. It increases fecal potassium excretion through binding of potassium in the lumen of the GI tract. It is indicated for the treatment of hyperkalemia in adults. It should not be used as an emergency treatment for life-threatening hyperkalemia because of its delayed onset of action. The efficacy of Lokelma® in lowering serum potassium was demonstrated in a two-part, double-blind, randomized, placebo-controlled study that included patients with hyperkalemia (5 to 6.5mEq/L, mean potassium 5.3mEq/L). In clinical trials, Lokelma® was effective for lowering potassium in both the acute and maintenance phases.

**Recommendation:** Lokelma® be non-preferred.

**Clinical Criteria:**

- Lokelma is for the treatment of acute hyperkalemia in patients unable to tolerate sodium polystyrene sulfonate.

**Board Decision:** The Board unanimously approved the above recommendation.

**Nivestym®** (filgrastim-aafi); **PDL category**- Granulocyte CSF

Filgrastim-aafi, the active ingredient of Nivestym®, is a human granulocyte colony-stimulating factor (G-CSF) manufactured by recombinant DNA technology. It has been produced by *E. coli* bacteria into which has been inserted the human G-CSF gene. CSFs are glycoproteins which act on hematopoietic cells by binding to specific cell surface receptors and stimulating proliferation, differentiation commitment, and some end-cell functional activation. G-CSF regulates the production of neutrophils within the bone marrow and affects neutrophil progenitor proliferation, differentiation, and selected end-cell functions. It is indicated for:

- Decreasing the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.
- Reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)
- Reducing the duration of neutropenia and neutropenia-related clinical sequalae (e.g. febrile neutropenia) in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation.
- The mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.
- Chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g. fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

It is contraindicated in patients with a history of serious allergic reactions to human granulocyte colony-stimulating factors such as filgrastim or pegfilgrastim products. Nivestym® is a biosimilar to Neupogen® (filgrastim). Biosimilar means that the biological product is approved based on data demonstrating that it is highly similar to an FDA-approved biological product, known as the reference product, and that there are no clinically meaningful differences between the biosimilar product and the reference product. There is no evidence at this time to support that Nivestym® is safer or more effective than the currently available, more cost-effective medications.

**Recommendation:** Nivestym® be non-preferred.

**Clinical Criteria:**

- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

**Board Decision:** The Board unanimously approved the above recommendation.

**Nocdurna®** (desmopressin acetate); **PDL category**- Vasopressins

Desmopressin acetate, the active ingredient of Nocdurna®, is a synthetic analogue of 8-arginine vasopressin, an endogenous pituitary hormone also known as antidiuretic hormone (ADH). Desmopressin

is a selective agonist at vasopressin 2 (V2) receptors, thus increasing water reabsorption in the kidneys and reducing urine production. It is indicated for the treatment of nocturia due to nocturnal polyuria in adults who awaken at least 2 times per night to void. (Nocturnal polyuria was defined in the Nocdurna® clinical trials as nighttime urine production exceeding one-third of the 24-hour urine production.) Before starting treatment, evaluate the patient for possible causes for the nocturia, including excessive fluid intake prior to bedtime, and address other treatable causes of nocturia. Confirm the diagnosis of nocturnal polyuria with a 24-hour urine collection, if one has not been obtained previously. The safety and efficacy of Nocdurna® were assessed in two 3-month, randomized, double-blind, placebo-controlled, multicenter studies that included adults ≥18 years of age with nocturia due to nocturnal polyuria. At baseline, adults were required to document at least 2 nocturnal voids per night in a consecutive 3-day diary collected during screening. Nocturnal polyuria was defined in the Nocdurna® clinical trials as nighttime urine production exceeding one-third of the 24-hour urine production. Before initiating treatment, evaluate the patient for possible causes for the nocturia, including excessive fluid intake prior to bedtime, and address other treatable causes of nocturia. In addition, confirm the diagnosis of nocturnal polyuria with a 24-hour urine collection, if one has not been obtained previously. Only the 27.7mcg dose is indicated for use in women while the 55.3mcg dose is indicated for use in men. This is the first sublingual formulation for this indication and in clinical trials it was found to be effective as compared with placebo. Assess serum sodium concentrations with use.

**Recommendation:** Nocdura® be non-preferred.

**Clinical Criteria:**

- Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP.

**Board Decision:** The Board unanimously approved the above recommendation.

**Orilissa ® (**elagolix**); PDL category-** Gonadotropin-Releasing Hormone (GnRH) Antagonists

Elagolix, the active ingredient of Orilissa®, is a gonadotropin-releasing hormone (GnRH) receptor antagonist that inhibits endogenous GnRH signaling by binding competitively to GnRH receptors in the pituitary gland. Administration of Orilissa® results in dose-dependent suppression of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), leading to decreased blood concentrations of the ovarian sex hormones, estradiol and progesterone. It is indicated for the management of moderate to severe pain associated with endometriosis. Elagolix is a weak to moderate inducer of CYP3A. Co-administration of Orilissa® may decrease plasma levels of drugs that are substrates of CYP3A. In addition, elagolix is an inhibitor of P-gp. Co-administration of Orilissa® may increase plasma levels of drugs that are substrates of P-gp (e.g. digoxin). The safety and efficacy of Orilissa® 150mg QD and 200mg BID were assessed in 2 multicenter, double-blind, placebo-controlled studies that included premenopausal women (N=1686) with moderate to severe pain associated with endometriosis. In clinical trials compared with placebo, Orilissa® (low and high dose) was found to have a significantly larger number of responders to treatment for dysmenorrhea and non-menstrual pelvic pain.

**Recommendation:** Orlissa® be non-preferred.

**Clinical Criteria:**

- Prior treatment of NSAID and hormonal contraceptives required.

**Board Decision:** The Board unanimously approved the above recommendation.

**Perseris® (**risperidone, extended-release injectable suspension**); PDL category-** Antipsychotics- Atypicals

Risperidone, the active ingredient of Perseris®, is an atypical antipsychotic. While its exact mechanism of action is not clear, it is thought that the drugs activity could be mediated through a combination of dopamine type 2 (D2) and serotonin type 2 (5HT2) receptor antagonism. Antagonism at receptors other than D2 and 5HT2 may explain some of the other effects of risperidone. The clinical effects from risperidone results from the combined concentrations of risperidone and its major metabolite, 9-hydroxyrisperidone (paliperidone). It is indicated for the treatment of schizophrenia in adults. For patients who have never taken risperidone, establish tolerability with oral risperidone prior to starting Perseris®. The safety and efficacy of Perseris® were assessed in a double-blind, randomized, placebo-controlled study that included adults aged 18-55 years experiencing acute exacerbations of schizophrenia. In clinical trials, Perseris® demonstrated statistically significant improvements as compared with placebo for the primary endpoint of the change in PANSS total score. This is the first once-monthly risperidone injectable.

**Recommendation:** Perseris® be non-preferred.

**Clinical Criteria:**

- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

**Board Decision:** The Board unanimously approved the above recommendation.

**Pifeltro® (**doravirine**); PDL category-** Antiretrovirals

Doravirine, the active ingredient of Pifeltro®, is an HIV-1 non-nucleoside reverse transcriptase inhibitor (NNRTI). It is an antiretroviral agent that inhibits HIV-1 replication by non-competitive inhibition of HIV-1 reverse transcriptase. It is indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults with no prior antiretroviral treatment history. The efficacy of Pifeltro® is based on the analyses of 48-week data from 2 randomized, multicenter, double-blind, active-controlled, phase 3 trials (DRIVE-FORWARD and DRIVE-AHEAD) that included HIV-1 infected subjects with no antiretroviral treatment history (N=1494). In the DRIVE trials of treatment-naïve people with HIV, Pifeltro® was shown to be non-inferior to boosted darunavir in terms of virologic efficacy at 48 weeks with no significant differences across subgroups. In a 96-week extension (not yet published), Pifeltro® was associated with a higher rate of viral suppression than boosted darunavir, although there was no difference in patients with high baseline viral load. In these studies, Pifeltro® had a favorable lipid profile compared to boosted darunavir. While Pifeltro® may have advantages over boosted darunavir in certain patients, there is no evidence that it is safer or more effective than the currently available, more cost-effective medications.

**Recommendation:** Pifeltro® be non-preferred.

**Clinical Criteria:**

- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

**Board Decision:** The Board unanimously approved the above recommendation.

**Roxybond® (**oxycodone**); PDL category-** Analgesics, Narcotics-Short Acting

Oxycodone, the active ingredient of Roxybond®, is a full opioid agonist and is relatively selective for the mu-opioid receptor, although it can bind to other opioid receptors at higher doses. The main therapeutic action of oxycodone is analgesia. Like all full opioid agonists, there is no ceiling effect for analgesia with oxycodone. The precise mechanism of action is not known; however, specific CNS opioid receptors for endogenous compounds with opioid-like activity have been identified throughout the brain and spinal cord and are thought to play a role in the analgesic effects of this drug. It is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Roxybond® for use in patients for whom alternative treatment options (e.g. non-opioid analgesics or opioid combination products) have not been tolerated or are not expected to be tolerated, as well as have not provided adequate analgesia or are not expected to provide adequate analgesia. Roxybond® is an immediate-release oxycodone product that is classified as a Schedule II controlled substance. A corresponding box warning with Roxybond® warns of the potential for addiction, abuse, and misuse with treatment, as it is a substance with a high potential for abuse similar to other opioids. As Roxybond® can be abused and is subject to misuse, addiction, and criminal diversion, each patient's risk for opioid addiction, abuse, or misuse should be assessed prior to prescribing Roxybond® and monitor during treatment for the development of such behaviors and conditions. To ensure the benefits of use outweigh the risks of addiction, abuse, and misuse, the FDA has required a Risk Evaluation and Mitigation Strategy (REMS) for these products. Abuse of Roxybond® poses a risk of overdose and death, and this risk is increased with concurrent abuse of Roxybond® with alcohol and other CNS depressants. A clinical abuse potential study was performed, which was a randomized, double-blind, double-dummy, placebo-controlled, single-dose crossover study that included non-dependent recreational opioid users with a history of intranasal drug abuse. There is some evidence at this time to support that Roxybond® has abuse deterrent properties that are expected to make abuse via injection difficult and that may deter abuse by the intranasal route of administration; however, abuse by the intranasal, oral, and IV route is still possible. Nevertheless, there is no evidence to support that this product is more effective than other currently available, more cost-effective medications.

**Recommendation:** Roxybond® be non-preferred.

**Clinical Criteria:**

- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

**Board Decision**: The Board unanimously approved the above recommendation**.**

**Takhzyro®** (lanadelumab-flyo**); PDL category-** Hereditary Angioedema Agents

Lanadelumab-flyo, the active ingredient of Takhzyro®, is a recombinant, human monoclonal antibody (IgG1/k-light chain) produced in Chinese Hamster Ovary (CHO) cells. It binds plasma kallikrein and inhibits its proteolytic activity. Plasma kallikrein is a protease that cleaves high-molecular-weight-kininogen (HMWK) to generate cleaved HMWK (cHMWK) and bradykinin, a potent vasodilator that increases vascular permeability resulting in swelling and pain associated with hereditary angioedema (HAE). In patients with HAE due to C1-inhibitor deficiency or dysfunction, normal regulation of plasma kallikrein activity is not present, which leads to uncontrolled increases in plasma kallikrein activity and results in angioedema attacks. Lanadelumab-flyo decreases plasma kallikrein activity to control excess bradykinin generation in patients with HAE. It is indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in patients 12 years. The safety and efficacy of Takhzyro® for the prevention of angioedema in patients 12 years of age and older with Type I or II HAE were assessed in a multicenter, randomized, double-blind, placebo-controlled study. As compared with placebo in a clinical trial, the mean number of HAE attacks was significantly reduced with Takhzyro® from day 0 to 182. There is no evidence at this time to support that Takhzyro® more effectively reduces attacks of HAE than the C1 esterase inhibitors approved for prophylaxis (Cinryze® and Haegarda®), which are somewhat more cost-effective. In addition, there is a lack of long-term safety data for Takhzyro®.

**Recommendation:** Takhzyro® be non-preferred and add Berinert, Kalbitor and Ruconest to non-preferred.

**Clinical Criteria:**

- Add sub-categories PROHYLAXIS and TREATMENT under non-preferred

**Board Decision**: The Board unanimously approved the above recommendation**.**

**Xofluza®** (baloxavir marboxil); **PDL category-** Influenza Agents

Baloxavir marboxil, the active ingredient of Xofluza®, is an antiviral drug with activity against influenza virus. Baloxavir marboxil is a prodrug that is converted by hydrolysis to baloxavir, the active form that exerts anti-influenza virus activity. Baloxavir inhibits the endonuclease activity of the polymerase acidic (PA) protein, an influenza virus-specific enzyme in the viral RNA polymerase complex needed for viral gene transcription, resulting in inhibition of influenza virus replication. It is indicated for the treatment of acute uncomplicated influenza in patients 12 years of age and older who have been symptomatic for no more than 48 hours. There were 2 randomized controlled double-blind studies in 2 different influenza seasons that assessed the safety and efficacy of Xofluza® in otherwise healthy subjects with acute uncomplicated influenza. In clinical trials compared with placebo, Xofluza® resulted in statistically significant shorter time to alleviation of symptoms as compared with placebo. In one trial with oseltamivir as an active comparator, there were no differences in the time to alleviation of symptoms between subjects who received Xofluza® and those who received oseltamivir. Oseltamivir (Tamiflu®) is indicated for the treatment of acute uncomplicated illness due to influenza A and B infection in patients 2 weeks of age and older who have been symptomatic for no more than 48 hours. When used for treatment of influenza, it must be taken twice daily for 5 days. It is also indicated for prophylaxis of influenza A and B and is available as a generic.

**Recommendation:** Xofluza® be non-preferred.

**Clinical Criteria:**

- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved (in step order), unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

**Board Decision**: The Board unanimously approved the above recommendation**.**

**Ztlido®** (lidocaine topical); **PDL category-** Topical- Local Anesthetics

Ztlido® is a single-layer, drug-in-adhesive topical delivery system that is comprised of an adhesive material containing 36mg of lidocaine. Lidocaine is an amide local anesthetic that blocks sodium ion channels needed for the initiation and conduction of neuronal impulses. It is indicated for relief of pain associated with post-herpetic neuralgia (PHN). In a single-dose, crossover study in 53 volunteers, Ztlido® 1.8% topical system demonstrated equivalent exposure and peak concentration of lidocaine to Lidoderm® patch 5%. The Ztlido® 1.8% topical system contains 36mg lidocaine while the Lidoderm® 5% patch contains 700mg of lidocaine. In a clinical study, Ztlido® resulted in adhesion scores of 0 (≥90% adhered) in 87% of the subjects. The topical lidocaine system Ztlido® 1.8% is a different delivery system than the Lidoderm® 5% topical delivery system that allows for a reduction in the amount of drug delivered to the skin. However, the two topical delivery methods result in equivalent exposure and peak concentrations of lidocaine. In addition, adhesion rates with Ztlido® were high. However, there is no evidence that Ztlido® is safer or more effective than the other available cost-effective treatments for PHN.

**Recommendation:** Ztlido® be non-preferred. And add Lidocaine Patch to preferred.

**Clinical Criteria:**

- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

**Board Decision**: The Board unanimously approved the above recommendation**.**

## FDA SAFETY ALERTS

**FDA analysis finds no new or unexpected safety risks associated with Nuplazid (pimavanserin), a medication to treat the hallucinations and delusions of Parkinson's disease psychosis**
**https://www.fda.gov/Drugs/DrugSafety/ucm621160.htm?utm_campaign=FDA%20analysis%20finds%20no%20new%20or%20unexpected%20safety%20risks%20associated%20with%20Nuplazid&utm_medium=email&utm_source=Eloqua**

**Board Decision:** No formal action required

## ADJOURNMENT: 8:30PM

The next meeting will be held on **March 12, 2019** 5:30pm –8:30pm at the Augusta Armory.