

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Office of MaineCare Services - Pharmacy Unit  
11 State House Station  
Augusta, Maine 04333-0011  
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)  
Fax: (207) 287-8601

**TO:** Maine Drug Utilization Review Board

**DATE:** 10/15/19

**RE:** Maine DUR Board **Meeting** minutes from October 8, 2019

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		
Kathryn Brandt, DO	X		
Erin Ackley, PharmD.	X		
Corinn Martineau, PharmD.	X		
<b>Non –Voting</b>			
Mike Ouellette, R.Ph., Change Healthcare	X		
Jacquelyn Hedlund, MD, Change Healthcare	X		
Jan Wright, Pharmacy Manager	X		

**Guests of the Board:** Ed Bosshart, PharmD

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**CALL TO ORDER: 5:30PM**

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Mike Ouellette called the meeting to order at 1:00 PM.

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**PUBLIC COMMENTS**

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Keith Huff from BMS: Highlighted the attributes of Eliquis and Orenzia.  
Tyler Thompson from Pfizer: Highlighted the attributes of Eucrisa and Xeljanz.  
Elizabeth Lobelczyk from Lilly: Highlighted the attributes of Emgality.  
Jim Musick from GSK: Highlighted the attributes of Trelegy Aveo.  
Paul Isikwe from Teva: Highlighted the Migraine and Movement Disorder.  
Stephaine Tashjy from SOBI: Highlighted the attributes of Synagis RSV.  
Tom Algozzine from Novartis: Highlighted the attributes of Mayzent.  
Chris Dube from Astra Zeneca: Highlighted the attributes of Farxiga.  
Thom Board from Neurocrine: Highlighted the attributes of Ingrezza.  
Zach Surlin from Abbvie: Highlighted the attributes of Mavyret, Orilissa and Rinvoq.  
Karen Phillips from Amgen: Highlighted the attributes of Aimovig and Repatha.  
Joe Miller from Novo Nordisk: Highlighted the attributes of Ozempic.  
Nicole Trask from Johnson and Johnson: Highlighted the attributes of Invokana.

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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.

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

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### MAINECARE UPDATE

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No update at this time.

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### REVISED CLINICAL CRITERIA/PREFERRED REVIEW

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Opioid Dependence Treatment review of criteria. Below is the current criteria the question to the DUR board is should the max dose of 16mg for maintenance be increased.

Criteria:

Members will continue to be required to follow the criteria listed below:

- 1-Induction period for new starts max of 60 days
- 2-Max dose of 32 mg for induction
- 3-Max dose of 16 mg for maintenance
- 4-There is not more than one narcotic fill in member's drug profile between today's fill of suboxone and a prior suboxone fill within the past 90 days.
- 5- Prescribers limited to those with X-DEA
- 6- Should be evidence provided of monthly monitoring including random pill counts urine drug tests and prescription monitoring program reports.

**Board Decision:** The Board recommended at this time we keep the current criteria. However, it was decided that an analysis of the average daily dose should be done as a RetroDUR.

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## NEW BUSINESS

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### PRESENT RETRO DUR INITIATIVES FOR 2020

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#### **INFLUENZA VACCINATION RATES**

- Evaluate flu shot rates in those who got Tamiflu (oseltamivir) or Relenza (zanamivir) the prior season.
- We would need to look at immunization rates in both the medical and pharmacy benefit.

#### **PREP HIV THERAPY PRESCRIBING RATES IN THOSE WHO HAS POST-EXPOSURE PROPHYLAXIS**

- Three-drug regimens are now the recommended regimens for all exposures (guidelines no longer require assessing the severity of exposure).
- 28-day course of Truvada and Tivicay or Truvada and Isentress are recommended for PEP.

- Truvada would then be used once daily (in the absence of another HIV Medication) for PrEP.

#### **SUBLOCADE ADHERENCE**

- In what instances is the drug being requested?
- Look at compliance. How long are patients staying on the medication? Are patients switching back to tabs/films?
- Look in medical claims to see if the drug is being administered. Med dispensed at a specialty pharmacy but could be wasted if the patient refuses it or does not show for appointment.

#### **PRESCRIBER PDL COMPLIANCE**

- Assess how much of the time prescribers are using preferred medications.
- Narrow the focus to those that are prescribing at or above the average number of claims.
- Rule out specialists as they tend to have fewer preferred options to choose from?
- Limit to only in-state prescribers?

#### **CHANTIX USE**

- Look at long term use of Chantix. Many PA requests received for patients using it beyond the maximum recommendation of 24 weeks (There are 3 quit approaches→quit after 1 week, quit within a month from the date Chantix is started, or gradually reduce smoking to quit within 12 weeks)

#### **BP MED ADHERENCE AND CHRONIC NSAID USE IN CHRONIC KIDNEY DISEASE**

- Look to see if BP meds are being used correcting in Chronic Kidney Disease

**Board Decision:** The Board reviewed all options and decided that they would like Chantix Use, Influenza Vaccination Rates, prep HIV therapy prescribing rates, Prescriber PDL Compliance (we will pick 6 categories to look at and bring back those to the December meeting) unanimously approved the above recommendation.

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#### **PRESENT 2020 MEETING SCHEDULE**

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The DUR Committee will meet from 5:30pm to 8:30pm on:

March 10, 2020  
June 9, 2020  
September 8, 2020  
October 13, 2020 (1:00pm to 4:00pm)  
December 8, 2020

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

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#### **VOTING**

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Category	Drug Name	PDL Status	VOTE	Comments	
ADHD AGENTS	ADDERALL XR	NP	Yes	No	
	APTENSIO XR	NP			
	CONCERTA	NP			
	DAYTRANA	NP			
	DEXMETHYLPHENIDATE HCL	P			
	DYANAVEL XR	NP			
	FOCALIN TAB	NP			
	FOCALIN XR CAP	P			
	METHYLPHENIDATE ER(AUTH GEN. CONCERTA)	P			
	METHYLPHENIDATE HCL	P			
	METHYLPHENIDATE SOL	NP			
	METHYLIN SOL	NP			
	PROCENTRA	P			
	QUILLICHEW ER	P			
	QUILLIVANT XR SUS	P			
	VYVANSE CAP	P			
	VYVANSE CHEW	NP			
	EVEKEO	NP			
	ZENZEDI				
AHF IX	BENEFIX	P	Yes	No	
	REBINYN VIAL	NP			
AHF VIII	AFSTYLA	P	Yes	No	
	HEMLIBRA	NP			
	NOVOEIGHT VIAL	P			
	NUWIQ VIAL	P			
	WILATE	P			
	XYNTHA	P			
	XYNTHA SOLOFUSE	p			
ANALGESIC, NON-NARCOTIC	BUTALBITAL/ ACETAMINOPHEN	P	Yes	No	Reject offer SMAC in place
ANALGESIC, NSAIDS	FLECTOR PATCH	NP	Yes	No	
	NAPRELAN	NP			
	NAPROXEN SODIUM CAP	P			
	NAPROXEN SODIUM TAB DR	P			
	NAPROXEN SODIUM CR	NP			
ANALGESICS, OPIOID	EMBEDA	P	Yes	No	

FENTANYL	P
OXYCODONE HCL TAB	P
OXYCODONE HCL CAP	NP
OXYCODONE/ACETAMINPHE	P
ROXYBOND	NP
XTAMPZA ER CAP	P

<b>ANALGESICS, OPIOID ABUSE</b>	BUPRENORPHINE/ NALOXONE TAB	P	Yes	No
	PROBUPHINE IMPLANT KIT	NP		
	SUBLOCADE	NP		
	SUBOXONE SUB	P		
	VIVITROL INJ	P		
	ZUBSOLV	NP		

<b>ANGIOTENSIN MOD-NEPRILYSIN INHIB</b>	ENTRESTO	P	Yes	No
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<b>ANTIANGINAL AGENTS</b>	RANEXA	P	Yes	No
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<b>ANTIBIOTICS, INHALED FOR CF</b>	BETHKIS	NP	Yes	No
	KITABIS PAK	P		
	TOBI PODHALER	NP		

<b>ANTICOAGULANTS</b>	ELIQUIS TAB	P	Yes	No
	LOVENOX INJ	NP		
	PRADAXA CAP	P		
	XARELTO	P		

<b>ANTICONVULSANTS</b>	APTIOM	NP	Yes	No
	BRIVIACT	NP		
	CARBAMAZEPINE SUS	NP		
	CARBAMAZEPINE ER CAP	NP		
	FELBAMATE SUS	NP		
	FYCOMPA TAB	NP		
	GABAPENTIN TAB	P		
	GABAPENTIN CAP	P		
	KEPPRA SOL	NP		
	LAMICTAL	P		
	LEVETIRACETAM TAB	NP		
	LEVETIRACETAM ER TAB	P		
	LYRICA CAP	P		
	LYRICA SOL	NP		
	OXCARBAZEPINE SUS	NP		
	OXTELLAR XR	NP		
VIMPAT TAB	NP			

VIMPAT SOL NP  
 TEGRETOL TAB P  
 TROKENDI XR NP  
 TEGRETOL SUS P

**ANTIDEMENTIA AGENTS** EXELON P Yes No  
 GALANTAMINE HYDROBROMIDE SOL NP  
 MEMANTINE HCL SOL NP

**ANTIDEPRESSANTS** FORFIVO XL NP Yes No

**ANTIDIABETICS-INSULIN** HUMALOG MIX 50/50 KWIKPEN P Yes No **Remove criteria**  
 HUMALOG MIX 50/50 VIAL P **Clinical PA will be**  
 HUMALOG MIX 75/25 KWIKPEN P **required to**  
 HUMALOG MIX 75/25 VIAL P **establish**  
 HUMULIN 70/30 KWIKPEN NP **significant visual**  
 HUMULIN 70/30 VIAL NP **or neurological**  
 HUMULIN R U-500 KWIKPEN P **impairment.**  
 HUMULIN R U-500 VIAL P  
 HUMULIN N KWIKPEN NP  
 NOVOLOG MIX 70/30 FLEXPEN P  
 NOVOLOG MIX 70-30 VIAL P  
 NOVOLIN 70/30 PEN NP  
 NOVOLIN 70/30 PEN NP  
 TOUJEO SOLOSTAR P  
 TRESIBA VIAL NP  
 TRESIBA FLEXTOUCH NP

**ANTIDIABETIC- NON-INSULIN** BYDUREON PEN P Yes No **Janumet Tab,**  
 BYDUREON BCISE NP **Janumet XR**  
 GLYXAMBI NP **tab,Januvia**  
 JARDIANCE P **preferred if**  
 OZEMPIC NP **therapeutic**  
 QTERN NP **doses of**  
 SYNJARDY P **metformin are**  
 SYNJARDY XR NP **seen in members**  
 TRULICITY P **drug profile for at**  
 XIGDUO XR NP **least 60 days**  
 XULTOPHY 100/3.6 NP **within the past**  
**18 months or if**  
**phosphate binder**  
**is currently seen**  
**in the members**  
**drug profile.**

ANTI-INFLAM-ANTIREHEUM ANTIMETA	RASUVO	NP	Yes	No	
ANTIHYPERLIPIDEMICS	PRALUENT PEN (LABLER 72733) REPATHA REPATHA PUSHROMEX SYSTEM REPATHA SURECLICK	P NP NP NP	Yes	No	Praluent for patients with recent coronary syndrome with LDL levels $\geq$ 100 despite intense statin therapy.
ANTIHYPERTENSIVE, ARBS/CCB COMBO	AMLODIPINE- VALSARTAN AMLODIPINE- VALSARTAN HCTZ EXFORGE TAB EXFORGE HCT TAB TRIBENZOR TAB TWINSTA TAB	P P NP NP P P	Yes	No	
ANTIPARKINSON AGENTS	APOKYN CARBIDOPA RASAGILINE MESYLATE	NP NP NP	Yes	No	
ANTIPSYCHOTICS	ABILIFY ABILIFY MAINTENA FANAPT TAB LATUDA TAB QUETIAPINE FUMARATE ER RISPERIDONE ODT SAPHRIS SUBL TAB VRAYLAR	NP NP P P NP NP NP NP	Yes	No	Latuda tab P step with 120day look back.
ANTIPSYCHOTIC, LAI	ABILIFY MAINTENA ARISTADA ARISTADA INITIO INVEGA SUSTENNA INVEGA TRINZA PERSERIS RISPERDAL CONSTA ZYPREXA RELPREVV	NP P P P P P P P			
ANTIVIRALS, ANTIRETROVIRALS	BIKTARVY TAB CIMDUO COMPLERA DELSTRIGO DESCOVY EVOTAZ TAB	P NP P P P NP	Yes	No	

GENVOYA	P
NEVIRAPINE ER	NP
NORVIR TAB	P
NORVIR POWDER	P
<b>ODEFSEY</b>	<b>P</b>
PIFELTRO	NP
PREZCOBIX	P
SYMFI	P
SYMFI LO	P
SYMTUZA	NP

**ANTIVIRALS, HEPATITIS AGENTS**

EPLUSA	P	<i>Clinical PA</i>	Yes	No
HARVONI TAB	NP			
LEDIPASVIR/SOFOSBUVIR	NP			
MAVYRET	P	<i>Clinical PA</i>		
SOFOSBUVIR/VELPATAVIR	NP			
SOVALDI TAB	NP			
VOSEVI	NP			
<b>ZEPATIER</b>	<b>NP</b>			

**BIOLOGIC IMMUNOMODULATORS**

COSENTYX	P		Yes	No
ENBREL INJ	P			
ENTYVIO	NP			
KEVZARA	NP			
HUMIRA	P			
OLUMIANT	NP			
TALTZ	NP			
XELJANZ TAB	NP			
XELJANZ XR	NP			

**CV- BETA BLOCKER**

<b>HEMANGEOL SOL</b>	<b>P</b>		Yes	No
TENORETIC 100	NP			
TENORETIC 50	NP			
TENORMIN	NP			
ZESTORETIC	NP			
ZESTRIL	NP			

**DERM, ATOPIC DEMATITIS**

<b>ELIDEL CREAM</b>	<b>NP</b>		Yes	No
EUCRISA	NP			
<b>PIMECROLINUS CRE (AUTH GENERIC)</b>	<b>P</b>			

**DERM, CORTICOSTEROIDS**

DERMA- SMOOTH- FS BODY	P		Yes	No
DERMA-SMOOTH- FS SCALP	P			



DERM, LOCAL ANESTHETICS	ZTLIDO	NP	Yes	No	
DERM, SCABICIDES/PEDICULOCIDES	NATROBA SKLICE VANALICE	P P NP	Yes	No	Sklice availability issues for 2020
DIGESTIVE ENZYMES	CREON CAP PERTZYE CAP ZENPEP CAP	P NP P	Yes	No	
ENDOMETROSIS ORAL	DEPO-SUBQ PROVERA ORLISSA	P NP	Yes	No	
ESTROGENS	EVAMIST SPRAY ESTRADIOL	NP P	Yes	No	
GI- ANTIEMETICS	BONJESTA DICLEGIS	NP P	Yes	No	
GI-BOWEL EVACUANT COMBINATIONS	CLENPIQ SOL PREPOIK	NP NP	Yes	No	
GI- ULCERATIVE COLITIS AGENTS	AZULFIDINE CANASA DELSICOL LIALDA MESALAMINE TAB MESALAMINE ENEMA KIT PENTASA	NP NP NP NP NP P P	Yes	No	
GOUT AGENTS	MITIGARE	P	Yes	No	
GROWTH HORMORE	GENOTROPIN GENOTROPIN MINIQUICK NORDITROPIN FLEXP NUTROPIN AQ NUSPIN 10 NUTROPIN AQ NUSPIN 20 NUTROPIN AQ NUSPIN 5 ZOMACTON VIAL	P NP P NP NP NP NP	Yes	No	

<b>GROWTH HORMONE RELEASING FACTOR</b>	EGRIFTA	NP	Yes	No	
<b>HEMATOPOIETICS-CSF</b>	GRANIX VIAL GRANIX SYRINGE NEUPOGEN VIAL	P NP P	Yes	No	
<b>HEMATOLOGIC OXYGEN TRANSPORTERS</b>	CINRYZE BERINERT KIT FIRAZYR HAEGARDA RUCONEST VIAL TAVALISSE	P P P P P NP	Yes	No	
<b>HEMATOPOIETIC MIXTURES</b>	FERRALET 90 FUSION PLUS INTEGRA F INTEGRA PLUS	NP NP NP NP	Yes	No	
<b>HEMATOPOIETIC, GROWTH FACTOR</b>	ARANESP PROCRIT RETACRIT	NP NP P	Yes	No	
<b>LEPROSTATICS</b>	DAPSONE	P	Yes	No	
<b>IBS AGENTS</b>	MOVANTIK VIBERZI	P NP	Yes	No	Movantik offer permits class step through OTC laxatives
<b>NEUROTOXINS</b>	DYSPORT	NP	Yes	No	
<b>MIGRAINE PRODUCTS</b>	RELPAK TAB	P	Yes	No	Dosing limits apply
<b>MIGRAINE PRODUCTS CGRP INH</b>	AIMOVIG AJOVY EMGALITY	NP NP NP	Yes	No	A triple step through is required.
<b>MOVEMENT DISORDER</b>	AUSTEDO TAB XENAZINE TAB INGREZZA TETRABENAZINE	NP NP P P	Yes	No	

<b>MULTIVITAMINS, PRENATAL</b>	CITRANATAL 90 DHA COMBO	NP	Yes	No	<b>Reject offers SMAC in place.</b>
	CITRANATAL ASSURE COMBO	NP			
	CITRANATAL B-CALM	NP			
	CITRANATAL BLOOM	NP			
	CITRANATAL DHA	NP			
	CITRANATAL HARMONY	NP			
	CITRANATAL RX	NP			
	CONCEPT DHA	NP			
	CONCEPT OB	NP			
	PROVIDA DHA	NP			
	PROVIDA OB	NP			
	SELECT OB DHA	NP			
	TRICARE	NP			
	VITAFOL FE+	NP			
	VITAFOL GUMMIES	NP			
	VITAFOL ULTRA	NP			
	VITAFOL NANO	NP			
	VITAFOL OB	NP			
VITAFOL OB DHA	NP				
VITAFOL ONE	NP				
<b>MS AGENTS</b>	AUBAGIO TAB	P	Yes	No	<b>Clinical PA is required to establish diagnosis and medical necessity.</b>
	BETASERON INJ	P			
	<b>DALFAMPRIDINE ER</b>	<b>P</b>			
	GILENYA CAP	P			
	PLEGRIDY	NP			
	PLEGRIDY STARTER PACK	NP			
TECFIDERA	NP				
<b>OPIOID WITHDRAWL AGENTS</b>	LUCEMYRA	NP	Yes	No	
<b>OP. ADRENERGIC</b>	RHOPRESSA DROPS	P	Yes	No	
	<b>ROCKLATAN</b>	<b>P</b>			
	SIMBRINZA SUS	P			
<b>OPHTHALMIC ANTIALLERGICS</b>	PAZEO	P	Yes	No	
<b>OPHTHALMIC ANTIBIOTIC- ATINFLAM</b>	TOBRADEX DROPS SUSP	P	Yes	No	
<b>OP. ANTI-INFLAMMATORIES</b>	<b>ACULAR DROPS</b>	<b>NP</b>	Yes	No	
	<b>DEXAMETHASONE DROPS</b>	<b>NP</b>			
	<b>FLURBIPROFEN DROPS</b>	<b>NP</b>			
	ILEVRO	P			
	<b>LOTEMAX DROPS GEL</b>	<b>P</b>			

	PREDNISOLONE DROPS	P			
OPHTHALMIC MISC	XIIDRA RESTASIS MULTIDOSE DROPS	NP NP	Yes	No	
OTIC ANTI-INFECTIVES	OTOVEL VIAL	NP	Yes	No	
OTIC STEROIDS DERM	DERMOTIC DROPS 0.01%	NP	Yes	No	
POTASSIUM REMOVING AGENTS	LOKELMA	NP	Yes	No	
PHOSPHATE BINDERS	FOSRENOL	NP	Yes	No	
PITUITARY SUPPRESSANTS, CPP	TRIPTODUR VIAL	NP	Yes	No	
PROGESTINS	MAKENA	P	Yes	No	
PLATELET AGGREGATION INHIBITORS	BRILINTA TAB	P	Yes	No	
PULMONARY HYPERTENSION-ERAS	ADCIRA LETAIRIS TAB ORENITRAM ER TADALAFIL TRACLEER TAB	NP P NP P P	Yes	No	Requires WHO Group 1 diagnosis of primary PAH (Primary Pulmonary Hypertension) and functional class 2 or 3 symptoms.
RESP- ANTICHOLINERGICS	COMBIVANT RESPIMAT SEEBRI NEOHALER SPIRIVA RESPINAT TUDORZA	P NP P NP	Yes	No	
RESP- STEROID INHALANTS	ARNUITY ELIPTA QVAR REDHALER	NP P	Yes	No	
RESP- ADRENERGIC COMBO	ADVAIR DISKUS BEVESPI AEROSPHERE BREQ ELLIPTA	NP P P	Yes	No	

	UTIBRON NEOHALER STIOLTO RESIMAT TRELEGY ELLIPTA	NP NP NP			
RESP- BETA AGONIST INHALERS	ARCAPTA NEOHALER STRIVERDI RESPIMAT	NP NP	Yes	No	
RESP- PULMONARY FIBROSIS AGENTS	OFEV	NP	Yes	No	
SMOKING DETERRENTS	CHANTIX CHANTIX STARTER PACK	P P	Yes	No	
URINARY ANTISPASMODICS	MYRBETRIQ TAB OXYTROL PATCH GELNIQUE GEL PACKET GELNIQUE GEL MD PMP TOVIAZ TAB	NP P P P P	Yes	No	
VAGINAL ANTI-INFECTIVES	CLEOCIN SUPP CLINDAMYCIN PHOSPHATE CREAM CLINDESSE MICONAZOLE 3 SUPP NUVESSA GEL VANDAZOLE GEL	P NP P NP NP NP	Yes	No	
ALVOGEN INC	All Offers	NP	Yes	No	Offers on generic meds that already have SMACs in place

Category	Drug Name	PDL Status	VOTE	Comments	
ADHD AGENTS	ADDERALL XR	NP	Yes	No	
	APTENSIO XR	NP			
	CONCERTA	NP			
	DAYTRANA	NP			
	DEXMETHYLPHENIDATE HCL	P			
	DYANAVAL XR	NP			
	FOCALIN TAB	NP			
	FOCALIN XR CAP	P			
	METHYLPHENIDATE ER(AUTH GEN. CONCERTA)	P			
	METHYLPHENIDATE HCL	P			
	METHYLPHENIDATE SOL	NP			
	METHYLIN SOL	NP			
	PROCENTRA	P			
	QUILLICHEW ER	P			
	QUILLIVANT XR SUS	P			
	VYVANSE CAP	P			
	VYVANSE CHEW	NP			
	EVEKEO	NP			
	ZENZEDI				
	AHF IX	BENEFIX	P	Yes	No
REBINYN VIAL		NP			
AHF VIII	AFSTYLA	P	Yes	No	
	HEMLIBRA	NP			
	NOVOEIGHT VIAL	P			
	NUWIQ VIAL	P			
	WILATE	P			
	XYNTHA	P			
	XYNTHA SOLOFUSE	p			
ANALGESIC, NON-NARCOTIC	BUTALBITAL/ ACETAMINOPHEN	P	Yes	No	Reject offer SMAC in place
ANALGESIC, NSAIDS	FLECTOR PATCH	NP	Yes	No	
	NAPRELAN	NP			
	NAPROXEN SODIUM CAP	P			
	NAPROXEN SODIUM TAB DR	P			
	NAPROXEN SODIUM CR	NP			
ANALGESICS, OPIOID	EMBEDA	P	Yes	No	
	FENTANYL	P			
	OXYCODONE HCL TAB	P			
	OXYCODONE HCL CAP	NP			
	OXYCODONE/ACETAMINPHE	P			
	ROXYBOND	NP			
	XTAMPZA ER CAP	P			

ANALGESICS, OPIOID ABUSE	BUPRENORPHINE/ NALOXONE TAB PROBUPHINE IMPLANT KIT SUBLOCADE SUBOXONE SUB VIVITROL INJ ZUBSOLV	P NP NP P P NP	Yes	No
ANGIOTENSIN MOD-NEPRILYSIN INHIB	ENTRESTO	P	Yes	No
ANTIANGINAL AGENTS	RANEXA	P	Yes	No
ANTIBIOTICS, INHALED FOR CF	BETHKIS KITABIS PAK TOBI PODHALER	NP P NP	Yes	No
ANTICOAGULANTS	ELIQUIS TAB LOVENOX INJ PRADAXA CAP XARELTO	P NP P P	Yes	No
ANTICONSULSANTS	APTIOM BRIVIACT CARBAMAZEPINE SUS CARBAMAZEPINE ER CAP FELBAMATE SUS FYCOMPA TAB GABAPENTIN TAB GABAPENTIN CAP KEPPRA SOL LAMICTAL LEVETIRACETAM TAB LEVETIRACETAM ER TAB LYRICA CAP LYRICA SOL OXCARBAZEPINE SUS OXTELLAR XR VIMPAT TAB VIMPAT SOL TEGRETOL TAB TROKENDI XR TEGRETOL SUS	NP NP NP NP NP NP P P NP P NP NP P P NP NP NP NP NP P NP P	Yes	No
ANTIDEMENTIA AGENTS	EXELON	P NP	Yes	No

		GALANTAMINE HYDROBROMIDE SOL MEMANTINE HCL SOL	NP			
ANTIDEPRESSANTS		FORFIVO XL	NP	Yes	No	
ANTIDIABETICS-INSULIN		HUMALOG MIX 50/50 KWIKPEN HUMALOG MIX 50/50 VIAL HUMALOG MIX 75/25 KWIKPEN HUMALOG MIX 75/25 VIAL HUMULIN 70/30 KWIKPEN HUMULIN 70/30 VIAL HUMULIN R U-500 KWIKPEN HUMULIN R U-500 VIAL HUMULIN N KWIKPEN NOVOLOG MIX 70/30 FLEXPEN NOVOLOG MIX 70-30 VIAL NOVOLIN 70/30 PEN NOVOLIN 70/30 PEN TOUJEO SOLOSTAR TRESIBA VIAL TRESIBA FLEXTOUCH	P P P P NP NP P P NP P P NP NP P NP NP	Yes	No	Remove criteria Clinical PA will be required to establish significant visual or neurological impairment.
ANTIDIABETIC-INSULIN	NON-	BYDUREON PEN BYDUREON BCISE GLYXAMBI JARDIANCE OZEMPIC QTERN SYNJARDY SYNJARDY XR TRULICITY XIGDUO XR XULTOPHY 100/3.6	P NP NP P NP NP P NP P NP NP	Yes	No	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.
ANTI-INFLAM-ANTIREHEUM ANTIMETA		RASUVO	NP	Yes	No	





		EVOTAZ TAB		NP		
		GENVOYA		P		
		NEVIRAPINE ER		NP		
		NORVIR TAB		P		
		NORVIR POWDER		P		
		ODEFSEY		P		
		PIFELTRO		NP		
		PREZCOBIX		P		
		SYMFI		P		
		SYMFI LO		P		
		SYMTUZA		NP		
ANTIVIRALS, AGENTS	HEPATITIS	EPCLUSA		P	<i>Clinical</i>	Yes No
		HARVONI TAB		PA		
		LEDIPASVIR/SOFOSBUVIR		NP		
		MAVYRET		NP		
		SOFOSBUVIR/VELPATAVIR		P	<i>Clinical</i>	
		SOVALDI TAB		PA		
		VOSEVI		NP		
		ZEPATIER		NP		
				NP		
				NP		
BIOLOGIC IMMUNOMODULATORS		COSENTYX		P		Yes No
		ENBREL INJ		P		
		ENTYVIO		NP		
		KEVZARA		NP		
		HUMIRA		P		
		OLUMIANT		NP		
		TALTZ		NP		
		XELJANZ TAB		NP		
		XELJANZ XR		NP		
CV- BETA BLOCKER		HEMANGEOL SOL		P		Yes No
		TENORETIC 100		NP		
		TENORETIC 50		NP		
		TENORMIN		NP		
		ZESTORETIC		NP		
		ZESTRIL		NP		
DERM, ATOPIC DEMATITIS		ELIDEL CREAM		NP		Yes No
		EUCRISA		NP		
		PIMECROLINUS GENERIC)	CRE (AUTH	P		

DERM, CORTICOSTEROIDS	DERMA- SMOOTHE-FS BODY DERMA-SMOOTHE-FS SCALP	P P	Yes	No	
DERM, LOCAL ANESTHETICS	ZTLIDO	NP	Yes	No	
DERM, SCABICIDES/PEDICULOCIDES	NATROBA SKLICE VANALICE	P P NP	Yes	No	Sklice availability issues for 2020
DIGESTIVE ENZYMES	CREON CAP PERTZYE CAP ZENPEP CAP	P NP P	Yes	No	
ENDOMETROSIS ORAL	DEPO-SUBQ PROVERA ORILISSA	P NP	Yes	No	
ESTROGENS	EVAMIST SPRAY ESTRADIOL	NP P	Yes	No	
GI- ANTIEMETICS	BONJESTA DICLEGIS	NP P	Yes	No	
GI-BOWEL COMBINATIONS	EVACUANT CLENPIQ SOL PREPOPIK	NP NP	Yes	No	
GI- ULCERATIVE AGENTS	COLITIS AZULFIDINE CANASA DELSICOL LIALDA MESALAMINE TAB MESALAMINE ENEMA KIT PENTASA	NP NP NP NP NP P P	Yes	No	
GOUT AGENTS	MITIGARE	P	Yes	No	
GROWTH HORMORE	GENOTROPIN GENOTROPIN MINIQUICK NORDITROPIN FLEXP NUTROPIN AQ NUSPIN 10 NUTROPIN AQ NUSPIN 20 NUTROPIN AQ NUSPIN 5	P NP P NP NP NP	Yes	No	

		ZOMACTON VIAL	NP			
GROWTH HORMONE RELEASING FACTOR		EGRIFTA	NP	Yes	No	
HEMATOPOIETICS-CSF		GRANIX VIAL GRANIX SYRINGE NEUPOGEN VIAL	P NP P	Yes	No	
HEMATOLOGIC TRANSPORTERS	OXYGEN	CINRYZE BERINERT KIT FIRAZYR HAEGARDA RUCONEST VIAL TAVALISSE	P P P P P NP	Yes	No	
HEMATOPOIETIC MIXTURES		FERRALET 90 FUSION PLUS INTEGRA F INTEGRA PLUS	NP NP NP NP	Yes	No	
HEMATOPOIETIC, GROWTH FACTOR		ARANESP PROCRIT RETACRIT	NP NP P	Yes	No	
LEPROSTATICS		DAPSONE	P	Yes	No	
IBS AGENTS		MOVANTIK VIBERZI	P NP	Yes	No	Movantik offer permits class step through OTC laxatives
NEUROTOXINS		DYSPORT	NP	Yes	No	
MIGRAINE PRODUCTS		RELPAK TAB	P	Yes	No	Dosing limits apply
MIGRAINE PRODUCTS CGRP INH		AIMOVIG AJOVY EMGALITY	NP NP NP	Yes	No	A triple step through is required.
MOVEMENT DISORDER		AUSTEDO TAB XENAZINE TAB	NP NP	Yes	No	

		INGREZZA	P			
		TETRABENAZINE	P			
MULTIVITAMINS, PRENATAL		CITRANATAL 90 DHA COMBO	NP	Yes	No	Reject offers
		CITRANATAL ASSURE COMBO	NP			SMAC in
		CITRANATAL B-CALM	NP			place.
		CITRANATAL BLOOM	NP			
		CITRANATAL DHA	NP			
		CITRANATAL HARMONY	NP			
		CITRANATAL RX	NP			
		CONCEPT DHA	NP			
		CONCEPT OB	NP			
		PROVIDA DHA	NP			
		PROVIDA OB	NP			
		SELECT OB DHA	NP			
		TRICARE	NP			
		VITAFOL FE+	NP			
		VITAFOL GUMMIES	NP			
		VITAFOL ULTRA	NP			
		VITAFOL NANO	NP			
		VITAFOL OB	NP			
		VITAFOL OB DHA	NP			
		VITAFOL ONE	NP			
MS AGENTS		AUBAGIO TAB	P	Yes	No	Clinical PA is
		BETASERON INJ	P			required to
		DALFAMPRIDINE ER	P			establish
		GILENYA CAP	P			diagnosis and
		PLEGRIDY	NP			medical
		PLEGRIDY STARTER PACK	NP			necessity.
		TECFIDERA	NP			
OPIOID AGENTS	WITHDRAWL	LUCEMYRA	NP	Yes	No	
OP. ADRENERGIC		RHOPRESSA DROPS	P	Yes	No	
		ROCKLATAN	P			
		SIMBRINZA SUS	P			
OPHTHALMIC ANTIALLERGICS		PAZEO	P	Yes	No	
OPHTHALMIC ANTIBIOTIC-ATINFLAM		TOBRADEX DROPS SUSP	P	Yes	No	
OP. ANTI-INFLAMMATORIES		ACULAR DROPS	NP	Yes	No	

		DEXAMETHASONE DROPS	NP			
		FLURBIPROFEN DROPS	NP			
		ILEVRO	P			
		LOTEMAX DROPS GEL	P			
		PREDNISOLONE DROPS	P			
OPHTHALMIC MISC		XIIDRA	NP	Yes	No	
		RESTASIS MULTIDOSE DROPS	NP			
OTIC ANTI-INFECTIVES		OTOVEL VIAL	NP	Yes	No	
OTIC STEROIDS DERM		DERMOTIC DROPS 0.01%	NP	Yes	No	
POTASSIUM REMOVING AGENTS		LOKELMA	NP	Yes	No	
PHOSPHATE BINDERS		FOSRENOL	NP	Yes	No	
PITUITARY SUPPRESSANTS, CPP		TRIPTODUR VIAL	NP	Yes	No	
PROGESTINS		MAKENA	P	Yes	No	
PLATELET AGGREGATION INHIBITORS		BRILINTA TAB	P	Yes	No	
PULMONARY HYPERTENSION-ERAS		ADCIRA	NP	Yes	No	Requires WHO Group 1 diagnosis of primary PAH (Primary Pulmonary Hypertension) and functional class 2 or 3 symptoms.
		LETAIRIS TAB	P			
		ORENITRAM ER	NP			
		TADALAFIL	P			
		TRACLEER TAB	P			
RESP- ANTICHOLINERGICS		COMBIVANT RESPIMAT	P	Yes	No	
		SEEBRI NEOHALER	NP			
		SPIRIVA RESPINAT	P			
		TUDORZA	NP			
RESP- STEROID INHALANTS		ARNUITY ELIPTA	NP	Yes	No	
		QVAR REDHALER	P			

RESP- ADRENERGIC COMBO	ADVAIR DISKUS BEVESPI AEROSPHERE BREO ELLIPTA UTIBRON NEOHALER STIOLTO RESIMAT TRELEGY ELLIPTA	NP P P NP NP NP	Yes	No	
RESP- BETA AGONIST INHALERS	ARCAPTA NEOHALER STRIVERDI RESPIMAT	NP NP	Yes	No	
RESP- PULMONARY FIBROSIS AGENTS	OFEV	NP	Yes	No	
SMOKING DETERRENTS	CHANTIX CHANTIX STARTER PACK	P P	Yes	No	
URINARY ANTISPASMODICS	MYRBETRIQ TAB OXYTROL PATCH GELNIQUE GEL PACKET GELNIQUE GEL MD PMP TOVIAZ TAB	NP P P P P	Yes	No	
VAGINAL ANTI-INFECTIVES	CLEOCIN SUPP CLINDAMYCIN PHOSPHATE CREAM CLINDESSE MICONAZOLE 3 SUPP NUVESSA GEL VANDAZOLE GEL	P NP P NP NP NP	Yes	No	
ALVOGEN INC	All Offers	NP	Yes	No	Offers on generic meds that already have SMACs in place

**Board Decision:** The Board unanimously approved the above recommendation with the following adjustments: Risperidone ODT Preferred and for Aimovig, Ajovy and Emgality update criteria to say: The patient is 18 years of age or older AND patient has a diagnosis of episodic migraine (4-14 headache days per month with migraine lasting 4 hours or more) or chronic migraine ( $\geq 15$  headache days per month, of which  $\geq 8$  are migraine days, for at least 3 months) AND patient has failed or has a contraindication to an adequate trial ( $\geq 60$  days) of at least 3 medications for migraine prophylaxis from at least 2 different classes.

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FDA SAFETY ALERTS

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FDA review finds no increased risk of prostate cancer with Parkinson's disease medicines containing entacapone (Comtan, Stalevo)[https://www.fda.gov/drugs/drug-safety-and-availability/fda-review-finds-no-increased-risk-prostate-cancer-parkinsons-disease-medicines-containing?utm\\_campaign=New%20FDA%20Drug%20Safety%20Communication%20on%20medicines%20containing%20entacapone&utm\\_medium=email&utm\\_source=Eloqua](https://www.fda.gov/drugs/drug-safety-and-availability/fda-review-finds-no-increased-risk-prostate-cancer-parkinsons-disease-medicines-containing?utm_campaign=New%20FDA%20Drug%20Safety%20Communication%20on%20medicines%20containing%20entacapone&utm_medium=email&utm_source=Eloqua)

SOVALDI and HARVONI: New dosage forms and use in pediatric patients 3 years of age to less than 12 years of age  
<http://s2027422842.t.en25.com/e/es?s=2027422842&e=250032&elqTrackId=376c7bc788024cd5a73d955f2e3dcbdc&elq=794ae4ee00af4d12be56b65e3ee2ce12&elqaid=9298&elqat=1>

FDA warns about rare but severe lung inflammation with Ibrance, Kisqali, and Verzenio for breast cancer  
[https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-rare-severe-lung-inflammation-ibrance-kisqali-and-verzenio-breast-cancer?utm\\_campaign=New%20FDA%20Drug%20Safety%20Communication%20on%20Ibrance%20%28palbociclib%29%2C%20Kisqali%20%28ribociclib%29%2C%20and%20Verzenio&utm\\_medium=email&utm\\_source=Eloqua](https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-rare-severe-lung-inflammation-ibrance-kisqali-and-verzenio-breast-cancer?utm_campaign=New%20FDA%20Drug%20Safety%20Communication%20on%20Ibrance%20%28palbociclib%29%2C%20Kisqali%20%28ribociclib%29%2C%20and%20Verzenio&utm_medium=email&utm_source=Eloqua)

**Board Decision:** No formal action required

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**ADJOURNMENT: 8:30PM**

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The next meeting will be held on **December 10, 2019** 5:30pm –8:30pm at the Augusta Armory.