

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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TO: Maine Drug Utilization Review Board

DATE: 10/14/21

RE: Maine DUR Board **Meeting** minutes from October 12, 2021

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Linda Glass, MD	X		
Lisa Wendler, Pharm. D., Clinical Pharmacy Specialist, Maine Medical CTR			X
Kathleen Polonchek, MD	X		
Kenneth McCall, PharmD	X		
Erin Ackley, PharmD.	X		
Corinn Normandin, PharmD.	X		
Non –Voting			
Mike Ouellette, R.Ph., Change Healthcare	X		
Jacquelyn Hedlund, MD, Change Healthcare	X		
Anne-Marie Toderico, PharmD MaineCare Pharmacy Director	X		

Guests of the Board: Ed Bosshart, PharmD, Vince Dryer, Fran Jensen, MD, MaineCare Medical Director

CALL TO ORDER: 2:30PM

Anne- Marie Toderico called the meeting to order at 2:30 PM.

OLD BUSINESS

MAINECARE UPDATE- ANNE-MARIE TODERICO

- Finalizing the technical updates for the Covid-19 Vaccine Booster to be ready for processing on Oct 15, 2021

PUBLIC COMMENTS

Melissa Winget from Zealand Pharma: Highlighted the attributes of Zegalogue
Santreis Booze from Global Blood Therapeutics: Highlighted the attributes of Oxbrya
Desirée Crèvecoeur-MacPhail from Hikma Specialty: Highlighted the attributes of Kloxxado
Justin Wasko from Jazz Pharma: Highlighted the attributes of Rylaze
Michaela Hedberg from Indivior Perseris: Highlighted the attributes of Sublocade
Gene Muisse from Amgen: Highlighted the attributes of Repatha and Otezla
Kristen Heard from Neurelis: Highlighted the attributes of Valtoco
Melissa Mattice from Novartis: Highlighted the attributes of Zolgensma
Matthew Clark from Zogenix: Highlighted the attributes of Fintepla
Pranav Patel from Abbott: Highlighted the attributes of freestyle libre
Amy Tomasello from Abbvie: Highlighted the attributes of Ubrelyv and Mavyret

Jane Guo from Novartis: Highlighted the attributes of Cosentyx and Kesimpta
Nicole Trask from Janssen: Highlighted the attributes of Rybrevant
Mark Golick from Neurocrine Bioscience: Highlighted the attributes of Ingrezza
Paul Iskwe from Teva: Highlighted the attributes of Ajoyv and Austedo
Ryan Gardner from Merz Pharma: Highlighted the attributes of Xeomin.

DUR MINUTES

Approval of June and September DUR meeting minutes were approved with the amendment of Kloxxado to be added as a preferred with criteria that will be established after the state reaches out to clinical experts.

Board Decision: The Board unanimously approved the above recommendation.

SEPTEMBER NEW DRUG REVIEW

Vote on September DUR new drugs review.

- Exservan (riluzole oral film)- ALS Drugs
Recommendation: Exservan® to non-preferred.
- Aduhelm (aducanumab-avwa)- Alzheimer- Cholinomimetics/Other
Recommendation: Aduhelm® to non-preferred.
- Elepsia XR (levetiracetam extended-release tablets)- Anticonvulsants
Recommendation: Elepsia® XR to non-preferred.
- Jemperli (dostarlimab-gxly)- Cancer
Recommendation: Jemperli® XR to non-preferred.
- Lumakras (sotorasib)- Cancer
Recommendation: Lumakras® to non-preferred.
- Rybrevant (amivantamab-vmjw)- Cancer
Recommendation: Rybrevant® to non-preferred.
- Rylaze (asparaginase erwinia chrysanthemi(recombinant)-rywn)- Cancer
Recommendation: Rylaze® to non-preferred.
- Truseltiq (infigratinib)- Cancer
Recommendation: Truseltiq® to non-preferred.
- Zynlonta (loncastuximab tesirine)- Cancer
Recommendation: Zylonta® to non-preferred.
- Kerendia (finerenone)- Diurectics
Recommendation: Kerendia® to non-preferred.
- Zegalogue (dasiglucagon)- Glucose Elevating Agents
Recommendation: Zegalogue® to non-preferred.
- Empaveli (pegcetacoplan)- Monoclonal Antibody
Recommendation: Empayeli® to non-preferred.
- Ozobax (baclofen oral solution)- Muscle Relaxants
Recommendation: Pzobax® to non-preferred.

- Kloxxado (naloxone hydrochloride)- Narcotic- Antagonists
Recommendation: Kloxxado® to preferred.
- Myfembree (relugolix, estradiol, and norethindrone acetate)- Pituitary Suppressive Agents, LHRH
Recommendation: Myfembree® to non-preferred.
- Brexafemme (ibrexafungerp)- Antifungals- Assorted
Recommendation: Brexafemme® to non-preferred.

Recommendation: Approve all recommendations as presented to the board.

Board Decision: The Board unanimously approved the above recommendation.

PRESENTATION: USE OF LONG-ACTING INJECTABLE ANTIPSYCHOTICS

One of the challenges of treating people with schizophrenia is compliance with daily oral medication regimens. It is estimated that the adherence rate is less than 60%. Contributing to low adherence is the side effect profile with antipsychotics, both short and long term. Additionally, patients may still hallucinate or have delusions that convince them to stop taking medications, even when they were being taken appropriately. In patients who struggle with medication adherence, there is the option of every 2 week or once monthly injectable long-acting antipsychotics (LAIs), either given IM or SC. This strategy can be employed in those who have a history of adequate response to oral treatment, but relapse due to non-adherence. Using long-acting antipsychotics can prevent hospitalizations and are a way to deal with issues that complicate compliance, such as substance use, lack of stable housing or social structure, and unstable disease. Using LAIs can identify patients whose disease refractoriness is due to compliance alone, versus those who have a sub-optimal response to oral treatment. Additionally, some patients may have a better response to a consistent blood level of drug, rather than the peaks and troughs that come with oral formulations. Some may find side-effects less bothersome. However, there are still potential issues with compliance since patients need to stay on a schedule and appear at the provider's office to receive the injections. Concern is that there may be excessive waste in the system if patients miss appointments or refuse the injection. Additionally, injectable antipsychotic medications are substantially more costly than oral formulations. Change Healthcare used paid, non-reversed Medicaid pharmacy and medical claims from calendar year 2019 (pre-COVID), excluding members with Part D, MaineRX and TPL. Change Healthcare looked at all pharmacy claims for monthly LAIs in calendar year 2019 and determined if the monthly prescriptions filled at the pharmacy level were administered by looking to see if the appropriate CPT code was billed within 14 days of pharmacy billing. The following CPT codes were used in the analysis: 96372, 90792, 99211, 99212, 99213, 99214, 99215 and 99417. These were administrative and office visit codes. Five antipsychotics that can be administered on every 4-week schedules were included in the analysis: Invega Sustenna®, Aristada® (except 882mg), Abilify Maintena®, Perseris®, and Haloperidol Decanoate. The goal of the analysis was to evaluate compliance, persistence, and waste. A majority of the doses of LAIs have no corresponding injection code. The ability to assess waste is limited because there is likely inconsistency in injection code billing. we found similar issues in Vermont and providers were often unaware of specific billing codes for the injections and just included the injections in the office visit. The encouraging finding is that 77% of members who were prescribed LAIs had at least one injection claim. We suspect that most members are appropriately getting the injections but have incomplete evidence to support that hypothesis.

Recommendation: An educational targeted letter to psychiatrists and psychiatric clinics reminding them of the ability to submit payment claims for administering LAIs might help the OMS evaluate waste and suboptimal care if appropriate billing coding was adopted.

Board Decision: The Board unanimously approved the above recommendation.

REVISED CLINICAL CRITERIA/PREFERRED REVIEW

- None at this time

NEW BUSINESS

PRESENT 2022 METTING SCHEDULE

March 08, 2022
 June 14, 2022
 September 13, 2022
 November 1, 2022 (Annual PDL review)
 December 13, 2022

Board Decision: No action needed at this time.

REVIEW AND VOTE

Category	Drug Name	PDL Status	Comments
ADHD AGENTS	CLONIDINE ER TAB	P	Vyvanse chew grace period for current user through June 2022.
	DEXTROAMPHETAMINE SULFATE ER CAP	P	
	DEXTROAMPHETAMINE SULFATE TAB	P	
	DYANAVEL XR	P	
	FOCALIN XR CAP	P	
	METHYLPHENIDATE CHEW	NP	
	METHYLPHENIDATE ER TAB	P	
	METHYLPHENIDATE ER TAB 24	P	
	METHYLPHENIDATE CD	P	
	METHYLPHENIDATE LA	P	
	PROCENTRA	NP	
	QELBREE	NP	
	QUILLICHEW ER	P	
	QUILLIVANT XR SUS	P	
	RITALIN LA	P	
VYVANSE CHEW	NP		

AHF IX	BENEFIX REBINYN VIAL	P NP	
AHF VIII	ESPEROCT HEMLIBRA KOGENATE FS VIAL NOVOEIGHT VIAL NUWIQ VIAL RECOMBINATE VIAL WILATE XYNTHA XYNTHA SOLOFUSE	P P P P NP P P P P	
ANALGESICS, OPIOID	APADAZ BENZHYDROCODONE-ACTAMIN TAB BUTALBITAL COMPOUND- CODEINE CAP HYDROCODONE- ACETAMINOPHEN TAB LEVORHANOL TARTRATE TAB MEPERIDINE SOL MEPERIDINE TAB MORPHINE SULFATE TAB NUCYNTA TAB OXYCODONE ORAL CONC PENTAZOCINE-NALOXONE TAB	NP NP NP P NP P NP NP P NP NP NP NP NP NP	
ANALGESICS, OPIOID ABUSE	SUBLOCADE SUBOXONE SUB VIVITROL INJ ZUBSOLV	NP P P NP	
ANGIOTENSIN MOD- NEPRILYSIN INHIB/ CV HEART FAILURE	ENTRESTO VERQUIVO	P NP	
ANTIBIOTICS, INHALED FOR CF	BETHKIS KITABIS PAK TOBI PODHALER	NP P NP	
ANTICOAGULANTS	ELIQUIS TAB XARELTO	P P	
ANTICONVULSANTS	APTOM TABLET BRIVIACT SOLUTION BRIVIACT TABLET DIASTAT KIT EPIDIOLEX SOLUTION FYCOMPA ORAL SUSP FYCOMPA TABLET	NP NP NP P P NP NP	Vimpat-Auto-PA per labels indications Epidiolex will require a clinical PA

	GABAPENTIN SOLUTION	NP	
	GABITRIL TABLET	P	
	LAMICTAL ODT TAB RAPDIS	P	
	LAMICTAL XR TAB ER 24	P	
	LEVETIRACETAM ER TAB ER 24H	NP	
	NAYZILAM	P	
	PREGABALIN CAPSULE	P	
	PREGABALIN SOLUTION	NP	
	QUDEXY XR CAP SPR 24	P	
	TOPAMAX CAP SPRINK	P	
	TOPIRAMATE ER CAP SPR 24	NP	
	VALTOCO	P	
	VIMPAT SOLUTION	NP	
	VIMPAT TABLET	NP	
	XCOPRI TABLET	NP	
ANTIDEMENTIA AGENTS	EXELON PATCH TD24	P	
ANTIDIABETICS-INSULIN	HUMALOG KWIKPEN U-200	NP	
	HUMULIN 70/30 KWIKPEN	P	
	HUMULIN 70-30 VIAL	P	
	TOUJEO SOLOSTAR	P	
	FIASP	NP	
	FIASP FLEXTOUCH	NP	
	TRESIBA VIAL	NP	
	TRESIBA FLEXTOUCH	NP	
ANTIDIABETIC- NON-INSULIN	OZEMPIC	NP	
	RYBELSUS	NP	
	TRULICITY	P	
	XULTOPHY 100/3.6	NP	
ANTIDIABETICS- SGLT2 INHIBITOR	GLYXAMBI	NP	
	TRIJARDY XR TAB	NP	
	XIGDUO XR TAB	P	
ANTINEOPLASTICS	AVASTIN VIAL	NP	
	MVASI	P	
	ONTRUZANT VIAL 420MG	P	
	ONTRUZANT VIAL 150MG	P	
	RUXIENCE VIAL	NP	
	RITUXAN VIAL	P	
	TRAZIMERA VIAL 420MG	P	
	TRAZIMERA VIAL 150MG	P	
	ZIRABEV	P	
ANTHYPERLIPIDEMICS	EZETIMIBE-SIMVASTATIN TAB	NP	Repatha will require a clinical PA
	REPATHA	P	

ANTIPSYCHOTICS	EQUETRO CPMP 12HR	P	
	FANAPT TAB	NP	
	FLUPHENAZINE HCL CONC	NP	
	LATUDA TAB	P	
	OLANZAPINE ODT	P	
	SAPHRIS	P	
	QUETIAPINE FUMARATE ER TAB ER 24H	P	
	VRAYLAR	NP	
ANTIPSYCHOTIC, LAI	ABILIFY MAINTENA	P	
	ARISTADA	P	
	ARISTADA INITIO	P	
	INVEGA SUSTENNA	P	
	INVEGA TRINZA	P	
	PERSERIS	P	
ANTIVIRALS, ANTIRETROVIRALS	BIKTARVY TAB	P	Trogarzo will require a clinical PA.
	CABENUVA	P	
	CIMDUO	P	
	DELSTRIGO	P	Cabenuva will require a clinical PA.
	DESCOVY	P	
	DOVATO	NP	
	EMTRICITABINE-TENOFOVIR TDF	P	
	EVOTAZ TAB	NP	
	GENVOYA	P	Note: Genvoya was marked as NP in error it will remain preferred.
	JULUCA	NP	
	NORVIR TAB	P	
	NORVIR POWDER	P	
	ODEFSEY	P	
	PIFELTRO	NP	
	PREZCOBIX	P	
	SYMFI	P	
	SYMFI LO	P	
	SYMTUZA	NP	
	TRIUMEQ	NP	
	TROGARZO	P	
TRUVADA TAB	NP		
ANTIVIRALS, HEPATITIS AGENTS	MAVYRET	P	Mavyret and Sofosbuvir/velpatasvir will require a clinical PA.
	SOFOSBUVIR/VELPATAVIR	P	
	VOSEVI	NP	
ANTIVIRALS, INFLUENZA AGENTS	RIMANTADONE TAB	NP	
	TAMIFLU CAP	NP	
	TAMIFLU SUS	NP	
	XOFLUZA	NP	

BIOLOGIC IMMUNOMODULATORS	ACTEMRA VIAL	P	Preferred medication requires a clinical PA to establish diagnosis and medical necessity Taltz for PSA with step thru TNF. Note: Cosentyx will remain non-preferred.
	AVSOLA VIAL	P	
	COSENTYX	NP	
	ENBREL INJ	P	
	INFLECTRA VIAL	NP	
	HUMIRA	P	
	KEVZARA	NP	
	ORENCIA CLICKJECT	P	
	ORENCIA VIAL	P	
	OTEZLA	P	
	SIMPONI PEN	P	
	TALTZ	P	
	XELJANZ TAB	P	
	XELJANZ SOL	NP	
XELJANZ XR	P		
CONTRACEPTIVES- PATCHES/ VAGINAL PRODUCTS	BALCOLTRA	NP	
	TWIRLA	NP	
CV- BETA BLOCKER	BYSTOLIC TAB	P	
	HEMANGEOL SOL	P	
	INDERAL XL CAP	NP	
	INNOPRAN XL CAP	NP	
	METOPROLOL- HYDROCHLOROTHIAZIDE TAB	P	
DERM, ATOPIC DERMATITIS	DUPIXENT	P	Dupixent will require a single step through a TCI
	ELIDEL CREAM 1%	P	
	EUCRISA	NP	
DERM, CORTICOSTEROIDS	DERMA- SMOOTHIE-FS BODY	P	
	DERMA-SMOOTHIE-FS SCALP	P	
DERM, LOCAL ANESTHETICS	DIBUCAINE OINT	P	
	LIDOCAINE PATCH 4%	P	
	LIDOCAINE CREAM	P	
	ZTLIDO	NP	
DERM, SCABICIDES/PEDICULOCIDES	NATROBA	P	
	VANALICE	NP	
DIGESTIVE ENZYMES	CREON CAP	P	
	PERTZYE CAP	NP	
	ZENPEP CAP	P	

ENDOMETRIOSIS/UTERINE FIBROIDS ORAL	MYFEMBREE ORLISSA ORIAHNN	P NP P	Myfembree and Oriahnn: Allow a double step through and NSAID and an oral contraceptive.
GI- ANTIEMETICS	BONJESTA DICLEGIS ONDANSETRON TAB ONDANSETRON ODT ONDANSETRON SOL TRIMETHOBENZAMIDE CAP	P P P P P NP	
GI-BOWEL EVACUANT COMBINATIONS	PEG 3350 ELECTROLYTE SOLN RECON CLENPIQ SOL	P P	
GOUT AGENTS	COLCHICINE TAB COLCHICINE CAP GLOPERBA MITIGARE	P NP NP NP	
GROWTH HORMORE	GENOTROPIN NORDITROPIN FLEXPRO NUTROPIN AQ NUSPIN 10 NUTROPIN AQ NUSPIN 20 NUTROPIN AQ NUSPIN 5 ZOMACTON VIAL	P P NP NP NP NP	Preferred medication requires a clinical PA to establish diagnosis and medical necessity
GROWTH HORMONE RELEASING FACTOR	EGRIFTA	NP	
HEMATOPOIETICS-CSF	GRANIX VIAL GRANIX SYRINGE NEUPOGEN VIAL NEUPOGEN SYRINGE NIVESTYM VIAL NIVESTYM SYRINGE NYVEPRIA	NP NP P P NP NP NP	
HEREDITARY ANGIOEDEMA	TAVALISSE	NP	
HEMATOPOIETIC MIXTURES	INTEGRA F CAPS INTEGRA PLUS CAPS	NP NP	All products under \$12 will be preferred.
HEMATAPOIETIC, GROWTH FACTOR	ARANESP RETACRIT	NP P	Epogen and Retacrit are preferred.

HYPOGLYCEMIA TREATMENTS	BAQSIMI (NASAL)SPRAY GVOKE SYRINGE GVOKE HYPOPEN ZEGALOGUE AUTOINJECTOR ZEGALOGUE SYRINGE	P NP NP NP NP	Baqsimi will require a step through Glucagen.
IBS AGENTS	LINZESS 145MCG, 290MCG LINZESS 72MCG MOVANTIK VIBERZI	P NP P NP	Movantik offer permits class step through OTC laxatives
NARCOLEPSY AGENTS	SUNOSI	NP	
NEUROLOGICS- SMA	ZOLGENSMA 10.1- 10.5	P	Zolgensma will require a clinical PA.
NEUROTOXINS	DYSPORE	P	Botox and Dysport will require a clinical PA
MIGRAINE PRODUCTS CGRP INH	AIMOVIG AJOVY SYRINGE AJOVY AUTOINJCT EMGALITY SYRINGE EMGALITY PEN IMITREX SPRAY NARATRIPTAN TAB NURTEC ODT REYVOW UBRELVY SUMATRIPTAN SPRAY ZOLMITRIPTAN ODT ZOLMITRITAN SPRAY	P P P NP NP P P P NP NP NP NP NP P	Aimovig and Ajovy will require a double step through a triptan. Nurtec ODT for treatment will require a double step through a triptan. QL of 8 per month. Reyvow and Ubrelvy will require and step through Nurtec ODT.
MOVEMENT DISORDER	AUSTEDO TAB INGREZZA	P P	Clinical PA required
MULTIVITAMINS, PRENATAL	All Offers	NP	Reject all offers SMAC in place.
MS AGENTS	AUBAGIO TAB BETASERON INJ COPAXONE 40MG DIMETHYL FUMARATE CAP GILENYA CAP KESIMPTA PEN TECDIFERA CAP	P P P NP P NP P	Clinical PA is required to establish diagnosis and medical necessity.
NARCOLEPSY AGENTS	SUNOSI	NP	

OPIOID WITHDRAWAL AGENTS	LUCEMYRA	NP	
OP. ADRENERGIC	RHOPRESSA DROPS	P	
	ROCKLATAN	P	
	SIMBRINZA SUS	P	
OPHTHALMIC ANTIALLERGICS	BEPREVE DROPS	P	
	LASTACFT DROPS	P	
	ZADITOR DROPS	P	
	ZERVIAE	NP	
OPHTHALMIC ANTIBIOTIC-ATINFLAM	PRED-G OINT	NP	
	TOBRADEX DROPS SUSP	P	
OPHTHALMIC MISC	EYSUVIS DROPS SUSP 0.25 %	NP	
	FLUOROMETHOLONE DROPS SUSP 0.1 %	NP	
	FML DROPS SUSP 0.1 %	P	
	LOTEMAX SM DROPS GEL 0.38 %	NP	
	PRED FORTE DROPS SUSP 1 %	P	
OPHTHALMIC IMMUNOMODULATORS	XIIDRA DROPERETTE	NP	
OTIC ANTI-INFECTIVES	CIPRODEX DROPS	P	
	CORTISPORIN-TC DROPS	P	
POTASSIUM REMOVING AGENTS	LOKELMA	NP	
PROGESTINS	MAKENA AUTO INJ	P	
PLATELET AGGREGATION INHIBITORS	BRILINTA TAB	P	
RESP- ANTICHOLINERGICS	COMBIVANT RESPIMAT	P	Spiriva Respimat grace period for current user through 3/31/22.
	SPIRIVA RESPIMAT	NP	
RESP- ANTIINFLAMMATORY AGENTS	CINQAIR	NP	Dupixent respiratory limited to patient with asthma no controlled on high dose ICF-LAVA who have eosinophil greater than or equal to 150 cells or the patient is depend on an oral cortical steroid.
	DUPIXENT PEN INJ	P	
	FASENRA SYRINGE	P	
	FASENRA AUTO INJECT	P	
	XOLAIR	P	
RESP- STEROID INHALANTS	ALVESCO	NP	

RESP- ADRENERGIC COMBO	ADVAIR DISKUS	P	Remove dosing limits on Dulera HFA and Symbicort inhaler.
	ANORO ELLIPTA	P	
	ASMANEX HFA	NP	
	BREO ELLIPTA	NP	Breo Ellipta grace period for current user through 3/31/22.
	BUDESONIDE NEB	P	
	BEVESPI AEROSPHERE	NP	
	DULERA HFA	NP	
	INCRUSE ELLIPTA	P	
	PULMICORT	NP	
STIOLTO RESIMAT	P		
RESP- BETA AGONIST INHALERS	ALBUTEROL SULFATE HFA (AG)	NP	These products were made available due to Covid pandemic.
	ALBUTEROL SULFATE HFA (AG)	NP	
	ALBUTEROL SULFATE HFA (PROAIR)	NP	
	ALBUTEROL SULFATE HFA (PROV)	NP	
	ALBUTEROL SULFATE HFA (VENT)	NP	
	PROAIR RESPICLICK	NP	
	STRIVERDI RESPIMAT	NP	
RESP- PULMONARY FIBROSIS AGENTS	OFEV	P	
SICKLE CELL ANEMIA AGENTS	SIKLOS	NP	
URINARY ANTISPASMODICS	DETROL LA CAP	P	
	MYRBETRIQ TAB	P	
	SOLIFENACIN SUCCINATE TAB	P	
	TOVIAZ TAB	P	
VAGINAL ANTI-INFECTIVES	CLINDESSE	P	
	GYNAZOLE-1	NP	
	NUVESSA GEL	P	
	TERCONAZOLE CREAM	P	
	SOLOSEC	NP	

Board Decision: The Board unanimously approved the above recommendation. In addition, the board would like to provide a grace period until 3/31/22 for time to transition patients on both Spirivia Respimat and Breo Ellipta. Established users on Vyvanse chew will be grandfathered through June 2022.

FDA SAFETY ALERTS

None at this time.

Board Decision: None Needed.

ADJOURNMENT: 6:45PM

The next meeting will be held on **December 14, 2021** 5:30pm to 8:30pm virtually.