



Department of Health and Human Services  
 MaineCare Services  
 Pharmacy Unit  
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**TO:** Maine Drug Utilization Review Board  
**DATE:** 4/13/2017  
**RE:** Maine DUR Board **Meeting** minutes from March 28, 2017

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

**Guests of the Board: Ed Bosshart PharmD Change HealthCare, Corinn Martineau PharmD**

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

Dr. Pezzullo called the meeting to order at 5:30 PM.

**PUBLIC COMMENTS**

Lester from Merck: Highlighted the attributes of Zinplava.  
 Lance Nichlos from Pfizer: Highlighted the attributes of Yosprala.  
 Representative from Boehringer Ingelheim: Highlighted the attributes of Jardiance.  
 Laurie Williams from Gilead: Highlighted the attributes of Vemlidy.

**OLD BUSINESS**

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## DUR MINUTES

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The December DUR meeting minutes were accepted though correction of a typo under MaineCare update will instead note: “No update at this time.”

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## MAINECARE UPDATE

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Roger Bondeson announced that MaineCare has decided to put into place a MaineCare Pharmacy Director to give the program more focused management. Jill Kingsbury will be taking on that role. Jill comes to MaineCare with years of pharmacy tech experience, having 10 plus years in the Medicaid world, and many years of managing Medicaid drug rebates.

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## NEW BUSINESS

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### RETRO-DUR DATA PRESENTATION: CO-PRESCRIBING OF STIMULANTS, BENZODIAZEPINES AND “Z” DRUGS

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Members were identified with diagnoses of ADD, ADHD, and ASD, stratified by age, and were selected for use of stimulants, “Z” drugs (zolpidem, eszopiclone, amongst others) and benzodiazepines concomitantly for greater than a 30-day period of overlap. Age stratification age bands included 0-10, 11-20, 21-30 and 31 and above. Additionally, prescribers were identified to evaluate whether there is a need for an education program around the use of these drugs generally, or if there are a limited number of prescribers not following guidelines.

Results demonstrated that the total number of users of stimulants was stable in 2015 and 2016 (15,006 and 14,698). A large number of these were in members ages 20 and below (10,607 and 10,453). There were 1,319 members in 2015 who were on both stimulants and benzodiazepines, 449 of those were age 20 or younger. In 2016, there were 1,351 members taking both stimulants and benzodiazepines, 500 of whom were age 20 or younger. There was not significant use of Z drugs with stimulants, however there were 10 members age 11-20 in 2015 and 8 members under age 20 in 2016, 1 being in the 0-10 age range. The use of benzodiazepines alone was deemed to be high, with 763 members under the age of 20 in 2015 and 838 in 2016. There were 213 and 220 in the 0-10 age cohort in 2015 and 2016 respectively. There were many prescribing physicians and we have not yet data mined so as to identify specific providers to target as the principle drivers of co-prescribing.

**Board Decision:** For this data set the board requested adding opiates and also to look at the prescriber’s specialty and the number of patients they treated. For a future retroDUR look at all youth (under 20) on benzodiazepines, breaking down by prescriber and specialty, by county, and diagnosis.

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### RETRO-DUR INTRODUCTION: ASSESSING THE PATTERN OF USEAGE OF LONG- ACTING STIMULANTS, SPECIFICALLY LOOKING AT MORE THAN ONCE A DAY DOSING PATTERNS AND USE AMONG DIFFERENT AGE DRUGS, INCLUDING PEDIATRICS.S

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Long-acting stimulants have been used quite effectively to treat ADD and ADHD in children and adults. While they are not proven to be more effective than short-acting stimulants, their dosing frequency

improves compliance and adherence to treatment. Occasionally treatment includes the use of long-acting and short-acting stimulants concomitantly, for example, using a short-acting stimulant to complete a task such as homework, while using a long-acting stimulant daily or twice daily.

Many people with ADD or ADHD are diagnosed in childhood, but up to two thirds of children will exhibit some symptoms into adulthood and approximately one half will exhibit enough symptoms to require medication. It is estimated that 2-6% of the adult population meets diagnostic criteria for ADHD/ADD. Many adults will not show symptoms of hyperactivity, but still require treatment for attention deficit symptoms. A number of adults are also on mood stabilizing medications along with stimulants as mood disorders may accompany ADD/ADHD.

We propose to look at the use of long-acting stimulants in the Maine Medicaid population with diagnosis of ADD/ADHD over the last 5 years, to see if use is increasing. We propose looking at several age cohorts, including children and adults to see how many of those prescribed are on once a day or twice daily dosing, and if there are concomitant prescriptions for antidepressants, short-acting stimulants, other treatments for ADD/ADHD as mentioned above or benzodiazepines.

We will use paid, non-reversed Medicaid pharmacy and medical claims data from FY 2012-2016. Those members with diagnoses of ADD, ADHD will be identified, stratified by age, and use of stimulants, non-stimulants, antidepressants, and benzodiazepines with analysis of the patterns of usage among different age cohorts, including children up to a cohort of adults age 21 and above. We will also examine the diagnosis codes of members are identified on stimulants who do not have ADD or ADHD diagnosis codes present. Will also look at prescriber patterns to see if there are outliers with regards to numbers of scripts, dosages or number of concurrent prescriptions.

**Board Decision:** No formal action required.

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## NEW DRUG REVIEWS

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### **Adlyxin®** (lixisenatide); **PDL category-** Incretin Mimetics

Adlyxin® is indicated as adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus (DM). Lixisenatide, the active ingredient of Adlyxin®, is a glucagon-like peptide-1 (GLP-1) receptor agonist. It increases glucose-dependent insulin release, decreases glucagon secretion, and slows gastric emptying. There is a potential risk of hypoglycemia with the combination of Adlyxin® and a sulfonylurea or basal insulin. A reduction of the sulfonylurea or basal insulin may be needed. Adlyxin® has not been studied in patients with chronic pancreatitis or a history of unexplained pancreatitis. It is recommended to consider other antidiabetic therapies in patients with a history of pancreatitis. The concurrent use of Adlyxin® with short acting insulin is not recommended. There is no evidence at this time to support that Adlyxin® is safer or more effective than the currently available, more cost effective medications.

**Clinical Criteria:** At least two preferred drugs in this category 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.

**Recommendation:** Adlyxin<sup>®</sup> be non-preferred.

**Soliqua<sup>®</sup>** (mebendazole); **PDL category-** Incretin Mimetics

Soliqua<sup>®</sup> is indicated as adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus (DM). Soliqua<sup>®</sup> is a combination product containing insulin glargine (a long-acting basal insulin analog) and lixisenatide (a glucagon-like peptide-1 [GLP-1] receptor agonist). GLP-1 receptor agonists increase glucose-dependent insulin release, decrease glucagon secretion, and slow gastric emptying. Insulin regulates glucose metabolism. Discontinue therapy with lixisenatide or basal insulin before starting Soliqua<sup>®</sup>. Administer the Soliqua<sup>®</sup> dose within the hour prior to the first meal of the day, and inject into the abdominal area, thigh, or upper arm. There is some evidence at this time to support that Soliqua<sup>®</sup> is more effective than one of its individual ingredients (insulin glargine). However, there is no evidence to support that Soliqua<sup>®</sup> is safer or more effective than the currently available, more cost effective medications or the combination of a GLP-1 receptor agonist and insulin glargine.

**Clinical Criteria:** Soliqua must try both insulin and a preferred incretin mimetic and have a medical necessity for use that is not based on convenience or simply due to the fact that one injection is needed instead of two.

**Recommendation:** Soliqua<sup>®</sup> be non-preferred

**Basaglar<sup>®</sup>** (insulin glargine); **PDL category-** Diabetic- Insulin

Basaglar<sup>®</sup> is indicated to improve glycemic control in adults and pediatric patients with type 1 diabetes mellitus (DM) and in adults with type 2 DM. It is not recommended for the treatment of diabetic ketoacidosis. Insulin glargine, the acting ingredient of Basaglar<sup>®</sup>, is a long-acting basal insulin and is a recombinant human insulin analog. Insulin glargine regulates glucose metabolism. It stimulates peripheral glucose uptake and inhibits hepatic glucose production. Basaglar<sup>®</sup> should be administered subcutaneously (SC) into the abdominal area, thigh, or deltoid, with rotation of the injection sites. It should not be diluted or mixed with any other insulin or solution, and it should not be administered IV or via an insulin pump. In patients with type 1 DM, Basaglar<sup>®</sup> must be used concomitantly with short-acting insulin. Dose adjustments may be needed with changes in physical activity, changes in meal patterns, during acute illness, or changes in renal or hepatic function. All insulin-containing products, including Basaglar<sup>®</sup>, can possibly cause hypokalemia. It is recommended to monitor potassium levels in patients at risk for hypokalemia. There is no evidence at this time to support that Basaglar<sup>®</sup> is safer or more effective than the currently available, more cost effective medications.

**Recommendation:** Basaglar<sup>®</sup> 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 PA 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) exist.

**Eucrisa**® (crisaborole); **PDL category-** Topical- PDE4 Inhibitors

Eucrisa® is indicated for topical treatment of mild to moderate atopic dermatitis in patients 2 years of age and older. Crisaborole, the active ingredient of Eucrisa®, is a phosphodiesterase-4 (PDE-4) inhibitor. PDE-4 inhibition results in increased intracellular cyclic adenosine monophosphate (cAMP) levels. The exact mechanism for which crisaborole works for its approved indication is not well defined. This ointment offers prescribers an alternative treatment option, possibly without the safety concerns seen, for example, with Elidel® or Protopic®, however currently available data regarding safety is based on very limited durations of therapy. There is no evidence to support that Eucrisa® is more effective than the currently available, more cost effective.

**Clinical Criteria:** Preferred drugs also indicated for this condition, including topical steroids AND calcineurin inhibitors, 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.

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

**Royaldee**® (calcifediol, extended- release); **PDL category-** Parathyroid Agents

Royaldee® is indicated for the treatment of secondary hyperparathyroidism in adult patients with stage 3 or 4 chronic kidney disease (CKD) and serum total 25-hydroxyvitamin D levels <30ng/ml. It is not indicated for the treatment of secondary hyperparathyroidism in patients with stage 5 CKD or in patients with end-stage renal disease on dialysis. Calcifediol, the active ingredient of Royaldee®, is synthetically manufactured as calcifediol monohydrate. Prior to starting treatment, it is recommended to ensure that serum calcium is below 9.8mg/dL. Concomitant use of thiazides with Royaldee® may cause hypercalcemia. It is recommended to monitor serum calcium more frequently in this setting. It is recommended to monitor both serum calcium and signs/symptoms of digitalis toxicity if use Royaldee® concomitantly with digitalis compounds. The safety and efficacy of Royaldee® were assessed in two identical multicenter, randomized, placebo-controlled, double-blind studies in patients with secondary hyperparathyroidism, stage 3 or 4 CKD, and serum total 25-hydroxyvitamin D levels between 10 and 30ng/mL. Subjects were stratified by CKD and randomized to Royaldee® 30mcg QD for the first 12 weeks and either 30 or 60mcg QD for the last 14 weeks or a matching placebo. The primary outcome compared the proportion of subjects who experienced an at least 30% reduction in plasma intact PTH from baseline to the end of the study. There is no evidence at this time to support that Royaldee® is safer or more effective than the currently available, more cost effective medications.

**Clinical Criteria:** Royaldee requires clinical PA to verify stage 3 or 4 CKD and there is demonstrated failure or intolerance to 2 or more preferred agents

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

**Rubraca**® (rucaparib); **PDL category-** Cancer

Rubraca<sup>®</sup> is indicated as monotherapy for the treatment of patients with deleterious BRCA mutation (germline and/or somatic) associated advanced ovarian cancer who have been treated with two or more chemotherapies. Select patients for therapy based on an FDA-approved companion diagnostic for Rubraca<sup>®</sup>. This indication is approved under accelerated approval based on objective response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials. Rucaparib, the active ingredient of Rubraca<sup>®</sup>, is an inhibitor of the mammalian polyadenosine 5'-diphosphoribose polymerase (PARP) enzyme, including PARP-1, PARP-2, and PARP-3 which play a role in DNA repair. Rucaparib has been shown to decrease tumor growth in animal models of human cancer with or without deficiencies in the Breast Cancer susceptibility genes (BRCA). In vitro studies have shown that rucaparib-induced cytotoxicity may result in DNA damage, apoptosis, and cell death. The efficacy of Rubraca<sup>®</sup> was assessed in 2 multicenter, single-arm, open-label studies that included patients with advanced BRCA-mutant ovarian cancer who had progressed after ≥2 prior chemotherapies. There is no evidence at this time to support that Rubraca<sup>®</sup> is safer or more effective than the currently available, more cost effective medications.

**Clinical Criteria:** Rubraca<sup>®</sup> will be non-preferred and require clinical prior authorization to verify diagnosis (as identified by an FDA-approved companion diagnostic test) and prior trial/failure with at least 2 chemotherapies.

**Recommendation:** Rubraca<sup>®</sup> be non-preferred.

**Vemlidy<sup>®</sup>** (tenofovir alafenamide fumarate); **PDL category-** Hepatitis B

Vemlidy<sup>®</sup> is indicated for the treatment of chronic hepatitis B virus (HBV) infection in adults with compensated liver disease. Tenofovir alafenamide fumarate, the active ingredient of Vemlidy<sup>®</sup>, is an antiviral drug against the hepatitis B virus (HBV). Tenofovir alafenamide is a hepatitis B virus (HBV) nucleoside analog reverse transcriptase inhibitor and is a prodrug of tenofovir, which is converted to tenofovir through hydrolysis in hepatocytes. Tenofovir is subsequently phosphorylated to the pharmacologically active metabolite tenofovir diphosphate. Tenofovir diphosphate inhibits HBV replication through incorporation into viral DNA by the HBV reverse transcriptase, which results in DNA chain-termination. The safety and efficacy of Vemlidy<sup>®</sup> were assessed in 2 randomized, double-blind, active-controlled studies that included adults with chronic HBV infection with compensated liver disease. In both studies, patients were not allowed to receive other nucleosides, nucleotides, or interferon. There is no evidence at this time to support that Vemlidy<sup>®</sup> is more effective as compared with tenofovir disoproxil fumarate. However, there is some evidence to support that Vemlidy<sup>®</sup> is safer in those with renal impairment and has less effects on BMD as compared with tenofovir disoproxil fumarate.

**Clinical Criteria:** Vemlidy<sup>®</sup> remain non-preferred and require prior authorization and be available to those who have evidence of bone loss or renal insufficiency or who are unable to tolerate or who have failed on preferred medications.

**Recommendation:** Vemlidy<sup>®</sup> be non-preferred.

**Yosprala<sup>®</sup>** (omeprazole & aspirin); **PDL category-** Platelet Aggregation Inhibitors/Combo's- Misc.

Yosprala<sup>®</sup> is indicated for patients who require aspirin for secondary prevention of cardiovascular and cerebrovascular events and who are at risk of developing aspirin associated gastric ulcers. The

aspirin component of Yosprala® is indicated for: Reducing the combined risk of death and non-fatal stroke in patients who have had ischemic stroke or transient ischemia of the brain due to fibrin platelet emboli, Reducing the combined risk of death and non-fatal MI in patients with a previous MI or unstable angina pectoris, reducing the combined risk of MI and sudden death in patients with chronic stable angina pectoris, use in patients who have undergone revascularization procedures (Coronary Artery Bypass Graft [CABG] or Percutaneous Transluminal Coronary Angioplasty [PTCA]) when there is also pre-existing condition for which aspirin is already indicated. The omeprazole component of Yosprala® is indicated for decreasing the risk of developing aspirin-associated gastric ulcers in patients at risk for developing aspirin-associated gastric ulcers due to age (≥55) or documented history of gastric ulcers. Aspirin is an inhibitor of prostaglandin synthesis and platelet aggregation. Omeprazole belongs to a class of antisecretory compounds that suppress gastric acid secretion by specific inhibition of the H<sup>+</sup>/K<sup>+</sup> ATPase enzyme system at the secretory surface of the gastric parietal cell. There is no evidence at this time to support that Yosprala® is safer or more effective than the currently available, more cost effective alternatives, including taking the combination of the individual ingredients.

**Recommendation:** Yosprala® 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 PA 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.

**Zinplava® (bezlotoxumab); PDL category-** Macrolides/Erythromycins

Zinplava® is indicated to reduce recurrence of Clostridium difficile infection (CDI) in patients 18 years of age or older who are receiving antibacterial drug treatment of CDI and who are also at a high risk for CDI recurrence. It is not indicated for the treatment of CDI. Zinplava® is not an antibacterial drug and it should only be used in conjunction with antibacterial drug treatment of CDI. Bezlotoxumab, the active ingredient of Zinplava®, is an IgG1 immunoglobulin. It is a human monoclonal antibody that binds to C. difficile toxin B and neutralizes its effects. It inhibits the binding of toxin B and prevents its effects on cells. Zinplava® does not bind to C. difficile toxin A. Heart failure was reported more commonly with Zinplava® as compared with placebo in clinical trials. The safety and efficacy of Zinplava® were assessed in 2 randomized, double-blind, placebo-controlled, multicenter, phase 3 trials that included patients receiving standard of care (SoC) antibacterial drugs (metronidazole, vancomycin, or fidaxomicin) for the treatment of CDI. In study 1, the clinical cure rate of the presenting CDI episode was lower in the Zinplava® group vs the placebo group, but the clinical cure rate was lower in the placebo group vs the Zinplava® group in study 2. These adverse reactions occurred mainly in those with underlying congestive heart failure. It is recommended that Zinplava® remain non-preferred and require clinical prior authorization to verify diagnosis and concurrent use of an antibacterial agent as well as limiting its use to those at high risk of CDI recurrence.

**Clinical Criteria:** Zinplava® will be non-preferred and require clinical prior authorization to verify diagnosis and concurrent use of an antibacterial agent as well as limiting its use to those who have recurrent C. diff disease that has recurred despite use of guideline recommended vancomycin taper or for whom this would be contraindicated.

**Recommendation:** Zinplava<sup>®</sup> be non-preferred.

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

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**FDA SAFETY ALERTS**

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General Anesthetic and Sedation Drugs: Drug Safety Communication - New Warnings for Young Children and Pregnant Women

[http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm533195.htm?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm533195.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery)

FDA approves Jardiance to reduce cardiovascular death in adults with type 2 diabetes

[http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm531517.htm?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm531517.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery)

FDA Releases Draft Guidance for Industry: "Considerations in Demonstrating Interchangeability With a Reference Product."-Drug Information Update

[http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM537135.pdf?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM537135.pdf?source=govdelivery&utm_medium=email&utm_source=govdelivery)

FDA confirms elevated levels of belladonna in certain homeopathic teething products

[http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm538684.htm?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm538684.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery)

Chlorhexidine Gluconate: Drug Safety Communication - Rare But Serious Allergic Reactions

[http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm539575.htm?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm539575.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery)

**Board Decision:** No formal action required

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**ADJOURNMENT: 8:30PM**

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The next meeting will be held on **June 27, 2017** 5:30pm –8:30pm at the Augusta Armory.