

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: 11/4/22

RE: Maine DUR Board Meeting minutes from November 1, 2022

ATTENDANCE	PRESENT	ABSENT	EXCUSED
Linda Glass, MD	X		
Kathleen Polonchek, MD	X		
Erin Ackley, PharmD.	X		
Charmaine Patel, MD	X		
Caitlin Morrow, PharmD.	X		
Non –Voting			
Mike Ouellette, R.Ph., Change Healthcare	X		
Jeff Barkin, MD, Change Healthcare	X		
Anne-Marie Toderico, PharmD MaineCare Pharmacy Director	X		

Guests of the Board:

CALL TO ORDER: 2:30PM

Erin Ackley called the meeting to order at 2:30 PM.

PUBLIC COMMENTS

Mark Golick from Neurocrine BioScience Highlighted the attributes of Ingrezza
Paul Amato from Viiv Healthcare: Highlighted the attributes of Dovato
Mariola Vazquez from LEO Pharma: Highlighted the attributes of Adbry
Corey O'Brien from Novonordisk: Highlighted the attributes of Ozempic
Sarah Sheffield from Evofem Bioscience: Highlighted the attributes of Phexxi
Ameen Saleem from Intra-Cellular: Highlighted the attributes of Caplyta
Evie Knisely from Novartis: Highlighted the attributes of Cosntex and Kesimpta
Asma Sikder from Global Blood Therapeutics: Highlighted the attributes of Oxbryta
Rafik Marouf from Medunik USA: Highlighted the attributes of Siklos
Charlie Stark from Emmaus: Highlighted the attributes of Endari
Christine Dube from AstraZeneca: Highlighted the attributes of Fasenra, Brilinta and Lokelma
Omer Aziz from Teva: Highlighted the attributes of Ajoyv and Austedo
Debbie Sheppe from Neurelis: Highlighted the attributes of Valtoco
Janetta Bekman from AbbVie: Highlighted the attributes of Vraylar, Orilissa, Qulipta and Ubrelvy
Alain Nguyen from Gilead: Highlighted the attributes of antiretrovirals and treatment for Hepatitis C
Sean Stern from SK Life Science Health Economics: Highlighted the attributes of Xcopri
Liana Kelly a Family Nurse Practitioner: Highlighted the attributes of Ozempic

OLD BUSINESS

DUR MINUTES

Approval of September 13, 2022, DUR meeting minutes

Board Decision: The Board unanimously approved the above recommendation.

MAINECARE UPDATE- ANNE-MARIE TODERICO

- The Maine Department of Health and Human Services requires Drug Utilization Review (DUR) Committee members to disclose any financial interest or professional or personal affiliations with any entity that may have a direct interest in matters before the DUR Committee. Please complete the Conflict of Interest/ Financial disclosure form and return to the state. This will be updated on an annual basis.
- MaineCare is currently accepting PA requests for coverage of palivizumab due to the increasing trend of positive RSV tests. The clinical benefit of palivizumab therapy is best realized by timing the administration to coincide with the peak of RSV activity. OMS and CHC will continue to monitor RSV activity and may end the atypical inter-seasonal palivizumab approvals when the percent positives on antigen tests is $\leq 10\%$ for 2 weeks or the percent positives on PCR tests is $\leq 3\%$ for 2 consecutive weeks.

2023 PROPOSED RETOSPECTIVE DRUG UTILIZATION REVIEW INITIATIVES

The Medicaid Retrospective DUR program involves ongoing and periodic examination of claims data to identify patterns of care related to therapeutic appropriateness, adverse events, appropriate use of generic products, incorrect duration of treatment, utilization, inappropriate or medically unnecessary care, gross overuse, abuse, and fraud. The State implements corrective action such as provider education or outreach when needed. Topics are developed based on several factors including, but not limited to, issues identified through utilization review, areas of interest specified by CMS, concerns related to new clinical data/FDA labeling and therapeutic areas impacted by new/pipeline medications.

MOOD STABILIZERS IN CHILDREN

Purpose: CMS mandates that as part of DUR function that the state will look at increased risk of certain drug uses, or combination use in children be reviewed.

- Identify members (children) on mood stabilizers and compare MaineCare members broken out in age bands against the national percent.
- Consider system edits to require prior authorization in members using these medications in combination.

ANTIANSXIETY/SEDATIVES IN CHILDREN

Purpose: CMS mandates that as part of DUR function that the state will look at increased risk of certain drug uses, or combination use in children be reviewed.

- Identify members (children) on Antianxiety medications and sedatives and compare MaineCare members broken out in age bands against the national percent.
- Evaluate pharmacy claims for concurrent use of Antianxiety medications and sedatives in children.

CONCURRENT USE OF MULTIPLE ACUTE MIGRAINE MEDICATIONS

Purpose: Agents with novel mechanisms of action have been approved for the acute management of migraines in recent years. They are more costly than triptans, however, and Prior Authorization (PA) criteria apply. For approval of Nurtec® ODT (Rimegepant), Ubrelvy® (ubrogepant), and Reyvow® (lasmiditan), the patient must either have a contraindication to triptans or treatment failure with at least 2 distinct triptans. This RetroDUR will look at continued use of triptans despite approval of a gepant or ditan.

- Evaluate pharmacy claims for concurrent use of triptans with Nurtec® ODT (Rimegepant), Ubrelvy® (ubrogepant), or Reyvow® (lasmiditan).

TRIPLE THERAPY: OPIOIDS, BENZODIAZEPINES, AND SKELETAL MUSCLE RELAXANTS

Purpose: These classes of medications have overlapping side effects in terms of drowsiness, respiratory depression, confusion, tremor, and increased seizure risk. Sometimes referred to as “The Holy Trinity,” use of these medications in combination can be synergistic in causing adverse effects such as respiratory depression which may result in death.

- Evaluate pharmacy claims for overlapping use of opioids, benzodiazepines, and skeletal muscle relaxants (e.g. carisoprodol).
- Consider system edits to require prior authorization in members using these medications in combination.

CONCURRENT USE OF OPIOIDS AND ANTIPSYCHOTICS

Purpose: CMS mandate as part of the SUPPORT Act. Increased risk of respiratory and CNS depression with concurrent use of opioids and CNS depressants. Prospective DUR edit to alert dispensing pharmacist was implemented in January 2021.

- Identify members, excluding those with a cancer diagnosis, who were prescribed an opioid for at least 90 days and examine how many were given an overlapping antipsychotic along with continued use of the opioid.

BLOOD GLUCOSE TEST STRIPS IN CGM USERS

Purpose: The expectation is that blood glucose test strip (BGS) utilization will decrease after a member starts on a continuous glucose monitor (CGM) system.

- Identify new users of CGM and look at BGS pre and post CGM.
- Consider quantity limits for testing strips.

HEMLIBRA ON COST AND QUALITY OF CARE OF HEMOPHILIA A PATIENTS

Purpose: Analyze the effects of Hemlibra used as prophylaxis on the pharmacy and medical costs in the hemophilia A population.

- Aggregate costs for members on prophylaxis who were enrolled in Medicaid before and after Hemlibra was introduced.
- Review examples of individual patients before and after the use of Hemlibra for prophylaxis to examine both cost and quality of care aspects of the switch from factor VIII replacement products for prophylaxis to Hemlibra.

EFFECT OF TRIKAFTA ON THE COST AND QUALITY OF CARE OF PATIENTS WITH CYSTIC FIBROSIS

Purpose: Examine the pharmacy and medicals costs and quality of life effects on a CF population of patients who were switched from CFTR modulators Kalydeco, Orkambi and Symdeko to Trikafta.

- Specifically look at differences in hospitalizations and use of antibiotics before and after the FDA approval of Trikafta.

Recommendation: Review presented topics and choose 4 to complete next year.

Board Decision: The Board unanimously approved the following topics: Antianxiety/sedatives in children, Effect of trikafta on the cost and quality of care of patients with cystic fibrosis, Blood glucose test strips in CGM users, and Triple therapy: opioids, benzodiazepines, and skeletal muscle relaxants.

REVISED CLINICAL CRITERIA

- Emergency Contraceptives

Recommendation: Move Ella to preferred. Add to criteria Due to the extensive list of products, any covered emergency contraceptive product preferred is and available without a PA.

Board Decision: The Board unanimously approved the above recommendation.

- Vaccine Coverage Update

Recommendation: Reviewed and updated the vaccines.

Board Decision: The Board unanimously approved the above recommendation.

- Varenicline Update

Recommendation: Add Varenicline tab to preferred. Remove apo-varenicline from the PDL.

Board Decision: None needed.

NEW BUSINESS

PRESENT 2023 MEETING SCHEDULE

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

March 14, 2023

June 13, 2023

September 12, 2023

November 7, 2023(1:00pm to 2:30pm Closed Session, 2:30pm to 5:30pm Public Session)

December 12, 2023

Board Decision: None at this time

VOTING FOR JANUARY 2023

Category	Drug Name	PDL Status	VOTE	Comments
ADHD AGENTS	AZSTARYS	NP	Yes	
	DYANAVEL XR	P		
	FOCALIN XR CAP	P		
	PROCENTRA	P		
	QELBREE	P		
	QUILLICHEW ER	P		
	QUILLIVANT XR SUS	P		
AHF IX	BENEFIX	P	Yes	
	JIVI	NP		
	REBINYN VIAL	NP		
AHF VIII	ESPEROCT	NP	Yes	
	KOGENATE FS VIAL	P		
	KOVALTRY	P		
	NOVOEIGHT VIAL	P		
	NUWIQ VIAL	P		
	WILATE	P		
	XYNTHA	P		
	XYNTHA SOLOFUSE	P		
ANALGESICS, OPIOID	APADAZ	NP	Yes	
	BENZHYDROCODONE-ACTAMIN TAB	NP		
OPIOID DEPENDANCE, OPIOID WITHDRAWL, OVERDOSE PERVENTION	LUCEMYRA	NP	Yes	
	KLOXXADO	P		
	SUBLOCADE	NP		
	SUBOXONE SUB	P		
	VIVITROL INJ	P		
	ZIMHI	NP		
ZUBSOLV	NP			
ANGIOTENSIN MOD-NEPRILYSIN INHIB/ CV HEART FAILURE	ENTRESTO	P	Yes	
	VERQUIVO	NP		
ANTIBIOTICS, INHALED FOR CF	BETHKIS	NP	Yes	
	KITABIS PAK	P	No	
	TOBI PODHALER	NP		

ANTICOAGULANTS	ELIQUIS TAB	P	Yes	
	XARELTO	P	No	
ANTICONVULSANTS	APTIOM TABLET	NP	Yes	Epidiolex will require a clinical PA
	BRIVIACT SOLUTION	NP	No	
	BRIVIACT TABLET	NP		
	EPIDIOLEX SOLUTION	P		
	FYCOMPA ORAL SUSP	NP		
	FYCOMPA TABLET	NP		
	LACOSAMIDE SOLUTION	P		
	LACOSAMIDE TABLET	P		
	NAYZILAM	P		
	VALTOCO	P		
XCOPRI TABLET	NP			
ANTIDIABETICS-INSULIN	APIDRA VIAL	P	Yes	
	TOUJEO MAX SOLOSTAR	P	No	
	FIASP	NP		
	FIASP FLEXTOUCH	NP		
	TRESIBA VIAL	NP		
	TRESIBA FLEXTOUCH	NP		
XULTOPHY 100/3.6	NP			
ANTIDIABETIC-NON-INSULIN	OZEMPIC	NP	Yes	
	RYBELSUS	NP	No	
	TRULICITY	P		
ANTIDIABETICS-SGLT2 INHIBITOR	GLYXAMBI	NP	Yes	
	TRIJARDY XR TAB	NP	No	
ANTINEOPLASTICS	ONTRUZANT	NP	Yes	
	RITUXAN	NP	No	
	RUXIENCE VIAL	P		
	TRAZIMERA VIAL	P		
	ZIRABEV	P		
ANTIHYPERTENSIVES	REPATHA	P	Yes No	Repatha will require a clinical PA

ANTIPSYCHOTICS	LATUDA TAB	P	Yes	
	VRAYLAR	NP	No	
ANTIPSYCHOTIC, LAI	ABILIFY MAINTENA	P	Yes	Invega Hafyera: The patient is started and stabilized on the medication OR The patient has been adequately treated with Invega Sustenna (paliperidone palmitate 1-month) for at least four months or Invega Trinza (paliperidone palmitate 3-month) following at least one 3-month injection cycle.
	ARISTADA	P	No	
	ARISTADA INITIO	P		
	INVEGA HAFYERA	P		
	INVEGA SUSTENNA	P		
	INVEGA TRINZA	P		
	PERSERIS	P		
ANTIVIRALS, ANTIRETROVIRALS	APRETUDE	P	Yes	Trogarzo will require a clinical PA.
	BIKTARVY TAB	P	No	
	CABENUVA	P		Cabenuva will require a clinical PA.
	CIMDUO	P		
	DELSTRIGO	P		
	DESCOVY	P		
	DOVATO	NP		
	EVOTAZ TAB	NP		
	GENVOYA	P		
	JULUCA	NP		
	NORVIR TAB	P		
	NORVIR POWDER	P		
	ODEFSEY	P		
	PIFELTRO	NP		
	PREZCOBIX	P		
	RITONAVIR TAB 100MG	P		
	SYMFI	P		
	SYMFI LO	P		
	SYMTUZA	NP		
	TRIUMEQ	NP		
ANTIVIRALS, HEPATITIS AGENTS	MAVYRET	P	Yes	Mavyret and Sofosbuvir/velpatasvir will require a clinical PA.
	SOFOSBUVIR/VELPATAVIR	P	No	
	IR	NP		

VOSEVI

ANTIVIRALS, INFLUENZA AGENTS	XOFLUZA	NP	Yes No	
BIOLOGIC IMMUNOMOD ULATORS	COSENTYX ENBREL INJ INFLECTRA VIAL HUMIRA KEVZARA OTEZLA TALTZ XELJANZ TAB XELJANZ XR	NP P NP P NP P P P P	Yes No	Preferred medication requires a clinical PA to establish diagnosis and medical necessity Taltz for PSA with step thru TNF.
CONTRACEPTIV ES- PATCHES/ VAGINAL PRODUCTS	PHEXXI TWIRLA XULANE	NP P P	Yes No	
CV- BETA BLOCKER	BYSTOLIC TAB HEMANGEOL SOL NEBIVOLOL HCL TAB NORLIQVA	NP NP P NP	Yes No	
CV- DIURETICS	CAROSPIR	NP	Yes No	
DERM, ATOPIC DERMATITIS	ADBRY DUPIXENT EUCRISA TACROLIMUS OINT	P P P P	Yes No	All will require an electronic step.
DERM, CORTICOSTEROI DS	DERMA- SMOOTHIE-FS BODY DERMA-SMOOTHIE-FS SCALP	P P	Yes No	
DERM, LOCAL ANESTHETICS	ZTLIDO	NP	Yes No	

DERM, SCABICIDES/PE DICULOCIDES	NATROBA	P	Yes	
	VANALICE	NP	No	
DIGESTIVE ENZYMES	CREON CAP	P	Yes	
	PERTZYE CAP	NP	No	
	ZENPEP CAP	P		
ENDOMETROSI S/UTERINE FIBROIDS ORAL	MYFEMBREE	P	Yes	Allow a double step through and NSAID and an oral contraceptive.
	ORLISSA	P	No	
	ORIAHNN	NP		
GI- ANTIEMETICS	BONJESTA	P	Yes	
		No		
GI- ULCER DRUG- H PYLORI	PYLERA TALICIA	P	Yes	
		P	No	
GI-BOWEL EVACUANT COMBINATION S	CLENPIQ SOL SUPREP SOL	P	Yes	
		NP	No	
GOUT AGENTS	COLCRYS TAB MITIGARE	NP	Yes	
		NP	No	
GROWTH HORMONE	GENOTROPIN	P	Yes	Preferred medication requires a clinical PA to establish diagnosis and medical necessity
	NORDITROPIN FLEXPRO	P	No	
	NUTROPIN AQ NUSPIN 10	NP		
	NUTROPIN AQ NUSPIN 20	NP		
	NUTROPIN AQ NUSPIN 5	NP		
	ZOMACTON VIAL			
HEMATOPOIETI CS-CSF	NEUPOGEN VIAL	P	Yes	
	NEUPOGEN SYRINGE	P	No	
	NIVESTYM VIAL	NP		
	NIVESTYM SYRINGE	NP		
	NYVEPRIA	NP		

HEREDITARY ANGIOEDEMA	PROMACTA	P	Yes	Promacta and Nplate requires a clinical PA to establish diagnosis and medical necessity
	NPLATE	P	No	
	TAVALISSE	NP		
HEMATOPOIETIC MIXTURES	FERRALET 90	NP	Yes	All products under \$12 will be preferred.
			No	
HEMATOPOIETIC, GROWTH FACTOR	ARANESP	NP	Yes	
	EPOGEN	P	No	
	RETACRIT	P		
HYPOGLYCEMIA TREATMENTS	BAQSIMI (NASAL) SPRAY	P	Yes	Baqsimi will require a step through Glucagen.
	GVOKE SYRINGE	NP	No	
	GVOKE HYPOPEN	NP		
	ZEGALOGUE	NP		
	AUTOINJECTOR	NP		
	ZEGALOGUE SYRINGE			
IBS AGENTS	MOVANTIK	P	Yes	Movantik offer permits class step through OTC laxatives
	TRULANCE	P	No	
IMMUNE SERUMS	BIVIGAM	P	Yes	
	CUTAQUIG	P	No	
	FLEBOGAMMA DIF	P		
	GAMMAGARD S-D	P		
	HIZENTRA	P		
	OCTAGAM	NP		
	PRIVIGEN	P		
NEUROLOGICS-SMA	ZOLGENSMA 10.1- 10.5	P	Yes No	Zolgensma will require a clinical PA.
NEUROTOXINS	DYSPORT	P	Yes No	Botox and Dysport will require a clinical PA
MIGRAINE PRODUCTS CGRP INH	AIMOVIG	P	Yes	Aimovig and Ajovy will require a double step through a triptan.
	AJOVY SYRINGE	P	No	
	AJOVY AUTOINJECT	P		
	EMGALITY SYRINGE	NP		
	EMGALITY PEN	NP		

	IMITREX SPRAY	P		Nurtec ODT for treatment will require a double step through a triptan. QL of 8 per month.
	NURTEC ODT	P		
	QULIPTA	NP		
	REYVOW	NP		
	UBRELVY	NP		
	ZOLMITRITAN SPRAY	NP		
MOVEMENT DISORDER	AUSTEDO TAB	P	Yes	Clinical PA required
	INGREZZA	P	No	
MULTIVITAMINS, PRENATAL	All Offers	NP	Yes No	Reject all offers SMAC in place.
MS AGENTS	AUBAGIO TAB	P	Yes	Clinical PA is required to establish diagnosis and medical necessity.
	BETASERON INJ	P	No	
	DIMETHYL FUMARATE CAP	P		
	GILENYA CAP	NP		
	KESIMPTA PEN	NP		
	PLEGRIDY PEN	NP		
	TECFIDERA CAP	NP		
	VUMERITY			
OPIOID WITHDRAWAL AGENTS	LUCEMYRA	NP	Yes No	
OP. ADRENERGIC	RHOPRESSA DROPS	P	Yes	
	ROCKLATAN	P	No	
	SIMBRINZA SUS	P		
OPHTHALMIC ANTIALLERGICS	OLOPATADINE HCL DROPS 0.2%	P NP	Yes No	
	ZERVIAE			
OPHTHALMIC MISC	DEXAMETHASONCE SODIUM PHOSPHATE DROPS	P NP	Yes No	
	EYSUVIS DROPS SUSP	P		
		P		

	FLUOROMETHOLONE DROPS SUSP LOTEMAX SM DROPS GEL			
OPHTHALMIC IMMUNOMOD ULATORS	XIIDRA DROPERETTE	NP	Yes No	
OTIC STEROIDS	DERMOTIC	P	Yes No	
PITUITARY SUPPRESSANTS	FENSOLVI TRIPTODUR	P NP	Yes No	
POTASSIUM REMOVING AGENTS	LOKELMA SPS ORAL SUS SPS ENEMA VELTASSA	NP NP NP P	Yes No	
PROGESTINS	MAKENA AUTO INJ	P	Yes No	
PLATELET AGGREGATION INHIBITORS	BRILINTA TAB	P	Yes No	
RESP- ANTICHOLINER GICS	COMBIVANT RESPIMAT SPIRIVA RESPIMAT STIOLTO RESIMAT	P NP P	Yes No	
RESP- ANTIINFLAMM ATORY AGENTS	ADBRY DUPIXENT PEN INJ FASENRA SYRINGE FASENRA AUTO INJCT XOLAIR SYRINGE	P P P P NP	Yes No	Dupixent limited to patient with asthma not controlled on high dose ICS-LABA who have eosinophil greater than or equal to 150 cells or the patient is depend on an oral corticosteroid
RESP- STEROID INHALANTS	ALVESCO ASMANEX	NP P	Yes No	

RESP- BETA AGONIST INHALERS	ALBUTEROL HFA	NP	Yes	
	STRIVERDI RESPIMAT	NP	No	
RESP- PULMONARY FIBROSIS AGENTS	OFEV	P	Yes	
	PIRFENIDONE TAB	P	No	
SICKLE CELL ANEMIA AGENTS	DROXIA	P	Yes	
	ENDARI	NP	No	
	SIKLOS	NP		
URINARY ANTISPASMODI CS	DETROL TAB	P	Yes	
	MYRBETRIQ TAB	P	No	
	TOVIAZ TAB	P		
WEIGHT LOSS	SAXENDA	NC	Yes	Weight loss drugs are not covered as permitted by Federal Medicaid regulations and Maine Medicaid (MaineCare) Policy.
	WEGOVY	NC	No	
VAGINAL ANTI- INFECTIVES	CLEOCIN CREAM/APPL	P	Yes	
	CLINDESSE	P	No	
	GYNAZOLE-1	NP		
	NUVESSA GEL	P		
	SOLOSEC	P		

Board Decision: The Board unanimously approved the above recommendation.

FDA SAFETY ALERTS

None at this time

Board Decision: No action.

ADJOURNMENT: 5:30PM

The next meeting will be held on December 13, 2022 5:30pm-8:30pm hybrid.