



Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from May 4, 2023

Attendees:

P&T Committee

Timothy Romanoski (Chairperson/Physician); Yen Dang (Vice Chairperson/Pharmacist); Kim Bright (Psychiatrist); Zakiya Chambers (Pharmacist); Laverdis Davis (Physician); Latoya Edwards (Physician); Agnes Ann Feemster (Pharmacist); Damean Freas (Physician); Evelyn White Lloyd (Consumer); Marie Mackowick (Psychiatric Pharmacist); Adetoro Oriafio (Pharmacist); Karen Vleck (Consumer)

Maryland Department of Health (MDH)

Dr. Ryan Moran (Deputy Secretary, Healthcare Finance, and Medicaid Director); Athos Alexandrou (Medicaid Pharmacy Program Director); Dixit Shah (Medicaid Pharmacy Program Deputy Director); Mangesh Y. Joglekar (Chief, Clinical Services, Medicaid Pharmacy Program); Lucy Karanja (Medicaid Pharmacy Program Pharmacist); Nisha Purohit (Advance Practice Pharmacist); Dr. Iuliana Frank (Physician Program Specialist)

Conduent State Healthcare LLC

Jenai Paul (Pharmacist, Maryland PBM Operations)

Provider Synergies LLC

Kara Delaney (Interim Pharmacist Account Manager)

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Romanoski, at 9:00 a.m. The meeting began with a welcome by Dr. Romanoski. There were

brief introductions of all the representatives including the P&T Committee members and MDH staff.

The Committee then approved the minutes from the previous P&T Committee meeting held on November 3, 2022.

Dr. Romanoski then called upon Mr. Joglekar to provide a status update on the Medicaid Pharmacy Program.

Mr. Joglekar began his remarks with a thank you to everyone, especially the P&T committee members, for participating in the 7th virtual meeting. He stated that per the Biden administration, the nation is now out of the COVID-19 pandemic and that the federal public health emergency will expire on May 11, 2023. He expressed gratitude and appreciation to all those who have been battling this pandemic on the front lines.

Mr. Joglekar then provided an overview of the purpose and importance of the Pharmacy and Therapeutics Committee meetings, which are held twice a year, to review clinical updates on medications in the reviewed therapeutic classes and their relative cost information which aids in making appropriate clinical and budget-conscious decisions to create wide accessibility of cost-effective therapies via the Preferred Drug list to Maryland Medicaid participants.

Mr. Joglekar stated that this seventh virtual meeting marked the beginning of the 20th year for Maryland's Preferred Drug List. Over these years, the Office of Pharmacy Services has saved over \$270 million in its expenditures for prescription medications due to the existence of the Preferred Drug list. These savings have enabled Maryland to manage costs without reducing covered services for Medicaid participants. He reminded everyone that the Program's goal is to provide clinically appropriate and cost-effective medications to the Maryland Medicaid participants.

He then welcomed and congratulated new MDH team member, Dr. Nisha Purohit, for her appointment to the Advanced Practice Pharmacist's position with the Office of Pharmacy Services, Maryland Department of Health, who has now taken over the responsibilities that were previously managed by Dr. Angela Solomon.

Mr. Joglekar also reminded everyone that the prior authorization process is quick, simple, and significantly less cumbersome than many other prior authorization processes around. When compared to other States and the private sector, the Preferred Drug list stands out in the fact that we provide more options for preferred drugs. In the last quarter of 2022, from October to December, subscribers achieved a 96.7 percent compliance rate with the Preferred Drug list as compared to an average of 95.2 percent for other states with similar PDL arrangements.

He stated that the Pharmacy Hotline remains active, the hotline that is managed by the OPS answered on average 654 calls each month during October 2022 to March 2023, out of which on average only 110 calls a month pertain to the Preferred Drug list. During that same

timeframe, the Pharmacy hotline, which is dedicated to the Maryland Medicaid beneficiaries, providers, and prescribers, managed by our Point-of-Sale vendor, Conduent, answered an average of 8,419 calls each month resulting in an average of 336 calls each month pertaining to the Preferred Drug list inquiries.

The Department, once again, encourages everyone to visit Maryland Medicaid Program’s website at: mmcp.health.maryland.gov.

Mr. Joglekar stated the Office of Pharmacy Services provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. He announced that the Department is providing one virtual four (4) hour live program on Saturday, May 6th, from 9am to 1pm EST on the topic “Exploring Antipsychotics.” It will provide insights on a review and update of available antipsychotics, the use of antipsychotics in the pediatric population, and pharmacogenomics in psychiatry. He highly encouraged everyone to visit mmpci.com to register for this program, if not already done so, and to take advantage of receiving continuing education credits for your licensing requirements.

In closing, he thanked all the Committee members for dedicating their time to participate on this Committee, giving appreciation for their input and expertise. He then requested to bring any questions to his attention, and he would be happy to answer them to the best of his ability. He concluded by saying: “Thank you all and have a good day.”

Dr. Romanoski thanked Mr. Joglekar for the updates and acknowledged that it was time for the public presentation period to begin. As customary, pre-selected speakers have 5 minutes and there is no question-and-answer period or demonstrations.

Name	Affiliation	Class/Medication of Interest
Dr. Niki Hwang	Bristol Myers Squibb	Eliquis and Sotyktu
Dr. Charlotte Wincott	Axsome Therapeutics, Inc.	Auvelity
Dr. Wallene Bullard-Battle	Novartis	Kesimpta and Leqvio
Dr. Kerry Desai	Sanofi	Rezurock
Mimo Odebiyi	Teva Pharmaceuticals	Ajovy

Dr. Arlene Mejia	Pierre Fabre Pharmaceuticals	Hemangeol
Dr. Jessica Saleeby	Janssen Scientific Affairs	Opsumit and Uptravi
Dr. Nicole Abolins	Pfizer	Nurtec ODT
Dr. Ahmad Nessar	Genentech	Ocrevus
Dr. Daniel Flores	Amgen	Repatha
Dr. Lindsay Bebout	Indivior	Sublocade
Dr. Vermali Rodriguez	Amgen	Tavneos (avacopan)
Gina Krakovsky	Children's National Hospital Washington DC	Hemangeol
Dr. Brittany Taylor	Children's National Medical Center	Victoza and Ozempic

Following the presentation by 14 speakers, a summary update on the claims processing and prior authorizations for the PDL drugs was given by the Medicaid Claims Processor, Dr. Jenai Paul, Pharmacist, Maryland PBM Operations with Conduent State Healthcare, LLC. Dr. Paul stated for the first quarter of 2023, there were 5,848 new PDL PAs. The top 10 therapeutic classes for the first quarter are as follows: Stimulants & Related Agents, 1,175; Anticonvulsants, 889; Antidepressants Other, 809; Neuropathic Pain, 801; Antipsychotics, 611; Sedative. Hypnotics, 256; Opioid Use Disorder Treatment, 253; Antidepressants, SSRIs, 212; Hypoglycemics Insulins, 85; Analgesics, Narcotics, Long Acting, 63. There were 5,163 new PDL PAs for the top 10 therapeutic classes. This accounts for 88 percent of the new PDL PAs for the first quarter.

Dr. Paul then concluded by asking if there were any questions or comments, to which there were none.

Chairman, Dr. Romanoski, then announced that the classes of drugs that were scheduled for review would be discussed next. He stated that these were posted on the Medicaid Pharmacy Program website and were listed on the meeting agenda. There were 33 classes that had no recommended changes from the existing PDL. Dr. Romanoski also stated that there were no

potential conflicts of interest noted by the P&T Committee members. Dr. Kara Delaney, from Provider Synergies, provided clinical updates on the classes of drugs with no new recommendations.

Class	Voting Result
Analgesics, Narcotics (Long Acting)	Maintain current preferred agents: generics (fentanyl patch (except 37.5 mcg, 62.5 mcg, 87.5 mcg); morphine sulfate SR (MS Contin)); Nucynta ER; Xtampza ER
Angiotensin Modulator Combinations	Maintain current preferred agents: generics (amlodipine/benazepril; amlodipine/olmesartan; amlodipine/valsartan)
Angiotensin Modulators	Maintain current preferred agents: generics (benazepril; benazepril/HCTZ; enalapril; enalapril/HCTZ; irbesartan; irbesartan/HCTZ; lisinopril; lisinopril/HCTZ; losartan; losartan/HCTZ; olmesartan; olmesartan/HCTZ; quinapril; quinapril/HCTZ; ramipril; valsartan; valsartan/HCTZ); Entresto
Antibiotics, GI	Do Not Add: Aemcolo; Rebyota Enema Maintain current preferred agents: generics (metronidazole tablets; neomycin; tinidazole; vancomycin capsules; vancomycin solution (Firvanq))
Antibiotics, Topical	Maintain current preferred agents: generics (bacitracin OTC; gentamicin; mupirocin ointment; neomycin/polymyxin/pramoxine OTC; triple antibiotic OTC)
Antibiotics, Vaginal	Maintain current preferred agents: generics (clindamycin; metronidazole); Cleocin Ovules; Clindesse; Nuessa
Anticoagulants	Do Not Add: Pradaxa Pellet Pack Maintain current preferred agents: generics (dabigatran; enoxaparin; warfarin);

	Eliquis tablets; Xarelto Dose Pack; Xarelto tablets (except 2.5mg)
Antiemetic/Antivertigo Agents	Do Not Add: Anzemet Maintain current preferred agents: generics (dimenhydrinate OTC; meclizine RX and OTC; metoclopramide (solution, tablets, vial); ondansetron (ODT, solution, tablets, vial); prochlorperazine tablets; promethazine (injectable, solution, tablets, suppositories (except 50mg)); scopolamine patches)
Antifungals, Oral	Do Not Add: Noxafil Suspension Packet; Oravig Buccal Maintain current preferred agents: generics (clotrimazole troches; fluconazole; griseofulvin suspension; ketoconazole; nystatin (suspension, tablets); terbinafine)
Antimigraine Agents, Other	Maintain current preferred agents: Ajovy; Emgality 120mg/mL; Nurtec ODT
Antiparasitics, Topical	Maintain current preferred agents: generics (permethrin RX and OTC; piperonyl/pyrethrins shampoo OTC)
Antivirals, Oral	Maintain current preferred agents: generics (acyclovir; oseltamivir; valacyclovir)
Antivirals, Topical	Maintain current preferred agents: generics (acyclovir cream, ointment; docosanol 10% cream)
BPH Treatments	Do Not Add: Entadfi Maintain current preferred agents: generics (alfuzosin; doxazosin; dutasteride; finasteride; tamsulosin; terazosin)
Calcium Channel Blockers	Do Not Add: levamlodipine Maintain current preferred agents: generics (amlodipine; diltiazem tablets; diltiazem ER)

	capsules; nifedipine ER; verapamil; verapamil ER tablet)
Fluoroquinolones, Oral	Maintain current preferred agents: generics (ciprofloxacin tablets; levofloxacin tablets)
GI Motility, Chronic	Maintain current preferred agents: generic (lubiprostone); Linzess; Movantik
Growth Hormone	Maintain current preferred agents: Genotropin; Norditropin; Nutropin AQ
Hepatitis B Agents	Maintain current preferred agents: generics (entecavir tablets; lamivudine HBV tablets); Eпивir HBV solution
Hepatitis C Agents	Maintain current preferred agents: generics (ribavirin; sofosbuvir/velpatasvir); Mavyret; Pegasys; Vosevi
Hypoglycemics, Meglitinides	Maintain current preferred agents: generics (nateglinide; repaglinide)
Hypoglycemics, Metformins	Maintain current preferred agents: generics (glipizide/metformin; glyburide/metformin; metformin; metformin ER (Glucophage XR))
Hypoglycemics, TZDs	Maintain current preferred agents: generics (pioglitazone; pioglitazone/metformin)
Immunosuppressives, Oral	Maintain current preferred agents: generics (azathioprine; cyclosporine modified (capsules, solution); mycophenolic acid; mycophenolate mofetil (capsules, tablets); sirolimus; tacrolimus); Cellcept suspension
Macrolides/Ketolides	Maintain current preferred agents: generics (azithromycin; clarithromycin tablet; erythromycin base capsule DR; erythromycin ethyl succinate oral suspension)
Opioid Use Disorder Treatments	Maintain current preferred agents: generics (buprenorphine; buprenorphine/naloxone tablets; naloxone (injectable, nasal spray);

	naltrexone); Narcan nasal spray; Sublocade; Suboxone Film; Vivitrol; Zubsolv
PAH Agents, Oral and Inhaled	Do Not Add: Orenitram Titration Kit; Tadliq suspension Maintain current preferred agents: generics (ambrisentan; bosentan; sildenafil tablets; tadalafil)
Pancreatic Enzymes	Maintain current preferred agents: Creon; Zenpep
Phosphate Binders	Maintain current preferred agents: generics (calcium acetate; sevelamer carbonate); Calphron OTC
Platelet Aggregation Inhibitors	Maintain current preferred agents: generics (clopidogrel; dipyridamole; prasugrel); Brilinta
Proton Pump Inhibitors	Do Not Add: Konvomep Maintain current preferred agents: generics (esomeprazole packet for suspension; lansoprazole capsules; omeprazole capsules; pantoprazole (suspension, tablets)); Prevacid Solutab (brand)
Skeletal Muscle Relaxants	Do Not Add: baclofen solution Maintain current preferred agents: generics (baclofen; chlorzoxazone; cyclobenzaprine; methocarbamol; orphenadrine ER; tinazidine tablets)
Tetracyclines	Maintain current preferred agents: generics (doxycycline hyclate (capsules, tablets); doxycycline monohydrate (50mg, 100mg capsules); doxycycline monohydrate tablets; minocycline capsules; tetracycline)

Dr. Romanoski asked if there were any objections to keeping all the drugs in the classes as they currently are. There were no objections. Since there were no objections, Dr. Romanoski stated that the Committee will recommend that these classes remain unchanged.

Immediately following were reviews of classes with modified recommendations from the existing PDL.

Dr. Romanoski indicated that there were no potential conflicts of interest noted by the P&T Committee members for the class reviews. The following table reflects the voting results for each of the affected therapeutic categories:

Class	Voting Result
Acne Agents, Topical	<p>ADD: clindamycin/benzoyl peroxide (Benzaclin)</p> <p>Maintain current preferred agents: generics (benzoyl peroxide OTC (except foaming cloths); clindamycin ((gel, solution, swabs); excludes generic Clindagel)); clindamycin/benzoyl peroxide (Duac); erythromycin solution; tretinoin (Avita, Retin-A))</p>
Analgesics, Narcotics (Short Acting)	<p>Do Not Add: tramadol HCL solution.</p> <p>REMOVE: butalbital/caffeine/APAP/codeine; codeine tablets</p> <p>Maintain current preferred agents: generics (APAP/codeine; hydrocodone/APAP tablets; hydromorphone tablets; morphine sulfate (tablets, solution); oxycodone (capsules, tablets, solution); oxycodone/APAP tablets (Percocet); tramadol 50mg tablets; tramadol/APAP)</p>
Androgenic Agents	<p>ADD: testosterone gel packets (Vogelxo)</p> <p>Maintain current preferred agents: generic (testosterone gel pump (Androgel)); Androderm</p>

<p>Antibiotics, Inhaled</p>	<p>ADD: tobramycin inhalation solution</p> <p>Maintain current preferred agents: Bethkis; Tobi Podhaler</p>
<p>Antifungals, Topical</p>	<p>Do Not Add: miconazole solution OTC.</p> <p>ADD: ciclopirox cream; ciclopirox solution</p> <p>Maintain current preferred agents: generics (clotrimazole cream RX and OTC; clotrimazole/betamethasone cream; ketoconazole (cream, shampoo); miconazole cream OTC; nystatin (cream, ointment, powder); nystatin/triamcinolone (cream, ointment); terbinafine cream OTC; tolnaftate OTC (cream, powder))</p>
<p>Antimigraine Agents, Triptans</p>	<p>ADD: naratriptan tablet; zolmitriptan tablet</p> <p>Maintain current preferred agents: generics (rizatriptan (tablets, ODT); sumatriptan (nasal, tablets, vial))</p>
<p>Beta Blockers</p>	<p>ADD: nebivolol</p> <p>Maintain current preferred agents: generics (atenolol; atenolol/chlorthalidone; bisoprolol; bisoprolol/HCTZ; carvedilol; labetalol; metoprolol succinate XL; metoprolol tartrate; nadolol; propranolol; propranolol LA; sotalol; sotalol AF)</p>
<p>Bladder Relaxant Preparations</p>	<p>ADD: Myrbetriq</p> <p>Maintain current preferred agents: generics (fesoterodine ER, oxybutynin; oxybutynin ER; solifenacin)</p>
<p>Bone Resorption Suppression & Related Agents</p>	<p>ADD: ibandronate tablets; risedronate tablets</p>

	<p>Maintain current preferred agents: generics (alendronate tablets; calcitonin salmon nasal)</p>
Cephalosporins & Related Antibiotics	<p>ADD: cefadroxil suspension</p> <p>Maintain current preferred agents: generics (amoxicillin/clavulanate (suspension, tablets), cefaclor capsules; cefadroxil capsules; cefdinir (capsules, suspension); cefprozil (suspension, tablets); cefuroxime tablets; cephalexin (capsules, suspension))</p>
Hypoglycemics, Incretin Mimetics/Enhancers	<p>REMOVE: Symlin</p> <p>Maintain current preferred agents: Byetta; Glyxambi; Janumet; Janumet XR; Januvia; Jentadueto; Onglyza; Ozempic; Tradjenta; Trulicity; Victoza</p>
Hypoglycemics, Insulin & Related Agents	<p>Do Not Add: Basaglar Tempo pen; Humalog Tempo Pen; Lyumjev Tempo Pen</p> <p>REMOVE: Humulin Pen OTC</p> <p>Maintain current preferred agents: generics (insulin aspart (pen, vial, cartridge); insulin aspart mix (pen, vial); insulin glargine (pen, vial); insulin lispro (junior kwikpen, pen, vial); insulin lispro mix kwikpen)); Humalog cartridge; Humalog Mix 50/50 pen; Humalog Mix vial; Humulin vial; Humulin 70/30 (pen, vial); Humulin 500 unit/mL (pen, vial); Levemir</p>
Hypoglycemics, SGLT2 Inhibitors	<p>ADD: Xigduo XR</p> <p>Maintain current preferred agents: Farxiga; Invokana; Jardiance</p>
Lipotropics, Other	<p>ADD: fenofibrate capsule, tablet (Lofibra)</p> <p>Maintain current preferred agents: generics (cholestyramine; colestipol tablet; ezetimibe; fenofibrate nanocrystals; gemfibrozil; niacin ER; omega-3 ethyl esters)</p>

Lipotropics, Statins	<p>ADD: ezetimibe/simvastatin</p> <p>Maintain current preferred agents: generics (atorvastatin; lovastatin; pravastatin; rosuvastatin; simvastatin)</p>
Multiple Sclerosis Agents	<p>Do Not Add: Briumvi, Tascenso ODT</p> <p>ADD: dalfampridine ER; fingolimod; glatiramer acetate 40mg/ml</p> <p>Maintain current preferred agents: generic (dimethyl fumarate DR; glatiramer acetate 20mg/ml); Avonex; Betaseron Kit</p>
Ulcerative Colitis Agents	<p>ADD: mesalamine rectal (Canasa)</p> <p>REMOVE: mesalamine rectal (Rowasa)</p> <p>Maintain current preferred agents: generics (balsalazide; mesalamine ER (Pentasa); sulfasalazine; sulfasalazine DR)</p>

Immediately following were reviews of 9 classes with single drug reviews.

Dr. Romanoski indicated that there were no potential conflicts of interest noted by the P&T Committee members for the single drug reviews. The following table reflects the voting results for each of the affected therapeutic categories:

Single Drug Reviews	Voting Result
Alzheimer’s Agents	DO NOT ADD: Leqembi
Anticonvulsants	DO NOT ADD: Ztalmu
Antidepressants, Other	DO NOT ADD: Auvelity
Antiparkinson’s Agents	DO NOT ADD: Dhivy

Colony Stimulating Factors	DO NOT ADD: Fylnetra; Rolvedon Syringe; Stimufend Syringe
Cytokine & CAM Antagonists	DO NOT ADD: Amjevita Autoinjector; Amjevita Syringe; Sotyktu; Spevigo
Ophthalmics, Anti-Inflammatories	DO NOT ADD: Xipere
Ophthalmics, Anti-Inflammatory/Immunomodulators	DO NOT ADD: Verkazia
Stimulants and Related Agents	DO NOT ADD: Xelstrym

The State will continue to monitor the pricing of generic drug products (both new and existing) and continues to maintain autonomy to modify or adjust the PDL status of multi-source brands and/or generic drugs that may become necessary because of fluctuations in market conditions (e.g., changes in Federal rebates, supplemental rebates, etc.).

Dr. Romanoski informed the panel that at this time, a new Chair and Vice-Chairperson must be elected, stating that it is customary that one will be a physician and the other will be a pharmacist, and in subsequent selections, the positions should alternate between physicians and pharmacists. Upon nominations from the panel, Dr. Dang, pharmacist, was elected as the new Chairperson, and Dr. Freas, physician, was elected as the new Vice-Chairperson

Dr. Romanoski then informed everyone that the next P&T meeting is scheduled for November 2, 2023, at 9:00 am, EST at the Best Western Plus Hotel and Conference Center and any changes will be communicated closer to the meeting date. Dr. Romanoski asked if there was any further business to come before the Committee. None appeared the meeting was adjourned at 12:12 p.m.