



Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from May 2, 2024

Attendees:

P&T Committee

Yen Dang (Chairperson/Pharmacist); Damean Freas (Vice Chairperson/Physician); Kim Bright (Psychiatrist); Zakiya Chambers (Pharmacist); Laverdis Davis (Physician); Agnes Ann Feemster (Pharmacist); Marie Mackowick (Psychiatric Pharmacist); Adetoro Orirafo (Pharmacist); Karen Vleck (Consumer).

Maryland Department of Health (MDH)

Athos Alexandrou (Medicaid Pharmacy, Program Director); Dixit Shah (Medicaid Pharmacy, Program Deputy Director); Mangesh Y. Joglekar (Medicaid Pharmacy, Chief, Clinical Services); Lucy Karanja (Medicaid Pharmacy, Clinical Pharmacist); Nisha Purohit (Medicaid Pharmacy, Advance Practice Pharmacist); Iuliana Frank (Medicaid Pharmacy Psychiatrist, Physician Program Specialist); Sierra Roberson (Medicaid Pharmacy, Medical Program Specialist).

Conduent State Healthcare LLC

Jenai Paul (Clinical Manager, Maryland PBM Operations)

Provider Synergies LLC

Andrew Wherley (Pharmacist Account Manager)

Proceedings:

The public meeting of the Maryland Medicaid PDL P&T Committee was called to order by the Chairperson, Dr. Dang, at 9:05 a.m. The meeting began with a welcome by Dr. Dang. There were brief introductions from 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 2nd, 2023.

Dr. Dang 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. Mr. Joglekar reiterated the purpose and importance of the P&T Committee meetings, which are held twice a year, to go over the clinical updates on medications in the therapeutic classes under review and their relative cost information which aids the P&T Committee to make appropriate clinical and budget-conscious decisions to create wide accessibility of cost-effective therapies and continue to make those available via the PDL to Marylanders.

He stated that this is the 9th virtual meeting and the beginning of the 21st year for Maryland's Preferred Drug List. Over these years, the Office of Pharmacy Services (OPS) has saved over \$270 million in its expenditures for prescription medications due to the PDL. These savings have enabled Maryland to manage costs without reducing covered services for Medicaid participants. He stated that the program's goal as always is to provide clinically appropriate and cost-effective medications to Maryland Medicaid participants.

Mr. Joglekar reminded everyone that the prior authorization process is quick, simple, and significantly less cumbersome than many other prior authorization processes. When compared to other states and the private sector, the Maryland Medicaid PDL stands out in that Maryland Medicaid provides more options for preferred drugs on the PDL. During the first quarter of this year, prescribers achieved a 97% compliance rate with the PDL as compared to the average of 95.4% for other states with similar PDL arrangements.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active, and has answered 5,178 calls from November 2023 to April of this year. Out of an average of 1036 calls a month 285 pertained to the PDL during the same timeframe. Additional updates may be found on the Medicaid Pharmacy website at: mmcp.health.maryland.gov/mmcp/pap/Pages/paphome.aspx

Mr. Joglekar spoke of changes implemented by the program. Effective January 3rd, 2024, pharmacy claims for Fee-for-Service (FFS) Medicaid participants for non-behavioral health medications prescribed by a prescriber, who is not enrolled as a Medicaid provider with Maryland Medicaid, began denying with the following message: "UNENROLLED PRESCRIBER, MEDICAID RX WILL CONTINUE TO DENY UNLESS THE PRESCRIBER ENROLLS WITH MEDICAID VIA

EPREP". Behavioral health medications that are prescribed by unenrolled prescribers will continue to pay. Please be advised, though, that starting July 1st of this year, all pharmacy claims including behavioral health medications for any FFS Medicaid Participant for medications that are prescribed to the participant by an un-enrolled prescriber will be denied with the following message: "Missing/Invalid prescriber identification number. UNENROLLED PRESCRIBER, YOUR MEDICAID RX IS DENIED AND WILL CONTINUE TO DENY UNLESS YOUR PRESCRIBER. ENROLLS WITH MARYLAND MEDICAID VIA EPREP." The program highly encourages you to visit www.health.maryland.gov/mmcp/provider/pages/enrollment.aspx to log in and enroll. Please stay tuned for additional information and outreach currently being done by the department.

The Office of Pharmacy Services anticipates and highly encourages all pharmacy providers to take an active part in this operational measure and proactively start notifying all the Medicaid participants they serve as well as all the prescribers those participants obtain their prescriptions from about this mandate and encourage all prescribers to enroll with Maryland Medicaid as a provider as soon as possible.

Mr. Joglekar then spoke about a possible adjustment that may occur for new medications on the Maryland Medicaid FFS Preferred Drug List. The American Rescue Plan Act of 2021 includes a provision that eliminated the statutory cap on the rebates that drug manufacturers pay to Medicaid. Beginning in January of this year, Medicaid rebates are no longer capped at 100 percent of the quarterly average manufacturing price, AMP. This is referred to as the AMP Cap Removal Project. Hence, the Maryland Medicaid FFS or the Office of Pharmacy Services may need to adjust a few medications' statuses on the PDL should such circumstances present themselves once we obtain the updated pricing from the CMS later this or early next month. The OPS will issue notification accordingly to all intended stakeholders in a timely manner for any such change prior to its implementation and execution if and when we decide to implement. Additionally, I would like to direct your attention to one more important legislative update. In accordance with Senate Bill 678 or House Bill 1151, the Maryland Department of Health will allow Medicaid-enrolled pharmacist providers to bill Maryland Medicaid for Pharmacist Professional Services rendered within their lawful scope of practice. Medicaid-enrolled pharmacists can bill Maryland Medicaid using billing and coding information according to the CMS 1500 Billing Instructions, which can be found at www.health.maryland.gov/mmcp/provider/Pages/ffsclaims.aspx. To bill FFS Medicaid for Pharmacist Professional Services, a pharmacist must be actively enrolled with Maryland Medicaid as a participating provider type "PH". Pharmacists can enroll with the Electronic Provider Revalidation and Enrollment Portal, which is available (ePREP).

The OPS provides live continuing medical education to all interested prescribers and continuing education to all interested pharmacists every year at no cost. The department successfully provided one four-hour live virtual program on April 27th. The title was "ADHD and Stimulant Disorder" and recorded participation of about 260 attendees. Registration for these events is available at www.mmppi.com.

In closing, Mr. Joglekar thanked all the Committeemembers for dedicating their time to participate on the Committee and asked that if they have any questions to bring them to his attention.

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

Name	Affiliation	Class/Medication of Interest
Dr. Kimberly Simpson	United Therapeutics	Tyvaso
Dr. Daphne Ni	Biogen	Zurzuvae
Dr. Timothy Birner	Alkermes	Vivitrol
Dr. Ahmad Nessar	Genetech	Ocrevus
Dr. Daniel Shan	UCB Pharma	Bimzelx
Dr. Mimo Odebiyi	Teva	Ajovy
Dr. Domenic Mantella	Ascendis	Skytrofa
Dr. Hiren Kachhia	Amgen	Amjevita & Repatha
Dr. Shirley Quach	Novartis	Kesimpta
Dr. Allison Guider	Pfizer	Ngenla & Nurtec ODT
Dr. Kerry Desai	Sanofi	Rezurock

Dr. Ruwani Gunawardane, Center for Brain and Neuro Care was called to speak as a preregistered public speaker. She did not log on to the meeting and did not answer when called.

Dr. Paul from Conduent State Healthcare, LLC then gave an update about claims processing and prior authorizations of PDL drugs. Dr. Paul stated that for the first quarter of 2024, there were 2,984 new PDL PAs. Dr. Paul then listed the top 10 therapeutic classes for the first quarter of 2024 as follows: Stimulants and Related Agents with 737; Anticonvulsants with 513; Antidepressants, Other with 504; Antipsychotics with 300; Sedative Hypnotics with 151; Opioid Use Disorder Treatments with 116; Neuropathic Pain with 99; Antidepressants, SSRIs with 97; Analgesics, Narcotics Long-Acting with 52; Skeletal Muscle Relaxants with 42 for a total of 2,611

PDL PAs for the top 10 therapeutic classes, which accounts for 88 percent of the total PDL PAs for the first quarter of 2024.

Dr. Dang then announced that the classes of drugs that were scheduled for review would be discussed next. She stated that these classes were posted on the Medicaid Pharmacy Program’s website and were listed on the meeting agenda. There were forty-seven classes that had no recommended changes from the existing PDL. Dr. Dang also stated that there were no potential conflicts of interest noted by the P&T Committee members. Dr. Andrew Wherley, from Provider Synergies, provided clinical updates on the forty-seven classes of drugs with no new recommendations on PDL status.

Class	Voting Result
Acne Agents, Topical	Maintain current preferred agents: generics (benzoyl peroxide OTC; clindamycin gel, (solution, swab); clindamycin/benzoyl peroxide; erythromycin solution; tretinoin cream, gel) New drug: Cabtreo non-preferred
Analgesics, Narcotics (Long Acting)	Maintain current preferred agents: generics (fentanyl patch (except 37.5 mcg, 62.5 mcg, 87.5 mcg); morphine sulfate SR); Nucynta ER; Xtampza ER
Analgesics, Narcotics (Short Acting)	Maintain current preferred agents: generics (apap/codeine; hydrocodone/apap tablets; hydromorphone tablets; morphine sulfate (tablets, solution); oxycodone (capsules, tablets, solution); oxycodone/apap tablets; tramadol 50 mg tablets; tramadol/apap) New drug Tramadol 25 mg: non-preferred
Androgenic Agents	Maintain current preferred agents: generics (testosterone gel packet, testosterone gel pump) Androderm
Angiotensin Modulator Combinations	Maintain current preferred agents: generics (amlodipine/benazepril; amlodipine/olmesartan; amlodipine/valsartan)
Angiotensin Modulators	Maintain current preferred agents: 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; New drug: Valsartan solution non-preferred
Antibiotics, GI	Maintain current preferred agents: generics (metronidazole tablets; neomycin; tinidazole; vancomycin capsules; vancomycin solution)
Antibiotics, Inhaled	Maintain current preferred agents: generics (tobramycin inhalation solution; tobramycin solution); Tobi Podhaler
Antibiotics, Topical	Maintain current preferred agents: generics (bacitracin OTC; bacitracin/polymyxin OTC; double antibiotic; gentamicin; mupirocin ointment; neomycin/polymyxin/pramoxine OTC; triple antibiotic OTC)
Anticoagulants	Maintain current preferred agents: generics (dabigatran; enoxaparin; warfarin); Eliquis tablets; Xarelto Dose Pack; Xarelto tablets (except 2.5mg)
Antiemetic/Antivertigo Agents	Maintain current preferred agents: generics (dimenhydrinate OTC; meclizine RX, OTC; metoclopramide (solution, tablets, vial); ondansetron (ODT, solution, tablets, vial); prochlorperazine tablets; promethazine (injectable, solution, tablets, suppositories (except 50mg); scopolamine patches); New Drugs: phosphoric acid/dextrose/fructose solution OTC, Barhemys vial, Gimoti nonpreferred
Antifungals, Oral	Maintain current preferred agents: generics (clotrimazole troches; fluconazole; griseofulvin suspension; ketoconazole; nystatin (suspension, tablets); terbinafine)

Antifungals, Topical	Maintain current preferred agents: generics (ciclopirox (cream, solution); clotrimazole cream (RX, 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)
Antimigraine Agents, Other	Maintain current preferred agents: Ajovy; Emgality 120mg/mL; Nurtec ODT
Antimigraine Agents, Triptans	Maintain current preferred agents: generics (naratriptan; rizatriptan (tablets, ODT); sumatriptan (nasal, tablets, vial); zolmitriptan)
Antiparasitic, Topical	Maintain current preferred agents: generics (permethrin RX and OTC; pip-butoxide/pyrethrins/permethrin kit 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)
Beta Blockers	Maintain current preferred agents: generics (atenolol; atenolol/chlorthalidone; bisoprolol; bisoprolol/HCTZ; carvedilol; labetalol; metoprolol succinate XL; metoprolol tartrate; nadolol; nebivolol; propranolol; propranolol LA; sotalol; sotalol AF)
Bladder Relaxant Preparations	Maintain current preferred agents: generics (fesoterodine ER, oxybutynin; oxybutynin ER; solifenacin) Myrbetriq; New drug Oxybutynin 2.5 mg non-preferred
Bone Resorption Suppression & Related Agents	Maintain current preferred agents: generics (alendronate tablets; calcitonin salmon

	nasal; ibandronate tablets; risedronate tablets)
BPH Treatments	Maintain current preferred agents: generics (alfuzosin; doxazosin; dutasteride; finasteride; tamsulosin; terazosin)
Calcium Channel Blockers	Maintain current preferred agents: generics (amlodipine; diltiazem tablets; diltiazem ER capsules; nifedipine ER; verapamil; verapamil ER tablet)
Cephalosporins & Related Antibiotics	Maintain current preferred agents: generics (amoxicillin/clavulanate (suspension, tablets), cefaclor capsules; cefadroxil (capsules, suspension); cefdinir (capsules, suspension); cefprozil (suspension, tablets); cefuroxime tablets; cephalexin (capsules, suspension)
Fluoroquinolones, Oral	Maintain current preferred agents: generics (ciprofloxacin tablets; levofloxacin tablets)
GI Motility, Chronic	Maintain current preferred agents: generic (lubiprostone); Linzess; Movantik
Hepatitis B Agents	Maintain current preferred agents: generics (entecavir tablets; lamivudine HBV tablets); Epivir HBV solution
Hepatitis C Agents	Maintain current preferred agents: generics (ribavirin; sofosbuvir/velpatasvir); Mavyret; Pegasys; Vosevi
Hypoglycemics, Incretin Mimetics/Enhancers	Maintain current preferred agents: generics (saxagliptin); Byetta; Glyxambi; Janumet; Janumet XR; Januvia; Jentadueto; Ozempic; Tradjenta; Trulicity; Victoza New drug: Zituvio non-preferred
Hypoglycemics, Meglitinides	Maintain current preferred agents: generics (nateglinide; repaglinide)
Hypoglycemics, Metformins	Maintain current preferred agents: generics (glipizide/metformin; glyburide/metformin;

	metformin; metformin ER) New drug Metformin 625 mg nonpreferred
Hypoglycemics, SGLT2 Inhibitors	Maintain current preferred agents: generics (dapagliflozin; dapagliflozin/metformin); Invokana; Jardiance
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, suspension, tablets); sirolimus; tacrolimus)
Lipotropics, Other	Maintain current preferred agents: generics (cholestyramine; colestipol tablet; ezetimibe; fenofibrate (capsules, nanocrystals, tablets); gemfibrozil; niacin ER; omega-3 ethyl esters)
Lipotropics, Statins	Maintain current preferred agents: generics (atorvastatin; ezetimibe/simvastatin lovastatin; pravastatin; rosuvastatin; simvastatin) New drug: pitavastatin nonpreferred
Macrolides/Ketolides	Maintain current preferred agents: generics (azithromycin; clarithromycin tablet; erythromycin base capsule DR; erythromycin ethyl succinate oral suspension)
Multiple Sclerosis Agents	Maintain current preferred agents: generic (dalfampridine ER; dimethyl fumarate DR; fingolimod; glatiramer acetate); Avonex; Betaseron Kit
Opioid Use Disorder Treatments	Maintain current preferred agents: generics (buprenorphine; buprenorphine/naloxone tablets; naloxone (injectable, nasal spray, OTC, Rx); naltrexone); Brixadi (weekly,monthly); Narcan nasal spray (OTC,

	Rx); Opvee; Sublocade; Suboxone Film; Vivitrol; Zubsolv
PAH Agents, Oral and Inhaled	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; New Drug: Xphozah non-preferred
Platelet Aggregation Inhibitors	Maintain current preferred agents: generics (clopidogrel; dipyridamole; prasugrel); Brilinta
Proton Pump Inhibitors	Maintain current preferred agents: generics (esomeprazole packet for suspension; lansoprazole (capsules, ODT); omeprazole capsules; pantoprazole (suspension, tablets)
Skeletal Muscle Relaxants	Maintain current preferred agents: generics (baclofen; chlorzoxazone; cyclobenzaprine; methocarbamol; orphenadrine ER; tizanidine tablets) New drug baclofen solution DS non-preferred
Tetracyclines	Maintain current preferred agents: generics (doxycycline hyclate (capsules, tablets); doxycycline monohydrate (50mg, 100mg capsules); doxycycline monohydrate tablets; minocycline capsules; tetracycline)
Ulcerative Colitis Agents	Maintain current preferred agents: generics (balsalazide; mesalamine ER; mesalamine rectal; sulfasalazine; sulfasalazine DR)

Dr. Dang then asked if there were any objections to keeping all the drugs in the classes as they are currently stasued. There were no objections. Since there were no objections, Dr. Dang 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. Dang 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
Antibiotics, Vaginal	<p>Remove: Clindesse</p> <p>Maintain current preferred agents: generics (clindamycin; metronidazole); Cleocin Ovules; Nuvessa</p>
Growth Hormone	<p>Remove: Nutropin AQ</p> <p>Maintain current preferred agents: Genotropin; Norditropin</p>
Hypoglycemics, Insulin & Related Agents	<p>Do Not Add: insulin glargine max pen</p> <p>REMOVE: Levemir (pen, vial)</p> <p>Maintain current preferred agents: generics (insulin aspart (cartridge, pen, vial); insulin aspart mix (pen, vial); insulin lispro (junior kwikpen, pen, vial); insulin lispro mix 75/25 kwikpen); Humalog cartridge; Humalog Mix 50/50 (pen, vial); Humulin vial; Humulin 70/30 (pen, vial); Humulin R u-500 (pen, vial); Lantus Solostar, Lantus vial</p>

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

Dr. Dang 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
Anticonvulsants	DO NOT ADD: Motpoly XR
Antidepressants, Other	DO NOT ADD: Zurzuvae
Cytokine and CAM Antagonists	DO NOT ADD: Abrilada (kit, pen kit); adalimumab-adbm CF (kit, pen kit); Amjevita (kit, pen kit CF 100mg/mL); Bimzelx (pen, syringe); Cosentyx vial IV; Entyvio pen; Omvoh (pen, vial); Velsipity
Immunomodulators, Atopic Dermatitis	DO NOT ADD: Zoryve Foam
Ophthalmic, Anti-Inflammatory/Immunomodulator	DO NOT ADD: Vevye

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 brand and/or generic drugs that may become necessary as a result of fluctuations in market conditions (e.g., changes in Federal rebates, supplemental rebates, etc.).

Dr. Dang then informed everyone that the next P&T meeting is scheduled for November 7th, 2024, at 9:00 am. Dr. Dang asked if there was any further business to come before the Committee. None appeared, and the meeting was adjourned by the chairperson Dr. Dang at 11:26 am.