



Preferred Drug List (PDL)

Pharmacy and Therapeutics (P&T) Committee

Meeting

Minutes from May 1, 2025

Attendees:

P&T Committee

Damean Freas (Vice Chairperson/Physician);
Malika Closson (Psychiatrist); Zakiya Chambers (Pharmacist); Sarah Connor (Physician);
Agnes Ann Feemster (Pharmacist); LaToya Edwards (Physician); Erica Davis (Psychiatric
Pharmacist); Timothy Romanoski (Physician); Adetoro Oriaifo (Pharmacist); Karen Vleck
(Consumer); Seth Pearlman (Consumer).

Maryland Department of Health (MDH)

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, Clinical Pharmacist); Nisha Purohit (Medicaid
Pharmacy, Advance Practice Pharmacist); Sierra Roberson (Medicaid Pharmacy, Medical
Program Specialist).

Conduent State Healthcare LLC

Jenai Paul (Clinical Manager, Maryland PBM Operations)

Provider Synergies LLC

Andrew Wherley (Clinical Account Manager)

Proceedings:

The public meeting of the Maryland Medicaid PDL P&T Committee was called to order by the Vice Chairperson, Dr. Freas, at 9:00 a.m. The meeting began with a welcome from Dr. Freas. 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 7th, 2024.

Dr. Freas 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 Medicaid Fee-for-Service Preferred Drug List to Maryland Medicaid participants.

He stated that this is the 11th virtual meeting and the beginning of the 22nd year for Maryland's Preferred Drug List. Over these years, the Office of Pharmacy Services (OPS) has saved over \$300 million in its expenditure 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 Preferred Drug List (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 97.2% compliance rate with the PDL as compared to the average of 96% for other states with similar PDL arrangements.

Mr. Joglekar then introduced and welcomed the new members of the P&T committee. Board Certified Psychiatrist Dr. Malika Closson, Family Medicine Physician Dr. Sarah Connor, Board Certified Clinical Psychiatric Pharmacist Dr. Erica Davis, and a Consumer, Seth Pearlman, Esq.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active and has answered 4,089 calls from November 2024 to April 28th of this year. Out of an average of 682 calls a month, 110 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 then stated that starting in September 2024, the Maryland Medicaid Fee-For-Service Program, along with all nine Managed Care Organizations, began covering Wegovy only when prescribed to reduce the risks of major adverse cardiovascular events (MACE) in adults with established cardiovascular disease and obesity or are overweight. Additionally, effective February 2025, the Maryland Medicaid Fee-for-Service Program and all nine Managed Care Organizations commenced coverage for Zepbound solely for the severe obstructive sleep apnea indication in adults with obesity. He added that according to COMAR (Code of Maryland Regulations) 10.09.03.05(A)(14), medications for weight management and/or weight control are currently not covered by the Maryland fee-for-service program. The clinical criteria requirements and prior authorization forms for Wegovy and Zepbound under Maryland Fee-for-Service can be found on the Maryland Department of Health website at: www.health.maryland.gov/mmcp/pap/Pages/paphome.aspx. Mr. Joglekar next shared a reminder that the Maryland Medicaid Office of Pharmacy Services provides live continuing medical education for prescribers and continuing education for pharmacists every year at no cost. He stated that the Department successfully provided a four-hour virtual live program on April 26th on “Substance Use Disorder in Special Populations” that was attended by more than 340 attendees. Participants were encouraged to visit the MMPPI website at <https://mmpqi.com/index.htm> under live meetings to find additional information, including the next live two-hour program, and to register for any upcoming programs. Mr. Joglekar closed by thanking all the Committee members for their time and encouraging all attendees, if they have any questions, to contact the department. He then wished everyone a wonderful day.

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

Speakers Name	Affiliation	Medication/ Topic
Mimo Odebiyi	Teva	Ajovy
Kimberly Simpson	United Therapeutics	Tyvaso and Tyvaso DPI
Shantel Tramble	Johnson and Johnson Innovative Medicine	Tremfya
Nicole Abolins	Pfizer	Ngenla and Nurtec

Shirley Quach	Novartis	Kesimpta
Jay Patel	Bristol Myers Squibb	Cobenfy
Elizabeth Lubelczyk*	Lilly USA	Ebglyss
Adam Bradshaw	Vertex Pharmaceuticals	Journavx
Jake Murawski	Indivior	Sublocade
Joe Jonas	ARS	Neffy Spray
Carla McSpadden	Galderma	Nemludio
Molly McGraw	AbbVie	Mavyret and Vyalev
John Landis	Braeburn	Brixadi

*Dr. Elizabeth Lubelczyk was called to speak as a preregistered public speaker. She did not log on to the meeting and nor did she answer when called.

Dr. Jenai Paul provided an update on claims processing and prior authorization for PDL drugs from the Medicaid Claims Processor Conduit State Healthcare, LLC.

For the first quarter of 2025, there were 2,891 new PDL prior authorizations. The top ten therapeutic classes for this period are as follows: Anticonvulsants (615), Antidepressants, Other (609), Stimulants and Related Agents (590), Antipsychotics (262), Sedative Hypnotics (141), Neuropathic Pain (93), Opioid Use Disorder Treatment (59), Analgesics, Narcotics Long Acting (56), Antidepressants, SSRIs (49), and Hypoglycemics, Incretin Mimetics/Enhancers (33).

These accounted for 87 percent of the total new PDL prior authorizations for the first quarter.

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

potential conflicts of interest noted by the P&T Committee members. Dr. Andrew Wherley, from Provider Synergies, LLC. provided clinical updates on the forty-five classes of drugs with no new recommendations on PDL status.

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)
Analgesics, Narcotics (Short Acting)	Maintain current preferred agents: generics (apap/codeine; hydrocodone/apap tablets; hydromorphone tablets; morphine sulfate (tablets, solution, syringe); oxycodone (capsules, tablets, solution); oxycodone/apap tablets; tramadol 50 mg tablets; tramadol/apap) New drug Tramadol 75 mg: non-preferred
Androgenic Agents	Maintain current preferred agents: generics (testosterone gel packet; testosterone gel pump)
Angiotensin Modulator Combinations	Maintain current preferred agents: generics (amlodipine/benazepril; amlodipine/olmesartan; amlodipine/valsartan)
Antibiotics, GI	Maintain current preferred agents: generics (metronidazole tablets; neomycin; tinidazole; vancomycin capsules; vancomycin solution) New drugs metronidazole 125 mg, Likmez: non-preferred
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; triple antibiotic plus OTC)
Antibiotics, Vaginal	Maintain current preferred agents: generics (clindamycin; metronidazole); Cleocin Ovules
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 Drug: Aponvie vial non-preferred
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; New drugs: diclofenac potassium powder pack, dihydroergotamine mesylate (injection and nasal); Elyxyb, Ergomar, Migerot non-preferred

Antimigraine Agents, Triptans	Maintain current preferred agents: generics (naratriptan; rizatriptan (tablets, ODT); sumatriptan (nasal, tablets, vial); zolmitriptan (tablets))
Antiparasitic, Topical	Maintain current preferred agents: generics (permethrin RX and OTC; pip-butoxide/pyrethrins/permethrin kit OTC; piperonyl/pyrethrins shampoo OTC) New drugs: ivermectin lotion 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; mirabegron; oxybutynin (except 2.5mg); oxybutynin ER; solifenacin)
BPH Treatments	Maintain current preferred agents: generics (alfuzosin; doxazosin; dutasteride; finasteride; tamsulosin; terazosin)
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; cephalixin (capsules, suspension)
Fluoroquinolones, Oral	Maintain current preferred agents: generics (ciprofloxacin tablets; levofloxacin tablets)

GI Motility, Chronic	Maintain current preferred agents: generic (lubiprostone); Linzess; Movantik; New drug prucalopride non-preferred
Growth Hormones	Maintain current preferred agents: Genotropin; Norditropin
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 (exenatide; liraglutide; saxagliptin); Glyxambi; Janumet; Janumet XR; Januvia; Jentadueto; Ozempic; Tradjenta; Trulicity; New drugs: sitagliptin; sitagliptin/metformin; sitagliptin/metformin XR non-preferred
Hypoglycemics, Insulin & Related Agents	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); Humalog Mix 75/25 (vial); Humulin vial; Humulin 70/30 (pen, vial); Humulin R u-500 (pen, vial); Lantus Solostar, Lantus vial; New drug: Myxredlin 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 750 mg nonpreferred
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); New drug: Tryngolza non-preferred
Lipotropics, Statins	Maintain current preferred agents: generics (atorvastatin; ezetimibe/simvastatin lovastatin; pravastatin; rosuvastatin; simvastatin)
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: generics (dalfampridine ER; dimethyl fumarate DR; fingolimod; glatiramer acetate); Avonex; Betaseron Kit; New Drug: Ocrevus Zunovo non-preferred
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; Rextovy; 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
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)
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. Freas then asked if there were any objections to keeping all the drugs in the classes as they are currently statused. There were no objections. Since there were no objections, Dr. Freas 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. Freas 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	Add: adapalene gel; adapalene/benzoyl peroxide; erythromycin gel; erythromycin/benzoyl peroxide Remove: Differin lotion Maintain current preferred agents: generics (benzoyl peroxide OTC; clindamycin (gel, solution, swab); clindamycin/benzoyl peroxide; erythromycin (gel, solution); tretinoin (cream, gel))
Angiotensin Modulators	Remove: quinapril; quinapril/HCTZ Maintain current preferred agents: benazepril; benazepril/HCTZ; enalapril; enalapril/HCTZ; irbesartan; irbesartan/HCTZ; lisinopril; lisinopril/HCTZ; losartan; losartan/HCTZ; olmesartan; olmesartan/HCTZ; ramipril; valsartan; valsartan/HCTZ); Entresto
Bone Resorption Suppression & Related Agents	Add: raloxifene Maintain current preferred agents: generics (alendronate tablets; calcitonin salmon nasal; ibandronate tablets; risedronate tablets)
Calcium Channel Blockers	Add: felodipine ER Maintain current preferred agents: generics (amlodipine; diltiazem tablets; diltiazem ER capsules; nifedipine ER; verapamil; verapamil ER tablet)
Hypoglycemics, SGLT2 Inhibitors	Add: Synjardy, Synjardy XR Maintain current preferred agents: generics (dapagliflozin/metformin); Farxiga; Invokana; Jardiance

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

Dr. Freas 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
Antiparkinson's agents	DO NOT ADD: Onapgo; Vyalev Vial
Antipsychotics	DO NOT ADD: Cobenfy; Cobenfy starter pack; Erzofri; Opienza film
Cytokine and CAM Antagonists	DO NOT ADD: Otulfi syringe; Otulfi vial; Pyzchiva syringe; Pyzchiva vial; Selsardi syringe; Simlandi kit; Steqeyma syringe; Steqeyma vial; Tremfya pen; Tremfya vial; Yesintek syringe; Yesintek vial
Epinephrine, Self-Administered	DO NOT ADD: Neffy Spray
Immunomodulators, Atopic Dermatitis	DO NOT ADD: Ebglyss pen; Ebglyss syringe; Nemluvio pen
Neuropathic Pain and Select Agents	DO NOT ADD: Gabarone; Journvax; Lyrica solution
NSAIDs	DO NOT ADD: Dolobid

At the conclusion of the single drug reviews, Dr. Freas announced that the committee needed to elect a new chair and vice chair to serve starting at November's P&T meeting for the next 4 meetings. Dr. Freas stated that it is customary for the physicians and pharmacists to alternate who serves as chair and vice chair. Currently, Dr. Dang (pharmacist) is serving as the committee Chair and Dr. Freas (physician) as the committee vice chair. Members were instructed to use Zoom's chat function to submit nominations to the group, and when voting commenced, votes were sent as private chat messages only to Mr. Joglekar, who would announce the winner. Dr. Freas was nominated to serve as the chair as well as Dr. Romanoski. The nomination of Dr. Romanoski was determined to be an accident/mistake. Dr. Freas called for a vote, Mr. Joglekar accepted the votes, and announced that Dr. Freas had been elected to serve as Chair of the Maryland Medicaid Fee-for-Service (FFS) Program's P&T committee. Next, a call for

nominations for a pharmacist to serve as vice-chair was made. Dr. Oriafo was nominated to serve as Vice Chair, and there were no other nominations. Dr. Freas then called for a vote, Mr. Joglekar accepted the votes, and announced that Dr. Oriafo had been elected to serve as Vice Chair of the Maryland Medicaid FFS Program's P&T committee.

Dr. Freas then informed everyone that the next P&T meeting is scheduled for November 6th, 2025, at 9:00 am. Dr. Freas asked if there was any further business to come before the Committee. None appeared, and the meeting was adjourned by the vice chairperson, Dr. Freas, at 11:51 am.