



# **Preferred Drug List (PDL)**

## **Pharmacy and Therapeutics (P&T) Committee**

### **Meeting**

### **Minutes from Nov. 7, 2024**

#### **Attendees:**

##### P&T Committee

Yen Dang (Chairperson/Pharmacist); Damean Freas (Vice Chairperson/Physician); Kim Bright (Psychiatrist); Zakiya Chambers (Pharmacist); Laverdis Davis (Physician); Latoya Edwards (Physician); Agnes Ann Feemster (Pharmacist); Timothy Romanoski (Physician); Evelyn White Lloyd (Consumer); Marie Mackowick (Psychiatric Pharmacist); Adetoro Oriafio (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 9:00 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 May 2<sup>nd</sup>, 2024.

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

Mr. Shah began his remarks with a thank you to everyone, especially the P&T committee members. Mr. Shah 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 10<sup>th</sup> virtual meeting and the beginning of the 21<sup>st</sup> year for Maryland's Preferred Drug List. Over these years, the Office of Pharmacy Services (OPS) has saved over \$300 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 is to provide clinically appropriate and cost-effective medications to Maryland Medicaid participants.

Mr. Shah 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. Shah stated that the pharmacy hotline remains active and has answered 6,458 calls from May 1<sup>st</sup>, 2024, to October 31<sup>st</sup>, 2024. Out of an average of 923 calls a month, 188 pertained to the PDL during the same timeframe. Additional updates may be found on the Medicaid Pharmacy website at: [health.maryland.gov/mmcp/pap/Pages/paphome.aspx](https://health.maryland.gov/mmcp/pap/Pages/paphome.aspx)

Mr. Shah then began acknowledging 4 members of the committee who are departing at the end of their terms in April of 2025. The acknowledgments proceeded as follows: Dr. Marie Mackowick for her 22 years of dedicated service on this Committee as a member and as well as serving as a Chair for two years and Vice-Chair for two years. Dr. Bright for her nine years of dedicated service on this Committee as a member. Dr. Davis for her three years of dedicated service as a member of the Committee. Evelyn White Lloyd for her 12 years of dedicated

service as a member of this Committee. Thank you so much, everyone; we appreciate all your dedication to the State of Maryland.

Mr. Shah then provided an update on the prescriber enrollment requirement as per the federal mandate, as we shared in the past that in January 3rd of 2024, pharmacy claims for any Fee for Service Medicaid participant for any nonbehavioral health medications that are prescribed to a participant by a prescriber who is not enrolled in Medicaid as a provider, started denying with the following message, "Unenrolled Prescriber, Medicaid Rx will continue to deny unless prescriber enrolls in Medicaid via EPREP." The pharmacy claims for the behavioral health medication prescribed by unenrolled prescribers continued to pay. Please be advised that starting July 1st of this year, 2024, all pharmacy claims for any fee for service Medicaid participants for medications that are prescribed to them by an unenrolled prescriber started denying with the following messages. "Unenrolled prescriber, your Medicaid Rx is denied and will continue to be denied unless your prescriber enrolls with Maryland Medicaid via EPREP." The program again encourages all the members and attendees to visit our [maryland.gov](https://maryland.gov) MDH website for important updates.

Mr. Shah also provided an update regarding the American Rescue Plan(ARP) Act of 2021 which included a provision that eliminated the statutory cap on the rebates drug manufacturers pay to Medicaid. Beginning January of 2024 Medicaid rebates are no longer be capped at 100 percent of the quarterly average manufacturer price, which is the AMP. The Centers of Medicare and Medicaid Services(CMS), efforts to remove the cap whereby potentially increasing Medicaid rebate to states, is referred to as the AMP Cap removal project, hence Maryland Medicaid Fee for Service continues to evaluate the need to adjust a few medications' status on the PDL.

Additionally, Mr. Shah stated the Office of Pharmacy Services is committed to issuing a notification accordingly to all stakeholders in a timely manner for such changes prior to implementation and execution when it is decided to implement, and then advised that the Maryland Medicaid Fee for Service program and all nine MCO Programs now cover Wegovy when prescribed to reduce risk for all major adverse cardiovascular events, MACE. The fee for service clinical criteria are available on our website.

Mr. Shah continued by sharing that the Maryland Medicaid Pharmacy Program provides live continuing medical education, CME for prescribers, and continuing education CE for the pharmacist every year at no cost. Recently, the Department successfully provided a virtual two-hour live program on October 26th, 2024, on "Autism Spectrum Disorder" with the participation of over 570 attendees. Again, please visit [mmpqi.com](https://mmpqi.com) for additional information. OPS will once again be providing a four-hour live program and the details will be furnished soon. Mr. Shah encouraged everyone to visit [mmpqi.com](https://mmpqi.com) to register for such program and take advantage of receiving CE credits for their licensing requirement.

In closing, Mr. Shah thanked all the Committee members 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. Shah 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.

<b>Name</b>	<b>Affiliation</b>	<b>Class/Medication of Interest</b>
Dr. Margaret Martin	Intra-Cellular Therapies Inc.	Caplyta
Dr. Craig Plauschinat	Eisai, Inc.	Legembi
Dr. Shirley Quach	Novartis	Cosentyx
Dr. Timothy Birner	Alkermes	Lyblavi
Dr. Shantel Gooden	Johnson & Johnson	Tremfya
Dr. Caitlin Batman	Public	Vraylar
Dr. Nirali Patel	Abbvie	Rinvoq/Vraylar
Dr. Amanda Rendall	Neurelis	Valtoco
Dr. Jigna Bhalla	Astra Zeneca	Airsupra
Dr. Ronald DePue	Axsome Therapeutics	Auvelity/Sunosi
Dr. Brent Milovac	LEO Pharma	Adbry

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 third quarter of 2024 there were 3,142 new PDL PAs. The top ten therapeutics classes for the third quarter are as follows: Anticonvulsants, 728. Stimulants and Related Agents, 631. Antidepressants Other, 564. Antipsychotics, 237. Neuropathic Pain, 190. Sedative Hypnotics 128. Opioid Use Disorder Treatment, 104. Antidepressants SSRIs, 73. Analgesics Narcotics Long-Acting, 56. Hypoglycemics Insulins, 42. There were 2,753 new PDL PAs for the top ten therapeutic classes. This accounts for 88 percent of the total new PDL PAs for the third quarter.

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 27 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 27 classes of drugs with no new recommendations on PDL status.

Class	Voting Result
Alzheimer's Agents	<b>Maintain current preferred agents:</b> generics (donepezil tablets (except 23mg); donepezil ODT; memantine tablets; rivastigmine capsules, patches)
Antidepressants, Other	<b>Maintain current preferred agents:</b> generics (bupropion (IR, SR, XL); desvenlafaxine ER tablets (Pristiq); mirtazapine (ODT, tablets); trazodone, venlafaxine (IR, ER capsules) vilazodone (Viibryd)); new drug Fetzima dose pack non-preferred
Antidepressants, SSRIs	<b>Maintain current preferred agents:</b> generics (citalopram (solution, tablets); escitalopram (solution and tablets); fluoxetine (capsules, solution, tablets (excludes 60mg and weekly); fluvoxamine; paroxetine; sertraline (concentrated solution, tablets))
Antihistamines, Minimally Sedating	<b>Maintain current preferred agents:</b> generics (cetirizine tablets, solution; RX, OTC; cetirizine-D; desloratadine; fexofenadine tablets, OTC; levocetirizine tablets, RX OTC; loratadine tablets, solution, ODT; RX, OTC; loratadine-D)
Antihypertensives, Sympatholytics	<b>Maintain current preferred agents:</b> generics (clonidine patches; clonidine tablets; guanfacine; methyldopa)
Antihyperuricemics	<b>Maintain current preferred agents:</b> generics (allopurinol (100 mg and 300 mg); colchicine tablets; febuxostat; probenecid; probenecid/colchicine)
Antiparkinson's Agents	<b>Maintain current preferred agents:</b> generics (amantadine, benztropine, carbidopa/levodopa IR, ER;

	carbidopa/levodopa/entacapone; entacapone; pramipexole IR; ropinirole; selegiline, trihexyphenidyl); new drug Crexont non-preferred
Bile Salts	<b>Maintain current preferred agents:</b> generics (ursodiol capsules, tablets); new drugs Iqirvo, Livdelzi non-preferred
Bronchodilators, Beta Agonists	<b>Maintain current preferred agents:</b> generics (albuterol HFA; albuterol nebulas; albuterol syrup); Serevent
Colony Stimulating Factors	<b>Maintain preferred agents:</b> Fylnetra, Neupogen; new drug Udencya OnBody non-preferred
COPD Agents	<b>Maintain current preferred agents:</b> generics (ipratropium nebulas; ipratropium/albuterol nebulas; roflumilast (Daliresp)); Anoro Ellipta; Atrovent HFA; Combivent Respimat; Spiriva Handihaler; Spiriva Respimat; Stiolto Respimat; new drug Ohtuvayre non-preferred
Epinephrine, Self-Injected	<b>Maintain current preferred agents:</b> generics (epinephrine 0.15mg (EpiPen Jr.); epinephrine 0.3mg (EpiPen))
Erythropoiesis Stimulating Proteins	<b>Maintain other current preferred agents:</b> Aranesp; Epogen; Retacrit
Immunomodulators; Atopic Dermatitis	<b>Maintain current preferred agents:</b> generics (pimecrolimus; tacrolimus); Eucrisa; new drug Adbry Autoinjector, Zoryve 0.15% cream non-preferred
Intranasal Rhinitis Agents	<b>Maintain current preferred agents:</b> generics (azelastine nasal; fluticasone nasal; ipratropium nasal)
Leukotriene Modifiers	<b>Maintain current preferred agents:</b> generics (montelukast; zafirlukast)

Neuropathic Pain	<b>Maintain current preferred agents:</b> generics (capsaicin OTC; duloxetine (Cymbalta); gabapentin capsules, tablets; lidocaine patches; pregabalin capsules); new drug Lidocan Patch non-preferred; new generic gabapentin ER non-preferred
NSAIDs	<b>Maintain remaining current preferred agents:</b> generics (celecoxib; diclofenac sodium; diclofenac gel; ibuprofen (OTC, RX); indomethacin; meloxicam; nabumetone; naproxen; naproxen sodium OTC; sulindac)
Ophthalmics, Allergic Conjunctivitis	<b>Maintain current preferred agents:</b> generics (azelastine; cromolyn; ketotifen OTC; olopatadine (Pataday & Patanol)); new generic loteprednol etabonate (Alrex) preferred
Ophthalmics, Antibiotics	<b>Maintain current preferred agents:</b> generics (bacitracin/polymyxin B ointment; ciprofloxacin solution; erythromycin; gentamicin; moxifloxacin; neomycin/bacitracin/polymyxin ointment; ofloxacin; polymyxin/trimethoprim; sulfacetamide solution; tobramycin); Ciloxan ointment; Tobrex ointment
Ophthalmics, Antibiotic/Steroid Combinations	<b>Maintain current preferred agents:</b> generics (neomycin/polymyxin/dexamethasone; sulfacetamide/prednisolone; tobramycin/dexamethasone drops); Tobradex ointment
Ophthalmics; Anti-Inflammatories	<b>Maintain current preferred agents:</b> generics (diclofenac; difluprednate; fluorometholone, ketorolac; prednisolone acetate); Nevanac; Pred Mild
Ophthalmics; Anti-Inflammatory/Immunomodulators	<b>Maintain current preferred agents:</b> generic (cyclosporine (Restasis single-use)); Eysuvis; Xiidra
Ophthalmics, Glaucoma Agents	<b>Maintain current preferred agents:</b> generics (brimonidine 0.2%; brimonidine 0.15%,

	brimonidine/timolol; carteolol; dorzolamide; dorzolamide/timolol; latanoprost; levobunolol; pilocarpine; timolol (Timoptic, Timoptic XE); travoprost); Rhopressa; Rocklatan
Otic Antibiotics	<b>Maintain current preferred agents:</b> generic (ciprofloxacin/dexamethasone; neomycin/polymyxin/hydrocortisone; ofloxacin)
Stimulants and Related Agents	<b>Maintain current preferred agents:</b> generics (amphetamine salt combo (IR/ER); atomoxetine; clonidine ER; dexamethylphenidate tablets, dexmethylphenidate XR; dextroamphetamine tablets; dextroamphetamine ER capsules; guanfacine ER; lisdexamfetamine chewable; methylphenidate (solution, tablets); methylphenidate CD capsules; methylphenidate ER capsules (Ritalin LA); methylphenidate ER tablets; modafinil); Adderall XR; Concerta; Daytrana; Focalin XR; Qelbree; Quillivant XR; Vyvanse capsules); new generic amphetamine salt combo ER (Mydayis) non-preferred; new drug Onyda XR suspension non-preferred
Urea Cycle Disorders	<b>Maintain current preferred agents:</b> generic (carglumic acid; sodium phenylbutyrate powder and tablet); Pheburane

Dr. Dang 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. 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
Anticonvulsants	<p><b>Add:</b> Sezaby</p> <p><b>Maintain current preferred agents:</b> generics (carbamazepine (chewable, suspension, tablets); carbamazepine ER; clobazam (suspension and tablets); clonazepam tablets; diazepam rectal; divalproex; lacosamide (solution, tablet); lamotrigine tablets; levetiracetam (tablets, solution); oxcarbazepine tablets; phenobarbital (tablets, elixir); phenytoin (IR, ER, capsules, chewable, suspension); primidone; tiagabine; topiramate (sprinkles, tablets); valproic acid (capsules, solution); zonisamide); Nayzilam; Trileptal suspension; Valtoco; new drugs Libervant Film, Vigafyde solution non-preferred</p>
Antipsychotics	<p><b>Remove:</b> perphenazine/amitriptyline</p> <p><b>Maintain other current preferred agents:</b> generics (aripiprazole; chlorpromazine; clozapine; fluphenazine; haloperidol; loxapine, lurasidone olanzapine; paliperidone; perphenazine; pimozide; quetiapine IR/ER; risperidone IR/IM; thioridazine; thiothixene; trifluoperazine; ziprasidone); Abilify Asimtufii; Abilify Maintena; Aristada; Aristada Initio; Invega Hafyera; Invega Sustenna; Invega Trinza; Perseris; Vraylar</p>
Cytokine & CAM Antagonists	<p><b>Add:</b> adalimumab-aaty (Yuflyma); adalimumab-adaz (Hyrimoz); adalimumab-adbm (Cyltezo); Clytezo; Hadlima; Tyenne syringe</p> <p><b>Maintain current preferred agents:</b> (infliximab); Enbrel; Humira; Otezla;</p> <p>new drugs adalimumab-aacf (Idacio), adalimumab-adbm, adalimumab-ryvk (Simlandi), Litfulo, Omvoh Syringe, Rinvoq LQ Solution, Simlandi, Tofidence, Tyenne Autoinjector, Tyenne Vial, Zymfentra Pen, Zymfentra Syringe non-preferred</p>
Glucocorticoids; Inhaled	<p><b>Add:</b> Asmanex HFA; QVAR Redihaler</p> <p><b>Maintain current preferred agents:</b> generics (budesonide inhalation suspension (Pulmicort</p>

	respules); fluticasone propionate HFA; fluticasone/salmeterol HFA)); Arunity Ellipta; Asmanex; Dulera; Flovent HFA; Symbicort; Trelegy
Sedative Hypnotics	<b>Remove:</b> Flurazepam  <b>Maintain other current preferred agents:</b> generics (eszopiclone; ramelteon; temazepam (15mg, 30mg); triazolam; zaleplon; zolpidem tablet IR, ER (Ambien))

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
Angiotensin Modulators	<b>DO NOT ADD:</b> Entresto Sprinkle Capsules
Antiemetic/Antivertigo Agents	<b>DO NOT ADD:</b> Focinvez Vial
Antifungals, Topical	<b>DO NOT ADD:</b> Tripenicol OTC
Immunosuppressives, Oral	<b>DO NOT ADD:</b> Myhibbin Suspension
Opioid Use Disorder Treatments	<b>ADD:</b> Rextovy Spray
PAH Agents, Oral and Inhaled	<b>DO NOT ADD:</b> Opsynvi Tablet

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 announced there is an item of new business to be provided by Mangesh Joglekar

Mr. Joglekar then stated that the program is recruiting for new P&T Committee members, specifically an MD/DO; a psychiatrist, a pharmacist working in psychiatry, and a consumer.

Before adjourning Mr. Joglekar thanked everyone for their attendance and expertise and time.

Dr. Dang then informed everyone that the next P&T meeting is scheduled for May 1st, 2025, 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.