Maryland Pharmacy Program
PDL P&T Meeting

Minutes from March 2, 2010

The Sheppard Pratt Conference Center

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Attendees:

P&T Committee

Brian Pinto (Chairperson); Vijay Reddy (Vice-Chairman); Donald Yee; Marie Mackowick; Winston Wong; Mary Ellen Moran; Steven Daviss; Renee Riddix-Hilliard; Wallace Johnson

DHMH Staff

Athos Alexandrou (Maryland Pharmacy Program Director); Dixit Shah (Maryland Pharmacy Program Deputy Director); Alex Taylor (Division Chief, Clinical Pharmacy Services); Paul Holly; Dennis Klein; Angela Chavis

ACS

Karriem Farrakhan; Iris Ivey

Provider Synergies

Gina McKnight-Smith

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Pinto, at 9:15 a.m. The meeting began with brief introductions of all the representatives including the P&T Committee members, DHMH, ACS, and Provider Synergies. Three new P&T members were introduced: Helen G. Anderson, Consumer (in absentia), Lisa Hadley, M.D. (Physician – in absentia), and Renee Riddix-Hilliard (Pharmacist – present). The Committee then approved the minutes from the previous P&T Committee meeting held on August 20, 2009 with a notation that the P&T recommendation related to the Antipsychotics be noted to refer to tiering for treatment-naïve patients only (see page 12 of those minutes).

Dr. Pinto then asked Mr. Taylor to provide a status update on the Medicaid Pharmacy Program. Mr. Taylor re-stated the importance of the Medicaid PDL which has saved

millions of dollars on prescription drugs that have allowed the State to manage costs without reducing covered services. The failing economy continues to significantly reduce Maryland's revenues and has increased the Medicaid Program enrollments simultaneously. The Governor in early 2010 announced additional revenue projections that show an additional $2 billion shortfall.

Mr. Taylor emphasized that every Marylander must do their part including the various State agencies including the Maryland Medicaid Pharmacy Program and the advisory committees like the P&T Committee, Medicaid prescribers, Medicaid providers and Medicaid recipients. The P&T Committee should work collectively to make recommendations that are safe, clinically appropriate and fiscally responsible. The goal is to cast the widest net for healthcare services and pharmacy benefits to the greatest number of Medicaid recipients.

Mr. Taylor re-stated Maryland's participation in Drug Effectiveness Review Project (DERP) as a collaboration tool with ten other states and the Canadian Agency for Drugs, Technologies and Health to gain access to supplemental clinical information that will afford P&T members with a broader evidence base from which recommendations may be formed. The State's participation in DERP is in addition to the current therapeutic class reviews provided by Provider Synergies.

Mr. Taylor re-iterated the mechanisms to obtain a PDL prior authorization through a phone call or a fax. The current compliance rate is over 94% which means that most prescribers are able to find a satisfactory option for therapy. The pharmacy hotline remains active averaging about 1151 calls each month with about 23% of them relating to the PDL. Mr. Taylor asked that all cell phones be placed on mute and he thanked the P&T Committee members for their dedicated service. He concluded with a request to the Chairperson to entertain a motion to require a 2/3 vote to re-open discussion on a therapeutic class that had already been deliberated and voted upon. After discussion, the Committee passed a motion to require a simple majority vote to re-open discussion as a general operating practice of the P&T Committee.

Dr. Pinto acknowledged that it was time for the public presentation period to begin. As customary, there is no question/answer period, pre-selected speakers have 5 minutes with a timer.

Name	Affiliation	Class/Drug of Interest
Stuart Goodman and Brad Lerner	GlaxoSmithKline	Lamictal XR, Treximet, Avodart
Melissa Fezer	Eurand Pharm	Zenpep
Tammy Babinchak	Genentech (Roche)	Pegasys
Elizabeth Capacio	Astra Zeneca	Crestor

Name	Affiliation	Class/Drug of Interest
Christian Lesuisse	Bayer Pharm	Betaseron
Deidre Couch	Merck	Saphris
Francisco Ward and Cynthia Crawford-Greene	Forest	Savella, Bystolic
Maurice Cofee	Bristol Myers Squibb	Onglyza
Jerald Insel	Cardiologist, Good Samaritan	Tricor, Trilipix, Niaspan, Simcor
George Kitchens and Healther Morrow	Allergan	Sanctura XR, Aczone Gel
Barry Tucker	Amgen	Neupogen, Neulasta

Dr. Pinto thanked the presenters for all their input. A presentation by the claims processor, ACS, by Dr. Karriem Farrakhan was given. After providing a handout to the Committee members, he pointed out in a chart the 550 PDL PA requests for non-preferred drugs in the prior quarter (4th quarter 2009). He also stated that the chart of the first page showed the rank order of the Top Ten PDL classes for number of new PA requests during the fourth quarter of 2009. Approximately 83 percent of the total PDL prior authorizations were part of the Top Ten PDL classes. He also stated that there was a lack of availability in some generics for the Narcotic Analgesics and the Inhaled Glucocorticoids which may have contributed to their appearance in the Top Ten list (e.g. Oxycontin, Pulmicort). An expanded chart on the following pages of the report identified the specific drug and their related PDL PA.

Dr. Yee asked why there were no PDL PA requests for Abilify. Dr. Farrakhan responded by saying that Abilify is actually a Tier 2 Preferred Product and would not show up on this report since it is preferred. Dr. Daviss then followed up by asking about those patients who request a Tier 2 preferred (Abilify or Zyprexa) whose history does not include a Tier 1 or Tier 2 agent. Dr. Farrakhan stated that there does appear to be trend that patients using the Tier 2 preferred agents are switching to other agents (possibly non-preferred agents), but they are not going without medication. Dr. Daviss then asked about the 30 day emergency supply for the Tier 2 agents which Dr. Farrakhan did not have the statistics for at that time. A request for provision of information by ACS related to emergency supply of Tier 2 Preferred Antipsychotics was made and accepted.

Dr. Johnson raised the question about the Analgesics, Narcotics that appear amongst the Top Ten Classes with PDL Prior Authorizations. Dr. Farrakhan reiterated that the shortages in some of the generics for many of the narcotics was driving some of the increase. Dr. Johnson asked about specific pain conditions (e.g. fibromyalgia) and the

scrutiny associated with pain management as a possible tool to further delineate what is driving this increase in PA requests.

Dr. Mackowick re-visited the antipsychotic class again with a question about the number of prior authorizations for treatment-naïve patients on the Tier 2 preferred agents. After some discussion, Dr. Pinto suggested that a call for questions a couple of weeks prior to the next meeting be sent out to ensure that questions related to PDL prior authorization requests and so forth be circulated and sent to the attention of the claims processor to ensure that there is adequate lead time to address the Committee's questions.

Dr. Pinto then introduced the start of the therapeutic class reviews. He stated that there were thirteen classes that had no recommended changes from the existing PDL. The Committee agreed to leave these categories unchanged. Immediately following were review of thirteen classes with single drug reviews of Terbinex, Colcrys, Ulesfia, Saphris, Invega Sustenna, Simponi, Stelara, Onglyza, Zipsor, Bepreve, Acuvail, Ozurdex, Besivance, Zenpep, Effient, Intuniv and Nuvigil. Next, the review of seventeen classes with modified recommendations from the existing PDL were completed. Finally, the review of three new categories was conducted. The following table reflects the voting results for each of the affected therapeutic categories:

Class	**Voting Result**
Analgesics, Narcotics (Long-Acting)	**Maintain current Preferred agents:** fentanyl transdermal, methadone, morphine ER, Kadian
Antibiotics, GI	**Maintain current Preferred agents:** metronidazole, neomycin, Alinia, Tindamax, Vancocin
Anticoagulants, Injectable	**Maintain current preferred agents**: Arixtra, Fragmin, Lovenox
Antihistamines, Minimally Sedating	**Maintain current preferred agents**: cetirizine (all forms), loratadine (all forms)
Antimigraine, Triptans	**Maintain current preferred products**: Imitrex (all forms), Maxalt/Maxalt MLT, Relpax
Erythropoietins	**Maintain current Preferred agents**: Aranesp, Procrit
Growth Hormones	**Maintain current Preferred agents**: Genotropin, Norditropin, Nutropin, Nutropin AQ

Class	Voting Result
Hepatitis CAgents	**Maintain current preferred product**: ribavirin, Pegasys
Hypoglycemics, Meglitinides	**Maintain current Preferred agents:** nateglinide, Prandin
Hypoglycemics, TZDs	**Maintain current Preferred agents**: ActoPlusMet, Actos, Avandamet, Avandaryl, Avandia, Duetact
Impetigo Agents, Topical	**Maintain current Preferred agents**: mupirocin ointment
Sedative Hypnotics	**Maintain current Preferred agents**: chloral hydrate, estazolam, flurazepam, temazepam (except 7.5mg and 22.5 mg), triazolam, zaleplon, zolpidem, Rozerem
Skeletal Muscle Relaxants	**Maintain current Preferred agents**: baclofen, carisoprodol, carisoprodol compound, chlorzoxazone, cyclobenzaprine, dantrolene, methocarbamol, orphenadrine, orphenadrine compound, tizanidine
Single Drug Reviews	**Voting Result**
Antifungals, Oral	**DO NOT ADD:** Terbinex
Antihyperuricemics	**DO NOT ADD:** Colcrys
Antiparasitics, Topical	**ADD:** Ulesfia
Antipsychotics*	**ADD*:** Invega Sustenna, Saphris (P&T recommendations differ from those of Provider Synergies.)
Cytokine and CAM Antagonists	**DO NOT ADD:** Simponi, Stelara

Single Drug Reviews	Voting Result
Hypoglycemics, Incretin Mimetics/Enhancers	**ADD:** Onglyza
NSAIDs	**DO NOT ADD:** Zipsor
Ophthalmics for Allergic Conjunctivitis	**DO NOT ADD:** Bepreve
Ophthalmics, Anti-Inflammatories	**DO NOT ADD:** Acuvail, Ozurdex
Ophthalmics, Antibiotics	**DO NOT ADD:** Besivance
Pancreatic Enzymes	**DO NOT ADD:** Zenpep
Platelet Aggregation Inhibitors	**DO NOT ADD:** Effient
Stimulants and Related Agents	**ADD:** Intuniv **DO NOT ADD:** Nuvigil
Class	**Voting Result**
Acne Agents, Topical	**ADD –** sulfacetamide/sulfur, Benzaclin, Epiduo, Nuox **REMOVE** – Duac **Other Preferred agents:** benzoyl peroxide, clindamycin, erythromycin, tretinoin, Azelex, Clinac BPO, Differin
Analgesics, Narcotics (Short-Acting)	**ADD –** Reprexain, Zamicet **DO NOT ADD –** levorphanol, Nucynta, Onsolis **REMOVE** – meperidine **Other Preferred agents:** generics (except fentanly buccal and oxycodone/ibuprofen), Ibudone

Class	Voting Result
Angiotensin Modulators	**ADD –** quinapril/quinapril HCTZ, ramipril **DO NOT ADD –** perindopril **REMOVE** – Aceon (Brand name), Avapro/Avalide, Benicar/Benicar HCT **Other Preferred agents:** benazepril/benazepril HCTZ, enalapril/enalapril HCTZ, fosinopril/fosinopril HCTZ, lisinopril/lisinopril HCTZ, Cozaar/Hyzaar, Diovan/Diovan HCT, Micardis/Micardis HCT
Angiotensin Modulator Combinations	**ADD –** Lotrel (Brand Name), Valturna **Other Preferred agents**: amlodipine/benazepril, Azor, Exforge/Exforge HCT
Anticonvulsants	**ADD –** Depakote Sprinkles (Brand Name), Equetro **DO NOT ADD –** Lamictal ODT, Lamictal XR, Sabril **REMOVE –** **Other Preferred agents –** generics, Carbatrol, Celontin, Diastat, Dilantin Infatab, Felbatol, Keppra XR, Peganone, Trileptal Suspension
Beta Blockers	**DO NOT ADD –** betaxolol **Other Preferred agents:** generics, Innopran XL, Levatol, Toprol XL (Brand name)
Bladder Relaxants	**ADD –** Gelnique***,** Toviaz **REMOVE –** Detrol, Detrol LA, Oxytrol, Sanctura, Sanctura XR **Other Preferred agents**: oxybutynin, Enablex, Vesicare (P&T recommendation for Gelnique differs from that of Provider Synergies.)

Class	Voting Result
BPH Agents	**REMOVE –** Avodart **Other Preferred agents**: doxazosin, terazosin, Flomax, Proscar (Brand Name only), Uroxatral
Calcium Channel Blockers	**REMOVE**– Dynacirc CR, Sular **Other preferred products**: generics (amlodipine, diltiazem, felodipine, isradipine, nicardipine, nifedipine ER, verapamil)
Lipotropics, Other	**ADD –** Antara **DO NOT ADD –** fenofibric acid, Fibricor (Brand name) **REMOVE** – fenofibrate **Other Preferred products**: generics (cholestyramine, colestipol, gemfibrozil), Niacor, Niaspan, Tricor, Trilipix
Lipotropics, Statins	**ADD –** Lescol/Lescol XL, Simcor **Other Preferred products:** lovastatin, pravastatin, simvastatin, Crestor, Lipitor
MS Agents	**DO NOT ADD –** Extavia **REMOVE -** Avonex **Other Preferred products:** Betaseron, Copaxone, Rebif
Otic Antibiotics	**ADD –** neomycin/polymyxin/HC, ofloxacin, Coly Mycin S, Cortisporin TC **DO NOT ADD –** Cetraxal **Other Preferred products:** CiproDex
PAH Agents, Oral and Inhaled	**ADD** – Tracleer, Ventavis **DO NOT ADD –** Adcirca, Tyvaso **Other Preferred agents**: Letairis, Revatio

Class	Voting Result
Phosphate Binders	**REMOVE –** Eliphos **Other Preferred agents –** Fosrenol, Phoslo, Renagel
Proton Pump Inhibitors	**DO NOTADD –** Prevacid OTC **REMOVE –** Prevacid Solutab **Other Preferred agents:** lansoprazole, omeprazole, omeprazole OTC
Ulcerative Colitis Agents	**REMOVE** – mesalamine rectal, sfRowasa **Other Preferred agents**: sulfasalazine, Asacol, Canasa
New Class	**Voting Result**
Colony Stimulating Factors	**ADD –** Leukine, Neupogen **DO NOT ADD –** Neulasta
Fibromyalgia Agents	**ADD –** Lyrica, Savella **DO NOT ADD** – Cymbalta
Immunosuppressives, Oral	**ADD –** azathioprine, cyclosporine modified, mycophenolate mofetil, Cellcept (Brand name), Gengraf (Brand name), Neoral (Brand name), Prograf (Brand name only), Rapamune, Sandimmune (Brand name) **DO NOT ADD –** cyclosporine, tacrolimus, Azasan, Myfortic

~ 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 as a result of fluctuations in market conditions (e.g. changes in Federal rebates, supplemental rebates, etc.).

After the conclusion of the review of the therapeutic classes, Dr. Pinto turned the meeting over to Mr. Taylor to conduct the election of the Vice Chairperson position. Dr. Reddy will assume the Chairmanship at the next scheduled meeting of the P&T Committee. Dr. Marie Mackowick was voted unanimously for the Vice Chairmanship. Mr. Taylor

acknowledged Dr.Pinto's service as Chairman for the prior two years and commendations were noted.

Finally, Dr. Pinto announced the next meeting will be Thursday, August 19, 2010 at 9am at the Sheppard Pratt Conference Center. With no further business, the meeting adjourned at 12:15pm.