Maryland Pharmacy Program
PDL P&T Meeting

Minutes from November 6, 2014

UMBC Research and Technology Park

Maryland Pharmacy Program
PDL P&T Meeting

Minutes- November 6, 2014

Attendees:

P&T Committee

Jenel Steele Wyatt (Chairperson); Zakiya Chambers (Vice Chairperson); Esther Alabi; Sharon Baucom: John Boronow; Evelyn White Lloyd; Marie Mackowick; Brian Pinto; Anna Schor; Karen Vleck

Department of Health and Mental Hygiene (DHMH)

Athos Alexandrou (Maryland Pharmacy Program Director); Dixit Shah (Maryland Pharmacy Program Deputy Director); Renee Hilliard (Division Chief, Clinical Pharmacy Services), Lisa Burgess (Maryland Pharmacy Program Child Psychiatrist); Paul Holly (Consultant Pharmacist to Maryland Pharmacy Program); Dennis Klein (Maryland Pharmacy Program Pharmacist)

Xerox

John Lafranchise, RPh; Karriem Farrakhan, PharmD, MBA

Health Information Designs (HID)

Rachel Boyer, PharmD, BCPS; Naana Osei-Boateng, PharmD

Provider Synergies/Magellan Medicaid Administration (PS/MMA)

Matthew Lennertz, PharmD, MS

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Steele Wyatt, at 9:00 a.m. The meeting began with brief introductions of all the representatives including the P&T Committee members, DHMH, Xerox, HID, and PS/MMA. The Committee then approved the minutes from the previous P&T Committee meeting held on May 1, 2014.

Dr. Steele Wyatt then asked Dr. Hilliard to provide a status update on the Maryland Medicaid Pharmacy Program (MMPP). Dr. Hilliard explained that the PDL is in its eleventh year and has saved over one hundred million dollars on prescription drugs thus allowing the State to manage costs without reducing covered services. The Committee

was reminded that the Program's goal is to provide the safest, clinically sound and most cost effective medications to Maryland Medicaid members.

Dr. Hilliard stated that on October 1st, naloxone was carved out of the HealthChoice managed care benefit and is now covered by Medicaid fee-for-service. It was carved out in the same way as the mental health and antiretroviral drugs.

In addition, she explained that a new behavioral health model with a performance-based carve-out of mental health and substance use services and merging the Mental Hygiene Administration and the Alcohol and Drug Abuse Administration into the Behavioral Health Administration will be implemented on January 1, 2015. The carved out services will be managed through an Administrative Services Organization (ASO) on a fee-for-service basis. As a part of the carve-out, substance abuse medications that are currently covered under the Managed Care Organization's (MCO) pharmacy benefit will be covered by Medicaid fee-for-service. The substance abuse medications included are: opioid antagonists, opioid partial agonists, alcohol deterrents and smoking cessation drugs.

Dr. Hilliard emphasized that the landscape for treatment of hepatitis C has evolved since the appearance of direct acting agents in 2011. She explained that the approval of Harvoni, an oral interferon free regimen for genotype 1, continued the evolution in hepatitis C treatment options. She also stated that Harvoni would be reviewed by the P&T committee in May of 2015. To ensure safe and appropriate use of these medications, she reaffirmed that DHMH has developed clinical criteria which can be utilized by the MCO's and fee-for-service programs.

Dr. Hilliard explained that the National Average Drug Acquisition Cost (NADAC) provides state Medicaid agencies with a national benchmark that is reflective of the prices paid by a retail community pharmacy to acquire medications. She provided an update that the internal impact analysis of using the NADAC pricing methodology for the Maryland Medicaid Pharmacy Program is almost complete and an update on the findings of the analysis would be provided during the May 2015 meeting.

Dr. Hilliard reiterated that the Preferred Drug List (PDL) is available through Epocrates and prescribers are cooperating with the PDL with a current compliance over 95%. The pharmacy hotline remains active averaging 1958 calls each month with about 5% of them relating to the PDL. She reminded the committee that the mechanism to obtain a PDL prior authorization (PA) is less cumbersome than many other PA processes and that the PDL provides more options than many other states and the private sector.

Dr. Hilliard thanked the Committee for their dedication and commitment to serving on the P&T Committee.

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

Name	Affiliation	Class/Drug of Interest
Paul McDermott	Celgene Corporation	Otezla
Ronnie DePue	Sunovion Pharmaceuticals	Latuda
Patricia Rohman	Otsuka Pharmaceuticals	Abilify Maintena
John Karafilidis	Meda Pharmaceuticals	Aerospan
Christine Oh	Teva Pharmaceuticals	Qnasl
Gay Owens	Kaleo, Inc.	Evzio
Phillip Wiegand	Janssen Scientific Affairs	Invega Sustenna, Invokamet

Following the speakers, Mr. Lafranchise from Xerox, the claims processor, presented the prior authorization report. He stated that in the third quarter of 2014, there were 538 new prior authorizations (PAs) and named the drug responsible for the most PAs in the top 10 PDL classes. Dr. Boronow stated that about half of the prior authorizations for antipsychotics were denied and asked if Mr. Lafranchise could provide a few of the most common reasons why they were denied. Mr. Lafranchise replied that the two most common denial reasons were off label use and not having a history of a preferred drug in their profile. No further discussion ensued.

Dr. Steele Wyatt stated that there were 24 classes that had no recommended changes from the existing PDL. Dr. Lennertz provided a short overview of each of the classes. Following the review, Dr. Boronow asked if there was a particular reason why Otezla was recommended as non-preferred. Dr. Lennertz referred Dr. Boronow to the relative price of the drug on the cost sheets and explained that there have not been head to head studies to compare Otelza to the other drugs in the class on a clinical basis. Dr. Steele Wyatt then recommended the classes remained unchanged and the recommendation was accepted without objections. The following table reflects the unchanged classes:

Class	Voting Result
Alzheimer's Agents	**Maintain Current Preferred Agents:** generics (donepezil (all strengths except 23mg), donepezil ODT, rivastigmine), Exelon transdermal, Namenda

Class	Voting Result
Anticonvulsants	**Maintain Current Preferred Agents:** generics (carbamazepine tablets, clonazepam, divalproex (tablets, solution, ER), lamotrigine, levetiracetam (tablets, solution), oxcarbazepine (tablets), phenobarbital (tablets, syrup), phenytoin (capsules, suspension, ER), primidone, topiramate, valproic acid (capsules, syrup), zonisamide, Carbatrol, Celontin, Depakote sprinkles, DiaStat, Gabitril, Peganone, Tegretol Suspension, Trileptal Suspension
Antidepressants, Other	**Maintain Current Preferred Agents:** generics (bupropion, bupropion SR, bupropion XL, mirtazapine, mirtazapine ODT, phenelzine, trazodone, venlafaxine, venlafaxine ER), Marplan, Parnate
Antihistamines, Minimally Sedative	**Maintain Current Preferred Agents**: generics (cetirizine, cetirizine D, fexofenadine OTC, levocetirizine tablets, loratadine, loratadine D)
Antihypertensives, Sympatholytics	**Maintain Current Preferred Agents**: generics (clonidine oral, guanfacine, methyldopa, methyldopa-HCTZ), Catapres TTS
Anti-Hyperuricemics	**Maintain Current Preferred Agents**: generics (allopurinol, probenecid, probenecid-colchicine)
Anti-Parkinson's Agents	**Maintain Current Preferred Agents**: generics (benztropine, levodopa-carbidopa (IR and ER), levodopa-carbidopa-entacapone, pramipexole, ropinirole, selegiline (tablets), trihexphenidyl
Antipsychotics	**Maintain Current Preferred Agents:** generics (chlorpromazine, clozapine, fluphenazine, haloperidol, loxapine, olanzapine (tier 2), perphenazine, perphenazine- amitriptyline, quetiapine, risperidone, thioridazine, thiothixene, trifluoperazine, ziprasidone), Abilify (tier 2), Abilify Maintena, Geodon IM, Invega Sustenna, Latuda (tier 2), Orap, Risperdal Consta
Bile Salts	**Maintain Current Preferred Agents:** generics (ursodiol capsules)

Class	Voting Result
Bronchodilators, Beta Agonists	**Maintain Current Preferred Agents:** generics (albuterol (tablets, syrup, full dose neb), terbutaline), Foradil, ProAir HFA, Proventil HFA
COPD Agents	**Maintain Current Preferred Agents:** generics (ipratropium neb, ipratropium-albuterol neb), Atrovent HFA, Combivent Respimat, Spiriva
Cytokine and CAM Antagonists	**Maintain Current Preferred Agents:** Enbrel, Humira
Glucocorticoids, Inhaled	**Maintain Current Preferred Agents:** Advair, Asmanex, Dulera, Flovent, Pulmicort 0.25mg and 0.5mg Respules, Pulmicort Flexhaler, Qvar, Symbicort
Immunomodulators, Atopic Dermatitis	**Maintain Current Preferred Agents:** Elidel
Intranasal Rhinitis Agents	**Maintain Current Preferred Agents:** generics (azelastine, fluticasone, ipratropium, olopatadine), Nasonex
Leukotriene Modifiers	**Maintain Current Preferred Agents:** generics **(**montelukast (tablets, chewables), zafirlukast)
Neuropathic Pain	**Maintain Current Preferred Agents**: generics (capsaicin OTC, duloxetine, gabapentin (capsules)), Lidoderm, Lyrica
NSAIDs/COX II Inhibitors	**Maintain Current Preferred agents**: generics (diclofenac, diclofenac XL, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, indomethacin SR, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac), Voltaren gel
Ophthalmics, Antibiotics	**Maintain Current Preferred Agents**: generics (bacitracin-polymyxin, ciprofloxacin, erythromycin, gentamicin, neomycin-polymyxin-gramicidin, neomycin-polymyxin-bacitracin, ofloxacin, polymyxin-trimethoprim, sulfacetamide solution, tobramycin), Ciloxan ointment, Moxeza, Tobrex ointment, Vigamox

Class	Voting Result
Ophthalmics, Allergic Conjunctivitis	**Maintain Current Preferred Agents:** generics (cromolyn, ketotifen OTC), Alrex, Pataday
Ophthalmics, Glaucoma Agents	**Maintain Current Preferred Agents**: generics (betaxolol, brimonidine 0.1%, carteolol, dorzolamide, dorzolamide-timolol, , latanoprost, levobunolol, metipranolol, pilocarpine, timolol), Alphagan P 0.15%, Azopt, Betimol, Betoptic S, Simbrinza, Travatan Z
Otic Antibiotics	**Maintain Current Preferred Agents:** generics (neomycin-polymyxin-HC, ofloxacin), Ciprodex
Sedative Hypnotics	**Maintain Current Preferred Agents**: generics (flurazepam, temazepam (15mg and 30mg), triazolam, zaleplon, zolpidem)
Stimulants and Related Agents	**Maintain Current Preferred Agents:** generics (amphetamine salt combo, dextroamphetamine tablets, methylphenidate tablets), Adderall XR, Daytrana, Dexedrine ER, Focalin, Focalin XR, Intuniv, Metadate CD, Methylin solution, Quillivant XR, Ritalin LA, Strattera (tier 2), Vyvanse

Immediately following were reviews of 3 classes with modified recommendations from the existing PDL and reviews of 11 classes with single drug reviews. The following table reflects the voting results for each of the affected therapeutic categories:

Class	Voting Result
Antidepressants, SSRIs	**REMOVE:** escitalopram solution **Other Preferred Agents**: generics (citalopram, escitalopram tablets, fluoxetine tablets (all except 60mg and weekly), fluvoxamine, paroxetine, sertraline)

Class	Voting Result
Ophthalmics Antibiotic/Steroid Combinations	**REMOVE:** neomycin-bacitracin-poly-hc**,** Blephamide **Other Preferred Agents:** generics (neomycin-polymyxin-dexamethasone, sulfacetamide-prednisolone), Pred-G, Tobradex ointment, Tobradex drops
Ophthalmics, Anti-Inflammatories	**REMOVE:** prednisolone sodium, FML Forte **Other Preferred Agents:** generics (dexamethasone, diclofenac, fluorometholone, flurbiprofen, ketorolac, prednisolone acetate), Durezol, Flarex , FML SOP, Lotemax drops, Maxidex, Pred Mild
Single Drug Reviews	**Voting Result**
Acne Agents, Topical	**DO NOT ADD:** Ovace Plus Lotion, Retin-A Micro 0.08% Pump
Analgesics, Narcotics (Short Acting)	**DO NOT ADD:** Xartemis XR
Androgenic Agents	**DO NOT ADD:** Vogelxo Gel
Antifungals, Topical	**DO NOT ADD:** Jublia
Antivirals, Oral	**DO NOT ADD:** Sitavig
Beta Blockers	**DO NOT ADD:** Hemangeol
Hypoglycemics, Incretin Mimetics and Enhancers	**DO NOT ADD:** Bydureon pens, Tanzeum
Hypoglycemics, SGLT2	**ADD:** Invokamet **DO NOT ADD:** Jardiance
Opiate Dependence Treatments	**DO NOT ADD:** Evzio
PAH Agents, Oral and Inhaled	**DO NOT ADD:** Orenitram ER

Single Drug Reviews	Voting Result
Platelet Aggregation Inhibitors	**DO NOT ADD:** Zontivity

~ 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.).

During the review of the SSRI antidepressants class, Dr. Schor asked if a solution other than escitalopram was available in the class. Dr. Lennertz said that citalopram solution is available as a preferred agent. The motion to make escitalopram non-preferred on the PDL carried without further discussion.

During the review of Evzio within the Opiate Dependence Treatments class, Dr. Boronow asked if there were alternatives that wouldn't require prior authorization. Dr. Lennertz said that generic naloxone wouldn't require prior authorization. Dr. Boronow asked about the usability of the generic naloxone products. Dr. Lennertz replied that there are widely available programs through DHMH to become certified to administer naloxone. Further discussion proceeded. Dr. Schor then asked if Evzio would require prior authorization and Dr. Lennertz responded that it would follow the same PA process as all non-preferred drugs. Dr. Lennertz reiterated that the generic naloxone products would not require prior authorization. Dr. Hilliard also reminded the committee that as of October 1st, all naloxone products were carved out of the MCO benefit and paid for by the Medicaid fee-for-service. Dr. Lennertz then explained that intranasal naloxone was part of the training program and that claims about the efficacy between generic naloxone and Evzio cannot be made because they were not directly compared in studies. Following the discussion, the motion to make Evzio non-preferred on the PDL carried.

The next meeting is scheduled for May 7, 2015. With no further business, the public meeting adjourned at 10:30 a.m.