



MARYLAND DEPARTMENT OF HEALTH
Medicaid Pharmacy Program

**Preferred Drug List (PDL)
Pharmacy and Therapeutics (P&T)
Committee Meeting
Minutes from May 3, 2018**

Medicaid Pharmacy Program

PDL P&T Meeting

Minutes- May 3, 2018

Attendees:

P&T Committee

Devang Patel (Chairperson); Esther Alabi (Vice Chairperson); Kim Leah Bright; Zakiya Chambers; Amol Joshi; Evelyn White Lloyd; Marie Mackowick; Karen Vleck; Jenel Steele Wyatt

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); Lisa Burgess (Chief Medical Officer); Craig Smalls (Assistant CIO Medicaid Operations); Malika Closson (Medicaid Pharmacy Program Physician Program Specialist); Paul Holly (Consultant Pharmacist to Medicaid Pharmacy Program); Trina Leak (Medicaid Pharmacy Program Pharmacist)

Conduent State Healthcare LLC

John LaFranchise, Sr. (Director, MD PBM Operations); Karriem Farrakhan (Clinical Manager, MD PBM Account)

Provider Synergies LLC

Honesty Peltier (Pharmacist Account Manager)

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Patel, at 9:09 a.m. The meeting began with brief introductions of 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 2, 2017.

Dr. Patel then called upon Mr. Joglekar to provide a status update on the Medicaid Pharmacy Program. Mr. Joglekar stated that this meeting marks the beginning of the 15th year of Maryland's Preferred Drug List. The Medicaid program has saved well- over \$100 million in its expenditures for prescription drugs due to the Preferred Drug List. These savings have allowed Maryland to manage costs without reducing covered services for Medicaid participants and provide safe, clinically sound, and cost-effective medications to Medicaid participants.

Mr. Joglekar continued that the State of Maryland is experiencing an opioid addiction and overdose epidemic. As part of the State's comprehensive approach to combating this epidemic, the Department has been working with the nine Medicaid managed care organizations in

Maryland to implement minimum standards that were applied by both the fee-for-service program and the managed care organizations. These standards were implemented on July 1, 2017, and include coverage of non-opioids to be considered first-line treatment for chronic pain, and prior authorizations for all long-acting opioids, fentanyl, and methadone for pain and any opioid prescription that results in a patient exceeding 90 morphine milligram equivalents (MME) per day. Also, the standard 30-day quantity limit for all opioids is set at or below 90 MME per day. The standards do not apply to patients with cancer, sickle cell anemia, or patients who are receiving palliative care or who are in hospice. Mr. Joglekar reported that the opioid program has been progressing as anticipated and continues to facilitate improvements in appropriate opioid prescribing and curb concerns related to the epidemic.

Mr. Joglekar further 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 stands out, in that, Maryland Medicaid provides more options for preferred drugs. During the first quarter of 2018, prescribers achieved a 96.2% compliance rate with the Preferred Drug List.

Mr. Joglekar updated everyone on the Formulary Navigator, an on-line resource provided by Managed Markets Insight and Technology (MMIT); a user-friendly, easy to access on-line tool that does not require users to create on-line accounts or log-in with special access. The Formulary Navigator tool went live February 2018. The Preferred Drug List may be accessed via the MMPP website or the newly designed website, www.mmppi.com which provides active links and quick access to the Fee-for-Service PDL as well as formularies for nine Maryland Medicaid Managed Care Organizations. Mr. Joglekar further stated that as of October 23, 2017, Aetna Better Health of Maryland joined as the ninth MCO.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active, answering on average 1,990 calls each month, of which, approximately 6.4% of the calls pertain to the Preferred Drug List.

Lastly, Mr. Joglekar announced that the new reimbursement methodology for Fee-for-Service Program which is based upon provider actual acquisition cost and a professional dispensing fee as per CMS Covered Outpatient Final Rule (CMS-2345-FC), was successfully implemented on April 1st of last year, which was the date mandated by CMS. In closing, Mr. Joglekar sincerely thanked all the Committee members for dedicating their time to participate on the Committee.

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

Name	Affiliation	Class/Medication of Interest
Julie Stancliff, MD	Harford County Health Department	Vivitrol
Geri Lynn Utter, MD, PsyD	Orexo Pharmaceuticals	Zubsolv
Gina McKnight-Smith, PharmD	AbbVie	Mavyret, Androgel, Creon
Anne DePriest, PharmD, BCPS	Janssen Scientific Affairs	Invokana, Xarelto
Zachirah Koshy, MD *speaker substitution by Novartis	Novartis	Entresto
Elizabeth L. Stanley, M.P.H., FHEOR	Boehringer Ingelheim Pharmaceuticals, Inc.	Pradaxa, Jardiance
Ahmad Nessar, PharmD	Amgen	Repatha, Enbrel Mini Cartridge
Charles DiPaula, PharmD	Novo Nordisk	Tresiba, Victoza, Norditropin
Edward Oparaoji, PharmD	Heron Therapeutics	Cinvanti, Sustol
Robert Silverman, MD	Private Clinic	Hemangeol
Leona Blustein, PharmD	Actelion	Opsumit, Uptravi
Jonathan Grant, PharmD	John Hopkins	Bethkis, Kitabis, Tobi Podhaler, Cayston, Creon, Zenpep, Pancreaze, Pertzye, Viokace
R. Cherie Robertson, PharmD	Pfizer	Eliquis
Christy Skibicki, MD	Indivior	Sublocade

Following the presentation by 14 speakers, Mr. John LaFranchise from Conduent State Healthcare LLC, the claims processor, was called upon to present the prior authorization report. He stated that in the fourth quarter of 2017, there were 5,854 new PDL prior authorizations (PAs) and in the first quarter of 2018, there were 5,959 PDL PAs. The top ten therapeutic

classes accounted for 88% of the total authorized PA approvals. The top ten classes for which PAs were requested during the first quarter of 2018 in descending order: Stimulants and Related Agents; Antidepressants, Other; Anticonvulsants; Sedative Hypnotics; Antipsychotics; Antidepressants, SSRIs; Opioid Use Disorder Treatments; Narcotic Analgesics; Oral Antivirals; and Inhaled Glucocorticoids. The greatest variance from quarter to quarter was seen in the Stimulants and Related Agents and the Antipsychotics. Stimulant PAs increased by 67% primarily due to a supply shortage with the preferred brand, Kapvay. PDL PAs were required for the generic alternative. Antipsychotic PAs decreased from 747 in the fourth quarter of 2017 to 424 in the first quarter of 2018, a 43% decrease, primarily because quetiapine ER became preferred in the first quarter of 2018. New classes to the top ten were Oral Antivirals and Inhaled Glucocorticoids, while Phosphate Binders and Beta Agonists, Bronchodilators were removed from this list.

Dr. Jenel Steele Wyatt requested clarification on the absence of Vivitrol from the list of medications in the PDL PA presentation while buprenorphine/naloxone tablets appear in the presentation. Mr. Athos Alexandrou responded that the presentation was summarizing PDL PAs only, so Vivitrol, as a preferred medication, would not appear in this PDL denial list.

Dr. Patel stated that the classes of drugs that were scheduled for review will be discussed next. He stated that these were posted on the Maryland Medicaid Pharmacy Program website and are listed on the meeting agenda. There were 38 classes that had no recommended changes from the existing PDL. Dr. Patel also stated that there were no potential conflicts of interest noted by the P&T committee members. Dr. Honesty Peltier from Provider Synergies provided clinical updates on the 38 classes of drugs with no new recommendations.

Class	Voting Result
Acne Agents, Topical	Maintain current preferred agents: generics (benzoyl peroxide (cream, wash, 6% cleanser, gel, lotion OTC); clindamycin (all forms except foam); erythromycin; erythromycin/benzoyl peroxide; tretinoin); Azelex, Differin (cream, lotion)
Analgesics, Narcotics Long	Maintain current preferred agents: generics (fentanyl patch (except 37.5mcg, 62.5mcg, 87.5mcg); morphine sulfate SR); Embeda

Analgesics, Narcotics Short	Maintain current preferred agents: generics (APAP/codeine; butalbital/caffeine/APAP/codeine; butalbital/caffeine/ASA/codeine; codeine; hydrocodone/APAP; hydrocodone/ibuprofen; morphine (tablets, solution); oxycodone (capsules, tablets, solution); oxycodone/APAP (tablets); tramadol; tramadol/APAP)
Androgenic Agents	Maintain current preferred agents: Androderm; Androgel (packet, pump)
Angiotensin Modulator Combinations	Maintain current preferred agents: generics (amlodipine/benazepril; amlodipine/valsartan; amlodipine/valsartan/HCTZ)
Angiotensin Modulators	Maintain current preferred agents: generics (benazepril; benazepril/HCTZ; enalapril; enalapril/HCTZ; irbesartan; irbesartan/HCTZ; lisinopril; lisinopril/HCTZ; losartan; losartan/HCTZ; quinapril; quinapril/HCTZ; ramipril; valsartan; valsartan/HCTZ); Entresto
Antibiotics, GI	Maintain current preferred agents: generics (metronidazole (tablets); neomycin; vancomycin (capsules)); Alinia (suspension)
Antibiotics, Inhaled	Maintain current preferred agents: Bethkis; Kitabis Pak; Tobi Podhaler (step therapy)
Antibiotics, Topical	Maintain current preferred agents: generics (bacitracin OTC; bacitracin/polymyxin OTC; gentamicin; mupirocin (ointment); neomycin/polymyxin/pramoxine OTC; triple antibiotic OTC)
Antibiotics, Vaginal	Maintain current preferred agents: generics (clindamycin; metronidazole); Clindesse; Cleocin Ovules

Anticoagulants	Maintain current preferred agents: generics (enoxaparin; warfarin); Eliquis; Fragmin; Xarelto
Antiemetic/Antivertigo Agents	Maintain current preferred agents: generics (aprepitant (capsules); dimenhydrinate OTC; meclizine RX/OTC; metoclopramide (tablets, solution, syringe, vial); ondansetron (tablets, ODT, solution, injectable); prochlorperazine; promethazine (tablets, ampules, suppositories); scopolamine patches)
Antifungals, Oral	Maintain current preferred agents: generics (clotrimazole troches; fluconazole; griseofulvin (suspension); ketoconazole; nystatin (tablets, suspension); terbinafine)
Antifungals, Topical	Maintain current preferred agents: generics (clotrimazole (cream, solution, RX/OTC); clotrimazole/betamethasone (cream); ketoconazole (cream, shampoo); miconazole (cream OTC); nystatin (cream, ointment, powder); nystatin/triamcinolone (cream, ointment); terbinafine (cream OTC); tolnaftate (cream, powder, spray OTC))
Antiparasitics, Topical	Maintain current preferred agents: generics (permethrin (RX/OTC); piperonyl/pyrethrins (shampoo OTC); piperonyl/pyrethrins/permethrin (kit OTC))
Antivirals, Oral	Maintain current preferred agents: generics (acyclovir; oseltamivir; valacyclovir); Tamiflu
Antivirals, Topical	Maintain current preferred agents: Abreva OTC; Zovirax cream
Bladder Relaxant Preparations	Maintain current preferred agents: generics (oxybutynin; oxybutynin ER); Toviaz

Bone Resorption Suppression & Related Agents	Maintain current preferred agents: generics (alendronate (tablets); calcitonin salmon)
BPH Treatments	Maintain current preferred agents: generics (alfuzosin; doxazosin; dutasteride; finasteride; tamsulosin; terazosin)
Fluoroquinolones, Oral	Maintain current preferred agents: generics (ciprofloxacin (tablets); levofloxacin (tablets))
GI Motility, Chronic	Maintain current preferred agents: Amitiza; Linzess; Movantik
Growth Hormone	Maintain current preferred agents: Genotropin; Norditropin; Nutropin AQ
Hepatitis C Agents	Maintain current preferred agents: generics (ribavirin (capsules, tablets)); Epclusa; Harvoni; Mavyret; Pegasys; PegIntron; Technivie; Viekira Pak; Viekira XR; Vosevi; Zepatier
Hypoglycemics, Insulin & Related Agents	Maintain current preferred agents: Humalog (cartridge, vial); Humalog Mix (vial); Humulin (vial); Humulin 70/30 (vial); Humulin 500 unit/mL (vial); Lantus (pen; vial); Levemir (pen, vial); NovoLog (cartridge, pen, vial); NovoLog Mix (pen, vial))
Hypoglycemics, Meglitinides	Maintain current preferred agents: generics (nateglinide; repaglinide)
Hypoglycemics, Metformins	Maintain current preferred agents: generics (glipizide/metformin; glyburide/metformin; metformin; metformin ER (Glucophage XR))
Immunosuppressives, Oral	Maintain current preferred agents: generics (azathioprine; cyclosporine; cyclosporine modified (capsules, solution); mycophenolic acid; mycophenolate mofetil (capsules, tablets); sirolimus; tacrolimus); Cellcept (suspension); Rapamune (solution); Sandimmune (solution)

Lipotropics, Statins	Maintain current preferred agents: generics (atorvastatin; lovastatin; pravastatin; rosuvastatin; simvastatin)
Multiple Sclerosis Agents	Maintain current preferred agents: Avonex; Betaseron; Copaxone 20mg (brand); Rebif
Opioid Use Disorder Treatments	Maintain current preferred agents: generics (buprenorphine; naloxone; naltrexone); Bunavail; Narcan nasal spray; Suboxone Film; Vivitrol; Zubsolv
PAH Agents, Oral and Inhaled	Maintain current preferred agents: generics (sildenafil); Letairis; Tracleer (tablets); Ventavis
Pancreatic Enzymes	Maintain current preferred agents: Creon, Zenpep
Platelet Aggregation Inhibitors	Maintain current preferred agents: generics (clopidogrel; dipyridamole; ticlopidine)
Proton Pump Inhibitors	Maintain current preferred agents: generics (lansoprazole (capsules); omeprazole (RX); pantoprazole)); Nexium (suspension); Prevacid Solutab (brand)
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); minocycline (capsules); tetracycline)
Ulcerative Colitis Agents	Maintain current preferred agents: generics (balsalazide; sulfasalazine; sulfasalazine DR); Apriso; Canasa

Dr. Patel asked if there were any objections to keeping all of the drugs in the classes as they currently are. There were no objections. Dr. Jenel Steele Wyatt asked what the turnaround time for prior authorization approval when clinical criteria is met. Mr. Alexandrou indicated that the

response time was one business day. Since there were no objections, Dr. Patel stated that the Committee will recommend that these classes remain unchanged.

Immediately following were reviews of 11 classes with modified recommendations from the existing PDL.

Dr. Patel 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
Antimigraine Agents	<p>ADD: sumatriptan vial</p> <p>REMOVE: eletriptan</p> <p>Maintain current preferred agents: generics (rizatriptan (ODT, tablets); sumatriptan (nasal, tablets))</p>
Beta-Blockers	<p>REMOVE: pindolol; propranolol/HCTZ</p> <p>Maintain current preferred agents: generics (atenolol; atenolol/chlorthalidone; bisoprolol/HCTZ; carvedilol; labetalol; metoprolol tartrate; metoprolol succinate XL; propranolol; propranolol LA; sotalol)</p>
Calcium Channel Blockers	<p>REMOVE: nicardipine; nifedipine IR</p> <p>Maintain current preferred agents: generics (amlodipine; diltiazem (tablets); diltiazem ER (capsules); nifedipine ER; verapamil; verapamil ER)</p>
Cephalosporins & Related Agents	<p>REMOVE: amoxicillin/clavulanate chewable; cephalexin tablets</p> <p>Maintain current preferred agents: generics (amoxicillin/clavulanate (tablets, suspension); cefaclor (capsules); cefadroxil (capsules); cefdinir (capsules, suspension); cefixime (suspension); cefprozil (tablets, suspension)); Suprax (capsules)</p>
Hepatitis B Agents	<p>REMOVE: Baraclude solution; Hepsera</p>

Hepatitis B Agents (continued)	<p>Maintain current preferred agents: generics (entecavir (tablets); lamivudine HBV (tablets))</p>
Hypoglycemics, Incretin Mimetics/Enhancers	<p>ADD: Glyxambi; Victoza</p> <p>DO NOT ADD: Bydureon Bcise; Ozempic; Qtern; Steglujan</p> <p>Maintain current preferred agents: Bydureon; Byetta; Janumet; Janumet XR; Januvia; Jentadueto; Symlin; Tradjenta</p>
Hypoglycemics, SGLT2	<p>ADD: Jardiance</p> <p>DO NOT ADD: Segluromet; Steglatro</p> <p>Maintain current preferred agents: Farxiga; Invokana</p>
Hypoglycemics, TZD	<p>ADD: pioglitazone/metformin</p> <p>Maintain current preferred agents: generics (pioglitazone)</p>
Lipotropics, Other	<p>ADD: ezetimibe</p> <p>REMOVE: fenofibric acid</p> <p>Maintain current preferred agents: generics (cholestyramine; colestipol (tablets); fenofibrate (tablets); gemfibrozil; niacin ER); Niacor</p>
Macrolides/Ketolides	<p>ADD: erythromycin base tablet</p> <p>REMOVE: EES 400 tablet; Erythrocin</p> <p>Maintain current preferred agents: generics (azithromycin; clarithromycin (tablets); erythromycin base capsule DR; erythromycin ethyl succinate 200 granules); EES 200 suspension; EryPed 400 suspension; Ery-Tab</p>

Phosphate Binders	ADD: Renagel Maintain current preferred agents: generics (calcium acetate); Calphron OTC
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Immediately following were reviews of 8 classes with single drug reviews.

Dr. Patel 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
Antihyperuricemics	DO NOT ADD: Duzallo
Antiparkinson's Agents	DO NOT ADD: Gocovri
COPD Agents	DO NOT ADD: Lonhala Magnair
Cytokine and CAM Antagonists	ADD: Enbrel Mini Cartridge
Glucocorticoids, Inhaled	DO NOT ADD: QVAR Redihaler; Trelegy Ellipta
Neuropathic Pain	DO NOT ADD: Lyrica CR
Ophthalmics, Glaucoma Agents	DO NOT ADD: Vyzulta
Stimulants & Related Agents	DO NOT ADD: Adzenys ER Suspension

~ 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.).

Dr. Patel informed the panel that the next meeting is scheduled for November 1, 2018, at 9am in Ballroom C in the West Village Commons building on the campus of Towson University. Updated information on the meeting location will be available on the Maryland Medicaid Pharmacy Program website. Dr. Patel asked if there was any further business to come before the Committee. None appearing – the meeting was adjourned at 11:23 a.m.