



Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from May 6, 2021

Attendees:

P&T Committee

Esther Alabi (Chairperson/Pharmacist); Timothy Romanoski (Vice Chairperson/Physician); Sharon Baucom (Physician); Kim Bright (Psychiatrist); Zakiya Chambers (Pharmacist); Yen Dang (Pharmacist); Damean Freas (Physician); Evelyn White Lloyd (Consumer); Marie Mackowick (Psychiatric Pharmacist); Kristine Parbuoni (Pharmacist); Karen Vleck (Consumer); Jenel Wyatt (Physician)

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); Paul Holly (Consultant Pharmacist to Medicaid Pharmacy Program); Gina Homer (Medical Care Program Specialist); Lucy Karanja (Medicaid Pharmacy Program Pharmacist); Angela Kim (Advanced Practice Pharmacist)

Conduent State Healthcare LLC

Tiffanee Lyons (Clinical Manager, Maryland PBM Operations)

Provider Synergies LLC

Honesty Peltier (Pharmacist Account Executive)

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Alabi, at 9:02 a.m. The meeting began with a welcome by Dr. Alabi. There were 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 5, 2020.

Dr. Alabi 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 P&T committee members for participating in the 3rd virtual meeting. He also expressed continued gratitude and appreciation to frontline workers who have been battling this pandemic. As previously mentioned, due to the COVID-19 Pandemic, the department implemented multiple decisive measures. Most recently was the COVID-19 Vaccine Incentive Fee increase (published on March 23rd, 2021) and the updated Pharmacy Provider guidance on COVID-19 administration (published on January 12th 2021). Additionally, guidance on testing for COVID-19 by Medicaid Pharmacies was issued. There is additional information on the Maryland Medicaid Program's website at: mmcp.health.maryland.gov.

Mr. Joglekar acknowledged and welcomed Dr. Iuliana Frank, Physician Program Specialist, and Dr. Yunus Thakur, Supervisor of Prior Authorization unit, both of whom have recently joined the pharmacy program. He also announced that Dr. Honesty Peltier with Provider Synergies has accepted another position and that the OPS department is in the process of hiring a replacement for Maryland Clinical Account Manager role.

Mr. Joglekar stated that this meeting marks the beginning of the 18th year of Maryland's Preferred Drug List. Over these years, the Office of Pharmacy Services has saved over \$200 million in its expenditures for prescription medications due to the Preferred Drug List (PDL). These savings have allowed Maryland to manage costs without reducing covered services for Medicaid participants and provide clinically appropriate and cost-effective medications to 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 stands out, in that, Maryland Medicaid provides more options for preferred drugs. During the fourth quarter of last year (from October to December 2020), prescribers achieved a 95.3% compliance rate with the Preferred Drug List.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active; answering on average 1,148 calls each month from October 2020 to April 2021, of which, 1,647 calls pertain to the PDL. Mr. Joglekar informed all that due to the state of emergency, effective April 24,

2020, OPS Fee-for-Service Medicaid Participant Helpline transitioned to a voicemail system. Additional information may be found on the Medicaid Pharmacy website at: mmcp.health.maryland.gov.

Mr. Joglekar reminded everyone that the OPS provides live continuing medical education to interested prescribers and continuing education to interested pharmacists every year at no cost. The Department successfully provided a four-hour live program on Feb 27 this year on “COVID-19 - Prevention to Protection” and had the record number of participants attending the webinar. They are planning to provide one additional two-hour live program virtually sometime in September/October 2021. Stay tuned for additional information on the date, early registration, website link and other details in the near future.

In closing, Mr. Joglekar sincerely thanked all the Committee participants for dedicating their time to participate on the Committee.

Dr. Alabi 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
Aditya Chopra, MD	Consumer	Aimovig
Niki Hwang	Bristol Myers Squibb	Eliquis, Zeposia
Carmelina Tyler, PharmD	Veloxis	Envarsus XR
Ahmad Nessar, PharmD	Genenech	Ocrevus
Chelsea Leroue, PhD	Biohaven Pharmaceuticals	Nurtec ODT
David Bedich	ParaPRO	Natroba
Zachary Spurlin, PharmD	AbbVie	Mavyret, Ubrelvy
Amy Bivens, PharmD	Amgen	Aimovig, Repatha
Tanner Odom, PharmD	Biogen	Vumerity
Andrew Schneider, PharmD	NovoNordisk	Ozempic, Rybelsus
Sangjin Oh, MD	Consumer	Aimovig

Brett Milovac, PharmD	Indivior	Sublocade
Dylan Bassett, PharmD	Pierre-Fabre Pharmaceuticals	Hemangeol
Wes Blankenship, PharmD	United Therapeutics	Orenitram
Wallene Bullard, PharmD	Novartis	Entresto, Kesimpta

Following the presentation by 15 speakers, a summary update on the claims processing and prior authorizations for the PDL drugs was given by the Medicaid Claims Processor, Dr. Tiffanee Lyons, Clinical Manager, Maryland PBM Operations with Conduent State Healthcare, LLC. Dr. Lyons stated that for the first quarter of 2021 there were 1,180 new PDL PAs which was a 43 percent decrease from the fourth quarter of 2020 in which 2,069 PDL PAs had been reported. She stated that this was primarily due to a decrease utilization and lifting of some PDL requirements during the COVID-19 pandemic. Dr. Lyons then listed the top 10 therapeutic classes for the first quarter of 2021, listing them 1 through 10 according to the number of new PDL PAs. Number 1 was anticonvulsants with 426; then antipsychotics with 247; then antidepressants, category other, with 134; sedative hypnotics with 90; then at number 5 on the list was stimulants and related agents with 86; then antidepressants, category SSRI with 41; neuropathic pain with 29; analgesics, narcotics long-acting with 23; antibiotics GI category with 14; and at number 10 on the list was the hypoglycemic insulin category with a count of 9. There were 1,099 new PDL PAs from the top ten therapeutic classes which accounted for 93.1 percent of the new PDL PAs for first quarter of 2021. The top ten had a 33 percent decrease of new PDL PAs in the first quarter of 2021 when compared to the fourth quarter of 2020, noting that in the fourth quarter of 2020 there were 1,631 PDL PAs. Dr. Lyons noted that the top three therapeutic classes are the same as in the fourth quarter review but with a swap for the first and second place ranking between anticonvulsants and antipsychotics. Opioid use disorder treatments and erythromycins and related antibiotics fell out of the top 10 classes and were replaced by analgesics, narcotics and antibiotics in the GI category. She then concluded with asking if there were any questions or comments, to which there were none.

Chairman, Dr. Alabi, then announced that the classes of drugs that were scheduled for review would be discussed next. She stated that these were posted on the Medicaid Pharmacy Program website and were listed on the meeting agenda. There were 41 classes that had no recommended changes from the existing PDL. Dr. Alabi 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 41 classes of drugs with no new recommendations.

Class	Voting Result
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Acne Agents, Topical	Maintain current preferred agents: generics (benzoyl peroxide OTC (except 9% cleanser); clindamycin (gel, solution, swabs); clindamycin/benzoyl peroxide (Duac); erythromycin solution; tretinoin (cream, gel)); Differin Lotion
Analgesics, Narcotics (Long Acting)	Maintain current preferred agents: generics (fentanyl patch (except 37.5 mcg, 62.5 mcg, 87.5 mcg); morphine sulfate SR (MS Contin)); Xtampza ER
Androgenic Agents	Maintain current preferred agents: generic (testosterone gel pump (AndroGel)); Androderm
Angiotensin Modulators	Maintain current preferred agents: generics (benazepril; benazepril/HCTZ; enalapril; enalapril/HCTZ; irbesartan; irbesartan/HCTZ; lisinopril; lisinopril/HCTZ; losartan; losartan/HCTZ; olmesartan; olmesartan/HCTZ; quinapril; quinapril/HCTZ; ramipril; valsartan; valsartan/HCTZ); Entresto
Antibiotics, Inhaled	Maintain current preferred agents: Bethkis; Kitabis Pak; Tobi Podhaler
Antibiotics, Topical	Maintain current preferred agents: generics (bacitracin OTC; gentamicin; mupirocin ointment; neomycin/polymyxin/pramoxine OTC; triple antibiotic OTC)
Antibiotics, Vaginal	Maintain current preferred agents: generics (clindamycin; metronidazole); Clindesse; Cleocin Ovules; Nuessa
Anticoagulants	Maintain current preferred agents: generics (enoxaparin; warfarin); Eliquis tablets; Pradaxa; Xarelto Dose Pack; Xarelto tablets (except 2.5mg)
Antifungals, Oral	Maintain current preferred agents: generics (clotrimazole troches; fluconazole; griseofulvin suspension; ketoconazole; nystatin (suspension, tablets); terbinafine)

Antimigraine Agents, Other	Maintain current preferred agents: Ajovy; Emgality 120mg/mL
Antimigraine Agents, Triptans	Maintain current preferred agents: generics (rizatriptan (tablets, ODT); sumatriptan (nasal, syringe, tablets, vial))
Antiparasitics, Topical	Maintain current preferred agents: generics (permethrin RX and OTC; piperonyl/pyrethrins shampoo OTC)
Antivirals, Oral	Maintain current preferred agents: generics (acyclovir; oseltamivir; valacyclovir)
Antivirals, Topical	Maintain current preferred agents: generics (acyclovir cream; docosanol 10% cream)
Beta Blockers	Maintain current preferred agents: generics (atenolol; atenolol/chlorthalidone; bisoprolol; bisoprolol/HCTZ; carvedilol; labetalol; metoprolol succinate XL; metoprolol tartrate; nadolol; propranolol; propranolol LA; sotalol; sotalol AF)
Bladder Relaxant Preparations	Maintain current preferred agents: generics (oxybutynin; oxybutynin ER; solifenacin); Toviaz
Bone Resorption Suppression & Related Agents	Maintain current preferred agents: generics (alendronate tablets; calcitonin salmon nasal)
BPH Treatments	Maintain current preferred agents: generics (alfuzosin; doxazosin; dutasteride; finasteride; tamsulosin; terazosin)
Calcium Channel Blockers	Maintain current preferred agents: generics (amlodipine; diltiazem tablets; diltiazem ER capsules; nifedipine ER; verapamil; verapamil ER)
Cephalosporins & Related Antibiotics	Maintain current preferred agents: generics (amoxicillin/clavulanate (suspension, tablets), cefaclor capsules; cefadroxil capsules; 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
Growth Hormone	Maintain current preferred agents: Genotropin; Norditropin; Nutropin AQ
Hepatitis B Agents	Maintain current preferred agents: generics (entecavir tablets; lamivudine HBV tablets); Eпивir HBV solution
Hypoglycemics, Incretin Mimetics/Enhancers	Maintain current preferred agents: Bydureon; Byetta; Glyxambi; Janumet; Janumet XR; Januvia; Jentaducto; Onglyza; Symlin; Tradjenta; Trulicity; Victoza
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))
Hypoglycemics, SGLT2 Inhibitors	Maintain current preferred agents: Farxiga; Invokana; Jardiance
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, tablets); sirolimus; tacrolimus); Cellcept suspension
Lipotropics, Statins	Maintain current preferred agents: generics (atorvastatin; lovastatin; pravastatin; rosuvastatin; simvastatin)
Macrolides/Ketolides	Maintain current preferred agents: generics (azithromycin; clarithromycin tablet;

	erythromycin base capsule DR; erythromycin ethyl succinate oral suspension); Ery-Tab
Multiple Sclerosis Agents	Maintain current preferred agents: Avonex; Betaseron Kit; Copaxone 20 mg (brand)
Opioid Use Disorder Treatments	Maintain current preferred agents: generics (buprenorphine; naloxone; naltrexone); Bunavail, Narcan nasal spray; Sublocade; Suboxone Film; Vivitrol; Zubsolv
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; omeprazole capsules; pantoprazole); Prevacid Solutab (brand)
Skeletal Muscle Relaxants	Maintain current preferred agents: generics (baclofen; chlorzoxazone; cyclobenzaprine; methocarbamol; orphenadrine ER; tinazidine 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 enema; sulfasalazine; sulfasalazine DR); Pentasa

Dr. Alabi asked if there were any objections to keeping all of the drugs in the classes as they currently are. There were no objections. Since there were no objections, Dr. Alabi stated that the Committee will recommend that these classes remain unchanged.

Immediately following were reviews of 9 classes with modified recommendations from the existing PDL.

Dr. Alabi 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
Analgesics, Narcotics (Short Acting)	<p>REMOVE: tramadol 100mg tablets</p> <p>Maintain current preferred agents: generics (APAP/codeine; butalbital/caffeine/APAP/codeine; codeine tablets; hydrocodone/APAP tablets; hydromorphone tablets; morphine sulfate (tablets, solution); oxycodone (capsules, tablets, solution); oxycodone/APAP tablets (Percocet); tramadol 50mg tablets; tramadol/APAP)</p>
Angiotensin Modulator Combinations	<p>ADD: amlodipine/olmesartan</p> <p>Maintain current preferred agents: generics (amlodipine/benazepril; amlodipine/valsartan; amlodipine/valsartan/HCTZ)</p>
Antibiotics, GI	<p>ADD: tinidazole</p> <p>Maintain current preferred agents: generics (metronidazole tablets; neomycin; vancomycin capsules); Firvanq</p>
Antiemetic/Antivertigo Agents	<p>REMOVE: metoclopramide syringe; ondansetron syringe</p> <p>Maintain current preferred agents: generics (dimenhydrinate OTC; meclizine RX and OTC; metoclopramide (tablets, solution, vial); ondansetron (ODT, solution, tablets, vial); prochlorperazine tablets; promethazine (tablets, injectable, suppositories (except 50mg)); scopolamine)</p>

Antifungals, Topical	<p>REMOVE: clotrimazole solution RX</p> <p>Maintain current preferred agents: generics (clotrimazole cream RX and OTC; clotrimazole solution 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))</p>
Hepatitis C Agents	<p>REMOVE: ledipasvir/sofosbuvir; Zepatier</p> <p>Maintain current preferred agents: generics (ribavirin; sofosbuvir/velpatasvir); Mavyret; Pegasys; PegIntron; Vosevi</p>
Hypoglycemics, Insulin & Related Agents	<p>REMOVE: Novolin pen</p> <p>ADD: Humulin 70/30 pen</p> <p>Maintain current preferred agents: generics (insulin aspart (pen, vial, cartridge); insulin aspart mix (pen, vial); insulin lispro (junior kwikpen, pen, vial); insulin lispro mix kwikpen)); Humalog (cartridge, junior kwikpen, pen, vial); Humalog Mix (pen, vial); Humulin (pen, vial); Humulin 70/30 vial; Humulin 500 unit/mL (pen, vial); Lantus; Levemir; Novolog (cartridge, pen, vial); Novolog mix (pen, vial)</p>
Lipotropics, Other	<p>ADD: omega-3 ethyl esters</p> <p>DO NOT ADD: Evkeeza</p> <p>Maintain current preferred agents: generics (cholestyramine; colestipol tablet; ezetimibe; fenofibrate nanocrystals; gemfibrozil; niacin ER)</p>
PAH Agents, Oral and Inhaled	<p>ADD: tadalafil</p> <p>Maintain current preferred agents: generics (ambrisentan; bosentan; sildenafil tablets)</p>

Immediately following were reviews of 6 classes with single drug reviews.

Dr. Alabi 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
Colony Stimulating Factors	DO NOT ADD: Nyvepria
Cytokine & CAM Antagonists	DO NOT ADD: Xeljanz solution
Glucocorticoids, Inhaled	DO NOT ADD: AirDuo Digihaler
NSAIDs	DO NOT ADD: Ibupak Kit; Venngel One Kit
Ophthalmics, Anti-Inflammatory/Immunomodulators	DO NOT ADD: Eysuvis
Sedative Hypnotics	DO NOT ADD: Hetlioz LQ

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. Alabi informed the panel that at this time, a new Chair and Vice-Chairperson must be elected, stating that it is customary that one will be a physician and the other will be a pharmacist, and in subsequent selections the positions should alternate between physicians and pharmacists. Upon nominations from the panel, Dr. Romanoski, physician, was elected as the new Chairperson, and Dr. Dang, pharmacist, was elected as the new Vice-Chairperson.

Dr. Alabi then informed everyone that the next P&T meeting is scheduled for November 4, 2021, at 9:00am, EST at the Best Western Plus Hotel and Conference Center. Dr. Alabi asked if there was any further business to come before the Committee. None appearing, the meeting was adjourned at 11:32am.