



Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from May 5, 2022

Attendees:

P&T Committee

Timothy Romanoski (Chairperson/Physician); Yen Dang (Vice Chairperson/Pharmacist); Kim Bright (Psychiatrist); Zakiya Chambers (Pharmacist); Laverdis Davis (Physician); Latoya Edwards (Physician); Agnes Ann Feemster (Pharmacist); Damean Freas (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 (Chief, Clinical Services, Medicaid Pharmacy Program); Lucy Karanja (Medicaid Pharmacy Program Pharmacist)

Conduent State Healthcare LLC

Tiffanee Lyons (Clinical Manager, Maryland PBM Operations)

Provider Synergies LLC

Kara Delaney (Interim Pharmacist Account Manager)

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Romanoski, at 9:00 a.m. The meeting began with a welcome by Dr. Romanoski. 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 4, 2021.

Dr. Romanoski 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 everyone, especially the P&T committee members, for participating in the 5th virtual meeting. He echoed experts' opinions that the nation is in a transition phase with this pandemic and soon will be turning a corner with a full recovery. With that anticipation, on the Program's behalf, he extended sincere gratitude and appreciation to the frontline workers who still have been battling this pandemic.

Mr. Joglekar then provided an overview of the scope and purpose of the Pharmacy and Therapeutics Committee meetings, which are held twice a year to review clinical updates on medications in the reviewed therapeutic classes and their relative cost information which aids in making appropriate clinical and budget-conscious decisions to create wide accessibility of cost-effective therapies via the Preferred Drug list to Marylanders.

Mr. Joglekar then acknowledged the departing P&T Committee members. He thanked Dr. Esther Alabi for her 9 years and Dr. Janel Wyatt for 11 years of dedicated service to the Committee; both having served as members, Vice-Chair and Chair. He also thanked Dr. Kristine Parbuoni for serving 3 years and Dr. Sharon Baucom for serving 11 years as member. He stated that certificates would be mailed to each of the departing members.

Mr. Joglekar, on behalf of the Program, thanked the P&T members for making sure the Office of Pharmacy Services, Medicaid Pharmacy Program, continues to stay the course, put forward a cost-effective and appropriate Preferred Drug List, and continue to provide optimum care to Marylanders. He then congratulated the following new members for their selection to the P&T Committee and welcomed Dr. Latoya Edwards, Primary Care Family Practice Physician, Johns Hopkins Community; Dr. Laverdis Davis Green, Primary Care Physician, Internal Medicine, Mid-Atlantic Permanente Medical Group; Dr. Agnes Ann Feemster, Assistant Dean, Experiential Learning Program and Associate Professor, University of Maryland School of Pharmacy; and Dr. Adetoro Oriaifo, Director of Pharmacy, Total Healthcare.

Mr. Joglekar reiterated Dr. Governor Hogan's announcement from June 15, 2021, ending some emergency mandates and restrictions as of July 1st, 2021, with a 45-day administrative grace period; the Fee-for-Service Maryland Medicaid Program rescinded all those pharmacy-related emergency mandates of August 15th, 2021.

For additional details, he encouraged all to visit the Provider Advisories section of the Maryland Medicaid Program's website at: mmcp.health.maryland.gov/mmcp

Mr. Joglekar stated that this fifth virtual meeting marked the beginning of the 19th year for 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 existence of the Preferred Drug list. These savings have enabled Maryland to manage costs without reducing covered services for Maryland participants. He reminded everyone that the Program's goal is to provide clinically appropriate and most cost-effective medications to the Maryland Medicaid participants. He also reminded everyone that the prior authorization process is quick, simple, and significantly less cumbersome than many other prior authorization processes around. When compared to other States and the private sector, the Preferred Drug list stands out in the fact that we provide more options of preferred drugs. In the last quarter of 2021, from October to December, prescribers achieved a 96.2 percent compliance rate with the Preferred Drug list as compared to an average of 95.2 percent for some other States with similar PDL arrangements. He stated that the Pharmacy Hotline remains active, answering on average 1,439 calls each month from October 2021 to March 2022, out of which on average only 163 calls a month pertain to the Preferred Drug list during that same timeframe. The Department, once again, encourages everyone to visit Maryland Medicaid Program's website at: mmcp.health.maryland.gov.

Mr. Joglekar respoke to the announcement from the November 2021 P&T meeting, to comply with federal regulations delineated in the final rule published on December 31st of last year, under CMS 2482-F, the Office of Pharmacy Services implemented a 7-day supply limit for initial fill for both short and long-acting opioids for opioid naïve patients.

Effective October 18th the OPS also implemented prospective edits to address concurrent use of opioids and Medication Assisted Treatment (MAT):

1. If a patient has MAT drug on file (within 45 days) and an Opioid claim is adjudicated, the Point-of-Sale Claims Processing system would look back for 30 days and if no opioid is found on file, then allow up to a 7-day supply. Regardless of the day's supply of the incoming claim for opioids, if there is the utilization of opioids within the last 30 days, the incoming opioid claim will deny and require Prior Authorization.
2. Patients requiring both an Opioid medication for greater than 7 days while undergoing MAT will require Prior Authorization.
3. Patients will have access to MAT regardless of history or current therapy with an opioid medication.

These day supply limits would not apply to Medicaid participants who are currently receiving an opioid, as well as any participant who has a diagnosis of Hospice Care, Palliative Care, Cancer, or Sickle Cell Disease.

Mr. Joglekar stated the Office of Pharmacy Services provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. He announced that the Department successfully provided one four (4) hour live

program Saturday, April 30th on “substance use disorders and Treatments” and had a record number of participants attending the online seminar. It was a highly informative and educational program, and he encouraged everyone to visit mmppi.com for additional details. He advised that the department is planning to provide one two-hour live program sometime later this year and to stay tuned for additional information about the topic, day, date, early registration, website link, and other details in near future.

In closing, he thanked all the Committee members for dedicating their time to participate on this Committee and requested to bring any questions to his attention and he would be happy to answer those for you to the best of his ability. He concluded by saying: “Stay well, stay safe, and have healthy, peaceful, and wonderful summer. Thank you all!”

Dr. Romanoski 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
Michael Boskello	Alkermes	Lybalvi
Joel Feldman	Terrapin Pharmacy	Suboxone
Dr. Tanner Odom	Biogen	Vumerity
Josh Getty	Indivior	Sublocade
Dr. Mariola Vazquez	Leo Pharma	Adbry
Dr. Jonathan Jones	Janssen Scientific Affairs	Invega Hafyera
Dr. Wes Blankenship	United Therapeutics Corporation	Tyvaso
Dr. Chelsea Leroue	Biohaven Pharmaceuticals	Nurtec ODT
Dr. Tia Ly	Novartis	Leqvio and Kesimpta
Dr. Milan Joshi	Joshi & Merchant MDPA	Lybalvi
Dr. Amy Bivens	Amgen	Aimovig and Repatha

Following the presentation by 11 speakers, a summary update on the claims processing and prior authorizations for the PDL drugs was given by the Medicaid Claims Processer, Dr. Tiffanee Lyons, Clinical Manager, Maryland PBM Operations with Conduent State Healthcare, LLC. Dr. Lyons stated for the 1st Quarter of 2022 there were 4,821 new PDL PAs and this was a 24% increase from the 3rd Quarter of 2021, which had 3,888 prior authorizations. The top 10 Therapeutic classes for the 1st Quarter of 2022 listed from 1 to 10 were Stimulants and Related Agents, with 1,002 PAs. Anticonvulsants had 859 PAs. Antipsychotics with 540. Antidepressants, 436. Sedative Hypnotics, 400. Opioid use disorder treatments, 299. Antidepressants, in another category, 298. Antidepressants in the SSRIs category, 153. Neuropathic Pain, 101 prior authorizations. And Analgesics, Narcotics (Long Acting) there were 66. That's a total of 4,154 New PDL PAs for the top 10 Therapeutic classes. This accounts for 86 percent of the total new PDL PAs for the 1st Quarter. The 1st Quarter top 10 total is a 52 percent increase compared to the 3rd Quarter in 2021, top 10 total. There were 2,727 at that time. There was an increase in PDL PAs for all the top 10 therapeutic classes except Analgesics (Long Acting) during the 1st Quarter of 2022. The top 3 Therapeutic classes were Stimulants and Related Agents, Anticonvulsants, and Antipsychotics. Glucocorticoid, Inhaled, and Bronchodilators Beta Agonists fell out of the top 10 this quarter and were replaced by Neuropathic Pain and Antidepressants, Other.

Dr. Lyons then concluded by asking if there were any questions or comments, to which there were none.

Chairman, Dr. Romanoski, then announced that the classes of drugs that were scheduled for review would be discussed next. He stated that these were posted on the Medicaid Pharmacy Program website and were listed on the meeting agenda. There were 39 classes that had no recommended changes from the existing PDL. Dr. Romanoski also stated that there were no potential conflicts of interest noted by the P&T Committee members. Dr. Kara Delaney, from Provider Synergies, provided clinical updates on the 39 classes of drugs with no new recommendations.

Class	Voting Result
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 (Short Acting)	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)
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, GI	Maintain current preferred agents: generics (metronidazole tablets; neomycin; tinidazole; vancomycin capsules); Firvanq
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; Nuvessa
Anticoagulants	Maintain current preferred agents: generics (enoxaparin; warfarin); Eliquis tablets; Pradaxa; Xarelto Dose Pack; Xarelto tablets (except 2.5mg)
Antiemetic/Antivertigo Agents	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)

Antifungals, Oral	Maintain current preferred agents: generics (clotrimazole troches; fluconazole; griseofulvin suspension; ketoconazole; nystatin (suspension, tablets); terbinafine)
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)
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; cephalexin (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); Epivir HBV solution
Hepatitis C Agents	Maintain current preferred agents: generics (ribavirin; sofosbuvir/velpatasvir); Mavyret; Pegasys; PegIntron; Vosevi
Hypoglycemics, Insulin & Related Agents	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 (pen, vial); Humulin 500 unit/mL (pen, vial); Lantus; Levemir; 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))
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, Other	Maintain current preferred agents: generics (cholestyramine; colestipol tablet; ezetimibe; fenofibrate nanocrystals; gemfibrozil; niacin ER; omega-3 ethyl esters)
Lipotropics, Statins	Maintain current preferred agents: generics (atorvastatin; lovastatin; pravastatin; rosuvastatin; simvastatin)
PAH Agents, Oral and Inhaled	Maintain current preferred agents: generics (ambrisentan; bosentan; sildenafil tablets; tadalafil)
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
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Dr. Romanoski asked if there were any objections to keeping all the drugs in the classes as they currently are. There were no objections. Since there were no objections, Dr. Romanoski 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. Romanoski 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 (Long Acting)	ADD: Nucynta ER Maintain current preferred agents: generics (fentanyl patch (except 37.5 mcg, 62.5 mcg, 87.5 mcg); morphine sulfate SR (MS Contin)); Xtampza ER
Angiotensin Modulator Combinations	REMOVE: amlodipine/valsartan/HCTZ Maintain current preferred agents: generics (amlodipine/benazepril; amlodipine/Olmesartan; amlodipine/valsartan)
Antibiotics, Inhaled	REMOVE: tobramycin pak Maintain current preferred agents: Bethkis; Tobi Podhaler
Antifungals, Topical	REMOVE: clotrimazole solution OTC; tolnaftate solution OTC 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))
Antimigraine Agents, Other	ADD: Nurtec ODT Maintain current preferred agents: Ajovy; Emgality 120mg/mL
Antivirals, Topical	ADD: acyclovir ointment Maintain current preferred agents: generics (acyclovir cream; docosanol 10% cream)
Hypoglycemics, Incretin Mimetics/Enhancers	ADD: Ozempic Maintain current preferred agents: Bydureon; Byetta; Glyxambi; Janumet; Janumet XR; Januvia; Jentadueto; Onglyza; Symlin; Tradjenta; Trulicity; Victoza
Macrolides/Ketolides	REMOVE: erythromycin base tablet DR Maintain current preferred agents: generics (azithromycin; clarithromycin tablet; erythromycin base capsule DR; erythromycin ethyl succinate oral suspension)
Multiple Sclerosis Agents	ADD: dimethyl fumarate DR Maintain current preferred agents: generic (glatiramer acetate 20mg); Avonex; Betaseron Kit
Opioid Use Disorder Treatments	ADD: buprenorphine/naloxone tablets Maintain current preferred agents: generics (buprenorphine; naloxone; naltrexone); Bunavail, Narcan nasal spray; Sublocade; Suboxone Film; Vivitrol; Zubsolv
Pancreatic Enzymes	ADD: Pancreaze Maintain current preferred agents: Creon; Zenpep

Immediately following were reviews of 8 classes with single drug reviews.

Dr. Romanoski 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
Anticonvulsants	DO NOT ADD: Eprontia solution
Antipsychotics	DO NOT ADD: Invega Hafyera; Lybalvi
Bile Salts	DO NOT ADD: Livmarli
Colony Stimulating Factors	DO NOT ADD: Releuko syringe; Releuko vial
Cytokine & CAM Antagonists	DO NOT ADD: Cibinqo
Immunomodulators, Atopic Dermatitis	DO NOT ADD: Adbry, Opzelura
Ophthalmics, Anti-Inflammatory/Immunomodulators	DO NOT ADD: Tyrvaya spray
Ophthalmics, Glaucoma Agents	DO NOT ADD: Vuity

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 because of fluctuations in market conditions (e.g., changes in Federal rebates, supplemental rebates, etc.).

Dr. Romanoski then informed everyone that the next P&T meeting is scheduled for November 3, 2022, at 9:00 am, EST at the Best Western Plus Hotel and Conference Center. Dr. Romanoski asked if there was any further business to come before the Committee. None appeared, the meeting was adjourned at 12:24 p.m.