



Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from November 4, 2021

Attendees:

P&T Committee

Timothy Romanoski (Chairperson/Physician); Yen Dang (Vice-Chairperson/Pharmacist); Esther Alabi (Pharmacist); Sharon Baucom (Physician); Kim Bright (Psychiatrist); Zakiya Chambers (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); Lucy Karanja (Compliance/Consultant Pharmacist); Angela Solomon (Advanced Practice 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 May 6, 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 P&T committee members for participating in the 4th virtual meeting. He also expressed continued gratitude and appreciation to frontline workers who have been battling this pandemic. Mr. Joglekar stated that the program strongly anticipates and hopes that normalcy can be achieved in the near future as vaccinations ramp up and with the approval of boosters. He stated that on June 15th Governor Hogan had announced ending some emergency mandates and restrictions as of July 1st of this year, with a 45-day administrative grace period and that the Fee-for-Service Medicaid Program Department rescinded the pharmacy-related emergency mandates on August 15th, 2021.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 meeting marks the ending 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 enabled Maryland to manage costs without reducing covered services for Medicaid participants and to 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 second quarter of this year (from April to June 2021), prescribers achieved a 95.5% compliance rate with the Preferred Drug List as compared to the average of 94.6% for some other states with similar PDL arrangements

In addition, Mr. Joglekar stated that the pharmacy hotline remains active; answering on average 1,218 calls each month from May 1st to October 28th, 2021, of which, 624 calls pertained to the preferred drug list for an average of 104 calls each month. Additional updates may be found on the Medicaid Pharmacy website at: mmcp.health.maryland.gov/mmcp

Mr. Joglekar announced that in order to comply with federal regulations delineated in the final rule published on December 31st, 2020, 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, 2021, the OPS also implemented the following prospective edits to address concurrent use of opioids and Medication-Assisted Treatment (MAT):

- 1) If a patient has a 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 on file, then allow up to a 7-day supply. If there is the utilization of opioids on file within the last 30 days, the incoming opioid claim, regardless of the day's supply of that incoming claim, it 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 opioid medication.

An advisory was provided to all the providers. Additional information can be found on the Medicaid Pharmacy website at: mmcp.health.maryland.gov.

Mr. Joglekar alerted that 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 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 two-hour live program on October 16th, 2021, on "Challenges in Management of Post-COVID Syndrome" and had a record number of participants attending the webinar. They are planning to provide one additional four-hour live program sometime in April/May 2022 and please 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 and encouraged all to take advantage of available vaccines and boosters.

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
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Steven Burch, PhD, RPh	Sunovion	Latuda
Belkys Dean, PharmD	Janssen Scientific Affairs	Ponvory
Wallene Bullard, PharmD	Novartis	Cosentyx
Opeoluwa Fegbemi, PharmD	Supernus	Qelbree
Kristen Heard, PhD	Neurelis	Valtoco
Orlando Davis, MD	Provider	Long-acting injectable antipsychotics
Michael Boskello, BS Pharmacy	Alkermes	Aristada, Aristada Initio
Heather Vita, PhD	Zogenix	Fintepla
Chris Muollo, MS, RPh	Noven	Secuado Transdermal Patch
Letitia Weigand	UCB Pharma	Briviact
Niki Hwang	Bristol Myers Squibb	Orencia
Paul Isikwe, PharmD	Teva	ArmonAir Digihaler, AirDuo Digihaler

Following the presentation by 12 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 third quarter of 2021 there were 3,338 new PDL PAs which was a 182 percent increase from the second quarter of 2021, in which 1,180 PDL PAs had been reported. She stated that this was primarily due to the lifting of some PDL requirements during the COVID-19 pandemic. Dr. Lyons then listed the top 10 therapeutic classes for the third quarter of 2021, listing them 1 through 10 according to the number of new PDL PAs. Number 1 was simulants and related agents with 604; then anticonvulsants with 496; then antidepressants, another category, with 455; antipsychotics with 365; then at number 5 on the list was opioid use disorder treatments with 339; then sedative-hypnotics with 191; antidepressants, SSRIs with 119; analgesics, narcotics long-acting with 70; glucocorticoids, inhaled with 45; and at number 10 on the list was bronchodilators, beta-agonists with a count of 43. There were 2,727 new PDL PAs from the top ten therapeutic classes which accounted for 81.7 percent of the new PDL PAs for the third quarter of 2021. The top ten had a 148 percent increase of new PDL PAs in the third quarter of 2021 when compared to the second quarter of 2021, where there were 1,099 PDL PAs. Dr. Lyons noted that there was an increase in PDL PAs

for all the top ten classes during the third quarter of 2021. The top three therapeutic classes were stimulants and related agents, anticonvulsants, and antidepressants, respectively. The antibiotics, GI agents, hypoglycemics, insulins, and neuropathic pain medications fell out of the top ten. This quarter were replaced by opioid use disorder, glucocorticoids, inhaled, bronchodilators, and beta-agonists. She 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 24 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 24 classes of drugs with no new recommendations on PDL status.

Class	Voting Result
Alzheimer's Agents	Maintain current preferred agents: generics (donepezil tablets (except 23mg); donepezil ODT; memantine tablets; rivastigmine capsules, patches)
Antihistamines, Minimally Sedating	Maintain current preferred agents: generics (cetirizine tablets, solution; RX, OTC; cetirizine-D; fexofenadine tablets, OTC; levocetirizine tablets; loratadine tablets, solution, ODT; RX, OTC; loratadine-D)
Antihypertensives, Sympatholytics	Maintain current preferred agents: generics (clonidine patches; clonidine tablets; guanfacine; methyldopa)
Antiparkinson's Agents	Maintain current preferred agents: generics (amantadine, benztropine, carbidopa/levodopa IR,ER; carbidopa/levodopa/entacapone; pramipexole IR; ropinirole; selegiline, trihexyphenidyl)
Antipsychotics	Maintain current preferred agents: generics (aripiprazole; chlorpromazine; clozapine; fluphenazine; haloperidol; loxapine, olanzapine; perphenazine; perphenazine/amitriptyline; pimozide; quetiapine IR/ER; risperidone; thioridazine;

	thiothixene; trifluoperazine; ziprasidone); Abilify Maintena; Aristada; Aristada Initio; Invega Sustenna; Invega Trinza; Latuda; Risperdal Consta; Vraylar
Bile Salts	Maintain current preferred agents: generics (ursodiol capsules, tablets)
Bronchodilators, Beta Agonist	Maintain current preferred agents: generics (albuterol nebules; albuterol syrup); ProAir HFA; Serevent
Colony Stimulating Factors	Maintain current preferred agents: Granix Vial, Neupogen
Cytokine & CAM Antagonists	Maintain current preferred agents: Enbrel; Humira; Otezla
Epinephrine, Self-Injected	Maintain current preferred agents: generics (epinephrine 0.15mg (EpiPen Jr.); epinephrine 0.3mg (EpiPen))
Erythropoiesis Stimulating Proteins	Maintain current preferred agents: Aranesp; Retacrit
Glucocorticoids; Inhaled	Maintain current preferred agents: generics (budesonide 0.25mg, 0.5mg respules; budesonide/formoterol); Advair HFA; Asmanex; Dulera; Flovent HFA; Pulmicort 1mg respules
Immunomodulators; Atopic Dermatitis	Maintain current preferred agents: generics (pimecrolimus; tacrolimus); Eucrisa
Intranasal Rhinitis Agents	Maintain current preferred agents: generics (azelastine nasal; fluticasone nasal; ipratropium)
Leukotriene Modifiers	Maintain current preferred agents: generics (montelukast chewables, tablets; zafirlukast)
Neuropathic Pain	Maintain current preferred agents: generics (capsaicin OTC; duloxetine (Cymbalta);

	gabapentin capsules, tablets; lidocaine patches; pregabalin capsules)
Ophthalmics, Antibiotics	Maintain current preferred agents: generics (bacitracin/polymyxin B ointment; ciprofloxacin solution; erythromycin; gentamicin; moxifloxacin; neomycin/bacitracin/polymyxin ointment; ofloxacin; polymyxin/trimethoprim; sulfacetamide solution; tobramycin); Ciloxan ointment; Tobrex ointment
Ophthalmics, Antibiotic/Steroid Combinations	Maintain current preferred agents: generics (neomycin/polymyxin/dexamethasone; sulfacetamide/prednisolone; tobramycin/dexamethasone drops); Tobradex ointment
Ophthalmics; Anti-Inflammatories	Maintain current preferred agents: generics (diclofenac; difluprednate; fluorometholone, ketorolac; prednisolone acetate); Ilevro; Pred Mild
Ophthalmics; Anti-Inflammatory/Immunomodulators	Maintain current preferred agents: Restasis (multi-dose); Restasis (single-dose); Xiidra
Ophthalmics, Glaucoma Agents	Maintain current preferred agents: generics (brimonidine 0.2%; brimonidine P 0.15%, carteolol; dorzolamide; dorzolamide/timolol; latanoprost; levobunolol; pilocarpine; timolol (Timoptic, Timoptic XE); travoprost); Combigan; Rhopressa; Rocklatan
Otic Antibiotics	Maintain current preferred agents: generic (ciprofloxacin/dexamethasone; neomycin/polymyxin/hydrocortisone; ofloxacin)

Sedative Hypnotics	Maintain current preferred agents: generics (eszopiclone; flurazepam; temazepam (15mg, 30mg); triazolam; zaleplon; zolpidem (Ambien))
Stimulants and Related Agents	Maintain current preferred agents: generics (amphetamine salt combo; atomoxetine; clonidine ER; dexamethylphenidate tablets; dextroamphetamine tablets; dextroamphetamine ER capsules; guanfacine ER; methylpheniate (solution, tablets); methylphenidate CD capsules; methylphenidate ER capsules (Ritalin LA); methylphenidate ER tablets; modafinil); Adderall XR; Concerta; Daytrana; Focalin XR; Vyvanse (capsule, chewable)

Dr. Delaney made a recommendation to make atomoxetine a preferred tier 1 status instead of its current preferred tier 2 status and opened the floor to the P&T committee members for discussion. Dr. Romanoski announced that since there was not any discussion, a vote would be held. The motion passed for atomoxetine to be preferred tier 1 status.

Dr. Romanoski then asked if there were any objections to keeping all the drugs in the classes as they are currently stated. 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 7 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
Anticonvulsants	ADD: Nayzilam Maintain current preferred agents: generics (carbamazepine (chewable, tablets); clobazam tablets; clonazepam tablets; diazepam rectal;

	divalproex (IR, ER); lamotrigine tablets; levetiracetam (tablets, solution); oxcarbazepine tablets; phenobarbital (tablets, elixir); phenytoin (IR, ER, capsules, chewable, suspension); primidone; topiramate (sprinkles, tablets); valproic acid (capsules, solution); zonisamide); Carbatrol; Depakote Sprinkle; Gabitril; Tegretol suspension; Trileptal suspension; Valtoco; Vimpat
Antidepressants, Other	ADD: desvenlafaxine ER tablets (Pristiq) Maintain current preferred agents: generics (bupropion (IR, SR, XL); miratazapine (ODT, tablets); trazodone, venlafaxine (IR, ER capsules))
Antidepressants, SSRIs	ADD: fluoxetine tablets (except 60mg) Maintain current preferred agents: generics (citalopram (solution, tablets); escitalopram tablets; fluoxetine (capsules, solution (excludes 60mg and weekly)); fluvoxamine; paroxetine; sertraline (concentrated solution, tablets))
Antihyperuricemics	ADD: colchicine tablets Maintain current preferred agents: generics (allopurinol; probenecid; probenecid/colchicine)
COPD Agents	ADD: Spiriva Respimat Maintain current preferred agents: generics (ipratropium nebulas; ipratropium/albuterol nebulas); Anoro Ellipta; Atrovent HFA; Combivent Respimat; Spiriva Handihaler; Stiolto Respimat
NSAIDs	ADD: celecoxib Maintain current preferred agents: generics (diclofenac sodium; diclofenac gel; ibuprofen (OTC, RX); indomethacin; meloxicam; nabumetone; naproxen; naproxen sodium OTC; sulindac)
Ophthalmics, Allergic Conjunctivitis	ADD: olopatadine (Patanol)

	Maintain current preferred agents: generics (cromolyn; ketotifen OTC); Alrex
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Immediately following were reviews of 4 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
Antifungals, Oral	DO NOT ADD: Brexafemme
Opiate Dependence Treatments	DO NOT ADD: Kloxxado Spray
Bladder Relaxant Preparations	DO NOT ADD: Myrbetriq Granules
Multiple Sclerosis	DO NOT ADD: Ponvory Starter Pack, Ponvory tablet

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. Romanoski then informed everyone that the next P&T meeting is scheduled for May 5, 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 appearing, the meeting was adjourned at 11:15 am.