



# Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from November 3, 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 Oriaifo (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), Iuliana Frank (Psychiatrist, Physician Program Specialist)

### 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 5, 2022.

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 6th virtual meeting. He advised that as of October 13<sup>th</sup> of this year, the Federal Public Health Emergency related to the COVID-19 pandemic has been renewed and if this is the last declaration, then this emergency will stay in effect for a full 90 days until January 11<sup>th</sup>, 2023. With that anticipation, on the Program's behalf, he expressed continued gratitude and appreciation to all those who still have been battling this pandemic on the front lines.

Mr. Joglekar reiterated the purpose and importance of the P&T Committee meetings, which are held twice a year, to go over the clinical updates on medications in the therapeutic classes under review and their relative cost information which aids the P&T Committee to make appropriate clinical and budget-conscious decisions to create wide accessibility of cost-effective therapies and continue to make those available via the PDL to the Marylanders.

He stated that this 6<sup>th</sup> virtual meeting marks the end of the 19th year of Maryland's PDL. Over these years, the Office of Pharmacy Services (OPS) has saved over \$200 million in its expenditures for prescription medications due to the 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 the Maryland 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 PDL stands out in that Maryland Medicaid provides more options for preferred drugs on the PDL. During the second quarter of this year (from April to June 2022), prescribers achieved a 96.5% compliance rate with the PDL as compared to the average of 95.2% for other states with similar PDL arrangements.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active; answering on average of 1,461 calls each month during the last federal fiscal year (October 2021 to September 2022), out of which an average of 158 calls a month pertained to the PDL during the

same timeframe. Additional updates may be found on the Medicaid Pharmacy website at: [mmcp.health.maryland.gov/mmcp/pap/Pages/paphome.aspx](http://mmcp.health.maryland.gov/mmcp/pap/Pages/paphome.aspx)

Mr. Joglekar announced that on October 30<sup>th</sup>, 2022, the OPS in collaboration with their Point-of-Sale vendor, Conduent, successfully implemented a new and technologically enhanced Point-of-Sale Electronic Claims Management system with advanced features like E-prescribing and enhanced Web Portal capabilities with prior authorization functionality.

Mr. Joglekar reminded everyone that the OPS provides live continuing medical education to all interested prescribers and continuing education to all interested pharmacists every year at no cost. The Department successfully provided a two-hour live program on October 15<sup>th</sup>, 2022, on “Deprescribing - Goal Concordant prescribing in serious illness” and had a record number of participants attending the online seminar. He stated it was a highly informative and educational program and encouraged everyone to visit [mmpci.com](http://mmpci.com) for additional details about this seminar as well as some of the most important past seminars that have been conducted. He noted that the Department is planning to provide one four-hour live program sometime next year (2023) in the late spring. Please stay tuned for additional information about the topic, day, 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 should they have any questions to please bring them to his attention and he would happily provide answers to the best of his ability. He concluded with a message to “Stay well, stay safe, and have a healthy, peaceful, and wonderful holidays to 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
Dr. Wallene Bullard	Novartis	Cosentyx
Ms. Amy Kimber	United Therapeutics Corporation	Tyvaso DPI
Dr. Kellie Murry	Neurelis	Valtoco
Dr. Jonathan Jones	Janssen	Invega Hafyera
Mariola Vazquez	Leo Pharma	Adbry
Dr. Perry Kemp	D2 Solutions LLC (on behalf of CMP Pharma)	Norliqva

Michael Boskello	Alkermes	Lybalvi
Kristin Kollecas	Sanofi	Dupixent
Dr. Margaret Martin	IntraCellular Therapies	Caplyta
Dr. Janetta Bekman	AbbVie	Vraylar Rinvoq
Dr. Lindsay Bebout	Indivior	Perseris

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 that for the third quarter of 2022, there were 4,671 new PDL PAs which was a 3 percent decrease from the first quarter of 2022, in which 4,821 PDL PAs had been reported. Dr. Lyons then listed the top 10 therapeutic classes for the third quarter of 2022 as follows: Stimulants and Related Agents with 993; Anticonvulsants with 771; Antipsychotics with 646; Antidepressants with 466; Antidepressants, Other with 329; Sedative Hypnotics with 313; Opioid Use Disorder Treatments with 198; Antidepressants, SSRIs with 141; Neuropathic Pain with 86; Analgesics, Narcotics Long-Acting with 84 for a total of 4,027 new PDL PAs for the top 10 therapeutic classes which accounts for 86 percent of the total new PDL PAs for the third quarter of 2022. The top ten had a 3 percent decrease in new PDL PAs in the third quarter of 2022 when compared to the first quarter of 2022, which had 4,152 PDL PAs. Dr. Lyons noted there was an increase in PDL PAs for Antidepressants; Antipsychotics; Antidepressants, and Others when compared to the first quarter of 2022, and conversely, there was a decrease in PAs for all of the other top 10 therapeutic classes during the third quarter of 2022 compared to the first quarter of 2022. The top three therapeutic classes are still Stimulants and Related Agents; Anticonvulsants; and Antipsychotics. She concluded with a "Thank you."

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 23 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 23 classes of drugs with no new recommendations on PDL status.

Class	Voting Result
Alzheimer's Agents	<b>Maintain current preferred agents:</b> generics (donepezil tablets (except 23mg); donepezil ODT; memantine tablets; rivastigmine capsules, patches)
Antidepressants, Other	<b>Maintain current preferred agents:</b> generics (bupropion (IR, SR, XL); desvenlafaxine ER tablets (Pristiq); miratazapine (ODT, tablets); trazodone, venlafaxine (IR, ER capsules))
Antidepressants, SSRIs	<b>Maintain current preferred agents:</b> generics (citalopram (solution, tablets); escitalopram tablets; fluoxetine (capsules, solution, tablets (excludes 60mg and weekly)); fluvoxamine; paroxetine; sertraline (concentrated solution, tablets))
Antihypertensives, Sympatholytics	<b>Maintain current preferred agents:</b> generics (clonidine patches; clonidine tablets; guanfacine; methyldopa)
Antihyperuricemics	<b>Maintain current preferred agents:</b> generics (allopurinol; colchicine tablets; probenecid; probenecid/colchicine)
Antiparkinson's Agents	<b>Maintain current preferred agents:</b> generics (amantadine, benztropine, carbidopa/levodopa IR,ER; carbidopa/levodopa/entacapone; pramipexole IR; ropinirole; selegiline, trihexyphenidyl)
Antipsychotics	<b>Maintain current preferred agents:</b> 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	<b>Maintain current preferred agents:</b> generics (ursodiol capsules, tablets)
Colony Stimulating Factors	<b>Maintain current preferred agents:</b> Granix Vial, Neupogen
COPD Agents	<b>Maintain current preferred agents:</b> generics (ipratropium nebulas; ipratropium/albuterol nebulas); Anoro Ellipta; Atrovent HFA; Combivent Respimat; Spiriva Handihaler; Spiriva Respimat; Stiolto Respimat
Cytokine & CAM Antagonists	<b>Maintain current preferred agents:</b> Enbrel; Humira; Otezla
Epinephrine, Self-Injected	<b>Maintain current preferred agents:</b> generics (epinephrine 0.15mg (EpiPen Jr.); epinephrine 0.3mg (EpiPen))
Glucocorticoids; Inhaled	<b>Maintain current preferred agents:</b> generics (budesonide inhalation suspension (Pulmicort respules)); Advair HFA; Asmanex; Dulera; Flovent HFA; Symbicort
Immunomodulators; Atopic Dermatitis	<b>Maintain current preferred agents:</b> generics (pimecrolimus; tacrolimus); Eucrisa
Intranasal Rhinitis Agents	<b>Maintain current preferred agents:</b> generics (azelastine nasal; fluticasone nasal; ipratropium)
Leukotriene Modifiers	<b>Maintain current preferred agents:</b> generics (montelukast chewables, tablets; zafirlukast)
Neuropathic Pain	<b>Maintain current preferred agents:</b> generics (capsaicin OTC; duloxetine (Cymbalta); gabapentin capsules, tablets; lidocaine patches; pregabalin capsules)
Ophthalmics, Antibiotics	<b>Maintain current preferred agents:</b> 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	<b>Maintain current preferred agents:</b> generics (neomycin/polymyxin/dexamethasone; sulfacetamide/prednisolone; tobramycin/dexamethasone drops); Tobradex ointment
Ophthalmics; Anti-Inflammatories	<b>Maintain current preferred agents:</b> generics (diclofenac; difluprednate; fluorometholone, ketorolac; prednisolone acetate); Ilevro; Pred Mild
Ophthalmics; Anti-Inflammatory/Immunomodulators	<b>Maintain current preferred agents:</b> generic (cyclosporine (Restasis single-use)); Restasis (multi-dose); Xiidra
Ophthalmics, Glaucoma Agents	<b>Maintain current preferred agents:</b> generics (brimonidine 0.2%; brimonidine P 0.15%, brimonidine/timolol; carteolol; dorzolamide; dorzolamide/timolol; latanoprost; levobunolol; pilocarpine; timolol (Timoptic, Timoptic XE); travoprost); Rhopressa; Rocklatan
Otic Antibiotics	<b>Maintain current preferred agents:</b> generic (ciprofloxacin/dexamethasone; neomycin/polymyxin/hydrocortisone; ofloxacin)

Dr. Delaney made a recommendation to make Latuda 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 Latuda 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 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	<p><b>ADD:</b> clobazam suspension</p> <p><b>Maintain current preferred agents:</b> generics (carbamazepine (chewable, tablets); clobazam tablets; clonazepam tablets; diazepam rectal; divalproex (IR, ER); lacosamide (solution, tablet); lamotrigine tablets; levetiracetam (tablets, solution); oxcarbazepine tablets; phenobarbital (tablets, elixir); phenytoin (IR, ER, capsules, chewable, suspension); primidone; tiagabine; topiramate (sprinkles, tablets); valproic acid (capsules, solution); zonisamide); Carbatrol; Depakote Sprinkle; Nayzilam; Tegretol suspension; Trileptal suspension; Valtoco</p>
Antihistamines, Minimally Sedating	<p><b>ADD:</b> desloratadine</p> <p><b>Maintain current preferred agents:</b> generics (cetirizine tablets, solution; RX, OTC; cetirizine-D; fexofenadine tablets, OTC; levocetirizine tablets; loratadine tablets, solution, ODT; RX, OTC; loratadine-D)</p>
Bronchodilators, Beta Agonists	<p><b>ADD:</b> Proventil HFA; Ventolin HFA</p> <p><b>Maintain current preferred agents:</b> generics (albuterol HFA (Proair HFA); albuterol nebulas; albuterol syrup); Serevent</p>
Erythropoiesis Stimulating Proteins	<p><b>ADD:</b> Epogen</p> <p><b>Maintain current preferred agents:</b> Aranesp; Retacrit</p>
NSAIDs	<p><b>ADD:</b> diclofenac potassium tablets</p> <p><b>Maintain current preferred agents:</b> generics (celecoxib; diclofenac sodium; diclofenac gel;</p>



	ibuprofen (OTC, RX); indomethacin; meloxicam; nabumetone; naproxen; naproxen sodium OTC; sulindac)
Ophthalmics, Allergic Conjunctivitis	<b>ADD:</b> azelastine  <b>Maintain current preferred agents:</b> generics (cromolyn; ketotifen OTC; olopatadine (Patanol)); Alrex
Sedative Hypnotics	<b>ADD:</b> ramelteon; zolpidem ER  <b>Maintain current preferred agents:</b> generics (eszopiclone; flurazepam; temazepam (15mg, 30mg); triazolam; zaleplon; zolpidem (Ambien))
Stimulants and Related Agents	<b>ADD:</b> Quillivant XR  <b>Maintain current preferred agents:</b> 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)

Immediately following were reviews of 7 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
Antibiotics, Vaginal	<b>DO NOT ADD:</b> Xaciato
Antifungals, Oral	<b>DO NOT ADD:</b> Vivjoa
Calcium Channel Blockers	<b>DO NOT ADD:</b> Norliqva

GI Motility, Chronic	<b>DO NOT ADD:</b> Ibsrela
Hypoglycemics, Incretin Mimetics and Enhancers	<b>DO NOT ADD:</b> Mounjaro
PAH Agents, Oral and Inhaled	<b>DO NOT ADD:</b> Tyvaso DPI
Skeletal Muscle Relaxants	<b>DO NOT ADD:</b> Lyvispah

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 4, 2023, 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, and the meeting was adjourned at 11:26 am.