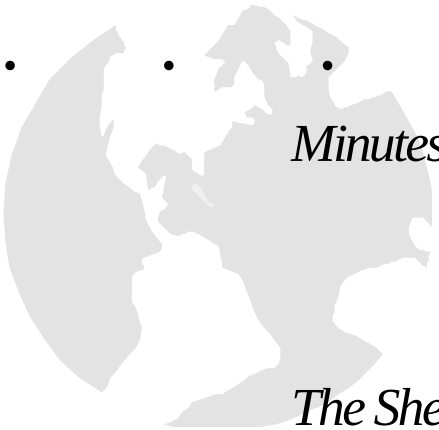
Maryland Pharmacy Program
PDL P&T Meeting



Minutes from November 8, 2012

The Sheppard Pratt Conference Center

Maryland Pharmacy Program
PDL P& T Meeting

Minutes- November 8, 2012

Attendees:

P&T Committee

Marie Mackowick (Chairperson); Lisa Hadley (Vice Chairperson); Brian Pinto; Helen Anderson; Steven Daviss; Renee Riddix-Hilliard; Jenel Steele-Wyatt; Donald Yee; Sharon Baucom; Mary Ellen Moran

DHMH Staff

Athos Alexandrou (Maryland Pharmacy Program Director); Dixit Shah (Maryland Pharmacy Program Deputy Director); Alex Taylor (Division Chief, Clinical Pharmacy Services); Paul Holly (Consultant Pharmacist to Maryland Pharmacy Program);

Xerox

Karriem Farrakahan, PharmD

Provider Synergies/Magellan Medicaid Administration (PS/MMA)

Mary Roberts, RPh; Matthew Lennertz, PharmD

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Mackowick, at 9:00 a.m. The meeting began with brief introductions of all the representatives including the P&T Committee members, DHMH, Xerox, and PS/MMA. The Committee then approved the minutes from the previous P&T Committee meeting held on May 10, 2012.

Dr. Mackowick then asked Mr. Taylor to provide a status update on the Medicaid Pharmacy Program. Mr. Taylor announced the resignation of Committee member Winston Wong and introduced Matthew Lennertz who is the PS/MMA permanent replacement for the temporary account manager Mary Roberts. Mr. Taylor re-stated the importance of the Medicaid PDL which is in its ninth year and continues to save millions of dollars on prescription drugs thus allowing the State to manage costs without reducing covered services. The failing economy continues to significantly reduce Maryland's revenues and has increased the Medicaid Program enrollments simultaneously. The Committee was cautioned to work collectively to make recommendations that are safe, clinically appropriate and still fiscally responsible.

Mr. Taylor discussed the American Recovery and Reinvestment Act (ARRA) and its impact on Maryland Medicaid. As a result of ARRA, Maryland received federal funds to avert cutbacks resulting from the State's budget shortfall; however, funds from ARRA are no longer available. Maryland Medicaid is currently expecting a shortfall for Fiscal Year 2014 and that number could increase if Sequestration takes place in January of 2013. Maryland is required by law to have a balanced budget. Largely responsible for the deficit in the program has been the expansion in recent years to the current approximately 828,000 Medicaid enrollees in fee-for-service and seven managed care organizations (MCOs).

Mr. Taylor explained that the Department implemented a prior authorization process for Tier 2 and non preferred antipsychotic medications in September 2012 and expanded the current Peer Review Program to mental health drugs for children under age five to children under age ten. The community was informed of the both new processes before implementation and an advisory was posted on the Maryland Medicaid website.

Mr. Taylor re-iterated the mechanism to obtain a PDL prior authorization is less cumbersome than many other PA processes. Maryland Medicaid's PDL provides more options than many other states and the private sector. The PDL is also accessible through Epocrates. More importantly, prescribers are cooperating with the PDL and current compliance is over 93%.

The pharmacy hotline remains active averaging about 1450 calls each month with about 29% of them relating to the PDL. Mr. Taylor thanked the Committee for their dedication and commitment to serving the citizens of the State of Maryland.

Dr. Mackowick acknowledged that it was time for the public presentation period to begin. As customary, there is no question/answer period; pre-selected speakers have 5 minutes with a timer.

Name	Affiliation	Class/Drug of Interest
Sharon Hoffman	Abbott Laboratories	Humira
Michael O'Connell	Pfizer	Lyrica
Nigel Isaacs	UCB	Vimpat, Neupro, Cimzia
Chijioke Okafor	Bristol-Myers Squibb	Abilify
Scott Aaronson	Sunovion	Latuda
Arsalan Khan	Janssen Scientific (Johnson and Johnson)	Invega Sustenna, Remicade, Stelara, Simponi
Andy Kim	Shire	Intuniv, Vyvanse
Peter Massad	Bausch & Lomb	Bepreve, Bromday

Name	Affiliation	Class/Drug of Interest
Sandra Weatherly	Regency Therapeutics	Sprix
Jack Vaeth	Forest	Viibryd
Tanisha Hill	Teva	Qnasl, ProAir HFA
Ruchir Parikh	Boehringer-Ingelheim	Combivent Respimat

Dr. Mackowick thanked the presenters for all their input. A presentation from Xerox, the claims processor, was delivered by Dr. Karriem Farrakhan. After providing a verbal report to the Committee members, he indicated that 1158 new PDL PA requests were received for non-preferred drugs in the prior quarter (3rd quarter 2012). The leading PA requests were for Fibromyalgia agents followed by the analgesic narcotics and the phosphate binders. Rounding out the top ten were: stimulants, antipsychotics, anticonvulsants, sedative hypnotics, anticoagulants, statins and inhaled glucocorticoids. This represents a slight increase in total PA requests compared to the last two quarters. The top ten comprise approximately 89 percent of new PA requests. Dr. Daviss requested clarification on the number of Cymbalta prior authorization requests and received the answer of 464 requests.

Dr. Daviss reintroduced the idea of extending the look back period for antipsychotics from 120 days to two years as an old business item since the Committee had previously voted on the issue. Dr. Daviss brought up the issue as a "patient friendly" approach and that other states have a longer look back period. The issue was previously approved by the P&T Committee twice and the recommendation was not accepted by either the Drug Utilization Review (DUR) Board or the Department of Health and Mental Hygiene (DHMH). After discussion, this issue was tabled until the end of the meeting for discussion as new business.

Dr. Mackowick stated that there were 16 classes that had no recommended changes from the existing PDL. Dr. Hilliard had questions about the Cymbalta prior authorization process which were answered and the class was approved with no changes. Dr. Daviss had a question about the cost of Viibryd compared to other antidepressants which could only be discussed in a closed session of the meeting. After consultation with the DHMH legal advisor, the Committee voted to have a closed session at the end of the meeting to discuss the cost of Viibryd.

Immediately following were reviews of 11 classes with modified recommendations from the existing PDL and reviews of 4 classes with single drug reviews. During the reviews of the antipsychotic class, Dr. Daviss motioned to have Latuda added to the PDL due to its side effect profile and pregnancy category but the motion was denied. Dr. Daviss also commented on the prior authorization process for antipsychotics and that in his opinion the process has become more difficult. The following table reflects the voting results for each of the affected therapeutic categories:

Class	Voting Result
Alzheimer's Agents	**Maintain current Preferred agents:** generics (donepezil, donepezil ODT, rivastigmine), Exelon transdermal, Namenda
Anticonvulsants	**Maintain current Preferred agents:** generics (carbamazepine (chewables, tablets and suspension), carbatrol, clonazepam, tablets, divalproex (tablets, solution, ER), lamotrigine, levetiracetam (tablets, solution), oxcarbazepine (tablets, suspension), phenobarbital (tablets, syrup), phenytoin (capsules, suspension, ER), primidone, topiramate, valproic acid (capsules, syrup), zonisamide), Celontin, Depakote sprinkles, DiaStat, Dilantin Infatabs, Gabitril, Peganone, Tegretol Suspension, Trileptal Suspension
Antidepressants, Other	**Maintain current preferred agents:** generics (bupropion, mirtazapine, phenelzine, trazadone, venlafaxine (tablets, ER capsules)), Marplan, Parnate
Antidepressants, SSRIs	**Maintain current preferred agent**: generics (citalopram, escitalopram, fluoxetine (tablets, capsules, solution), fluvoxamine, paroxetine, sertraline)
Antihistamines, Minimally Sedative	**Maintain current preferred agents**: generics (cetirizine, cetirizine D, fexofenadine OTC, levocetirizine, loratadine, loratadine D)
Antihypertensives, Sympatholytics	**Maintain current preferred products**: generics (clonidine oral, guanfacine, methyldopa, methyldopa-HCTZ), Catapres TTS
Antihyperuricemics	**Maintain current Preferred agents**: generics (allopurinol, probenecid, probenecid-colchicine)
Antiparkinson's Agents	**Maintain current Preferred agents**: generics (benztropine, levodopa-carbidopa (IR and ER), levodopa-carbidopa-entacapone, pramipexole, ropinirole, selegiline (tablets), trihexyphinedyl), Stalevo
Bile Salts	**Maintain current Preferred agents:** generics (ursodiol)

Class	Voting Result
Bronchodilators, Beta Agonists	**Maintain current Preferred agents:** generics (albuterol (tablets, syrup, full dose neb), terbutaline), Foradil, Maxair, ProAir HFA, Proventil HFA
COPD Agents	**Maintain current Preferred agents:** generics (ipratropium neb, ipratropium-albuterol neb), Atrovent HFA, Combivent, Combivent Respimat, Spiriva
Immunomodulators, Atopic Dermatitis	**Maintain current Preferred agents:** Elidel
Neuropathic Pain	**Maintain current Preferred agents**: generics (capsaicin OTC, gabapentin), Lidoderm, Lyrica, Savella
NSAIDs	**Maintain current Preferred agents**: generics (diclofenac (all forms), diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen (all forms), indomethacin (IR and ER), ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen (all forms), oxaprozin, piroxicam, sulindac)), Voltaren gel
Ophthalmics, Glaucoma	**Maintain current Preferred agents**: generics (betaxolol, brimonidine, carteolol, dorzolamide, dorzolamide-timolol, istalol, latanoprost, levobunolol, metipranolol, pilocarpine, timolol), Alphagan P 0.15%, Azopt, Betimol, Betoptic S, Combigan, Travatan, Travatan Z
Sedative Hypnotics	**Maintain current Preferred agents**: generics (chloral hydrate, flurazepam, temazepam (15mg and 30mg), triazolam, zaleplon, zolpidem)

Class	Voting Result
Antipsychotics	**ADD:** Invega Sustenna **Other Preferred Agents:** generics (amitriptyline-perphenazine, chlorpromazine, clozapine, fluphenazine (all forms), haloperidol (all forms), olanzapine (all forms), perphenazine, quetiapine, risperidone, thioridazine, thiothixine, trifluoperazine, ziprasidone), Abilify (tablets, discmelts, solution), Geodon (IM), Orap, Risperdal Consta
Cytokine and CAM Antagonists	**REMOVE:** Cimzia **Other Preferred Agents:** Enbrel, Humira
Glucocorticoids, Inhaled	**ADD:** Pulmicort Flexhaler, Pulmicort 0.25mg and 0.5mg Respules **Other Preferred Agents:** Advair, Asmanex, Dulera, Flovent, Qvar, Symbicort
Intranasal Rhinitis Agents	**ADD:** ipratropium **REMOVE:** Beconase AQ, flunisolide **DO NOT ADD:** Dymista, Qnasal, Zetonna **Other Preferred Agents:** generics (fluticasone) Astelin, Astepro, Nasacort AQ, Nasonex, Patanase
Leukotriene Modifiers	**REMOVE:** Singulair granules **Other Preferred agents:** generics **(**montelukast (tablets, chewables), zafirlukast)
Ophthalmic Antibiotic-Steroid Combinations	**ADD:** Tobradex suspension **REMOVE:** tobramycin-dexamethasone, Zylet **Other Preferred agents:** generics (blephamide, blephamide S.O.P., neomycin-bacitracin-poly-hc, neomycin-polymyxin-hc, neomycin-polymyxin-dexamthasone, sulfacetamide-prednisolone), Pred-G, Tobradex ointment

Class	Voting Result
Ophthalmics, Antibiotics	**ADD:** Moxeza **REMOVE:** Garamycin ointment **Other Preferred Agents**: generics (bacitracin, bacitracin-polymyxin, ciprofloxacin, erythromycin, gentamicin, neomycin-polymyxin-gramicidin, neomycin-polymyxin-bacitracin, ofloxacin, polymyxin-trimethoprim, sulfacetamide, tobramycin) Besivance, Ciloxan ointment, Tobrex ointment, Vigamox
Ophthalmics for Allergic Conjunctivitis	**REMOVE:** Patanol **Other Preferred Agents:** generics (cromolyn, ketotifen OTC), Alrex, Pataday, Zaditor OTC
Ophthalmics, Anti-Inflammatories	**ADD:** Flarex **REMOVE:** Lotemax ointment, Omnipred **Other Preferred Agents:** generics (dexamethasone, diclofenac, fluorometholone, flurbiprofen, ketorolac, prednisolone), FML Forte, FML SOP, Lotemax drops, Maxidex, Pred Mild
Otic Antibiotics	**REMOVE:** Coly-mycin S, Cortisporin TC **Other Preferred Agents:** generics (neomycin-polymyxin-HC suspension, ofloxacin), Ciprodex
Stimulants and Related Agents	**ADD:** methylphenidate ER tablets **REMOVE:** Concerta, dextroamphetamine ER capsules **Other Preferred Agents:** generics (amphetamine salt combo, dexmethylphenidate, dextroamphetamine tablets, methylphenidate tablets), Adderall XR, Daytrana, Dexedrine spansules, Focalin, Focalin XR, Intuniv, Metadate CD, Methylin, Strattera, Vyvanse

Single Drug Reviews	Voting Result
Analgesics, Narcotic Short Acting	**DO NOT ADD:** Primlev, Subsys
Antiparasitics, Topical	**DO NOT ADD:** Sklice
Erythropoiesis Stimulating Protiens	**DO NOT ADD:** Omontys
Hypoglycemics, Incretin Mimetics/Enhancers	**DO NOT ADD:** Janumet XR

~ 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.).

Following discussion of the classes for review, Dr. Daviss discussed three items of new business. Dr. Daviss reiterated his points for extending the antipsychotic look back period from 120 days to 2 years and motioned for approval. His motion carried. Dr. Daviss also addressed a previous recommendation to add an edit so psychiatrists can bypass the prior authorization requirement for psychotropic medications. Dr. Daviss made a motion to create a subcommittee to investigate the feasibility of implementing such edit. His motion carried. Dr. Daviss also requested that the reports provided by Xerox include the number of denied prior authorizations in addition to the number of approved prior authorizations by category. His motion carried. Dr. Mackowick motioned for the committee to enter into closed session to discuss the pricing of Viibryd in comparison to other drugs in the class. The motion carried with eight approvals and one abstention.

With no further business, the public meeting adjourned at 11:38 a.m. The closed session commenced at 11:52 a.m. After pricing comparison in the closed session, the recommendation of keeping non-preferred status for Viibryd was upheld and the closed session was adjourned 12:11 p.m.