Maryland Pharmacy Program
PDL P&T Meeting

Minutes from November 7, 2013

UMBC Research and Technology Park

Maryland Pharmacy Program
PDL P& T Meeting

Minutes- November 7, 2013

Attendees:

P&T Committee

Jenel Steele Wyatt (Chairperson); Ester Alabi; John Boronow; Helen Lann; Evelyn White Lloyd; Marie Mackowick; Ryan Scott Miller; Brian Pinto; Anna Schor; Karen Vleck

DHMH Staff

Athos Alexandrou (Maryland Pharmacy Program Director); Dixit Shah (Maryland Pharmacy Program Deputy Director); Lisa Burgess (Maryland Pharmacy Program Child Psychiatrist); Paul Holly (Consultant Pharmacist to Maryland Pharmacy Program); Dennis Klein (Maryland Pharmacy Program Pharmacist)

Xerox

Karriem Farrakahan, PharmD

Health Information Designs (HID)

Joe Paradis, PharmD

Provider Synergies/Magellan Medicaid Administration (PS/MMA)

Matthew Lennertz, PharmD

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Steele Wyatt, at 9:00 a.m. The meeting began with brief introductions of all the representatives including the P&T Committee members, DHMH, Xerox, HID, and PS/MMA. The Committee then approved the minutes from the previous P&T Committee meeting held on May 2, 2013.

Dr. Steele Wyatt then asked Mr. Alexandrou to provide a status update on the Medicaid Pharmacy Program. Mr. Alexandrou explained that the PDL is in its tenth year and has saved tens of millions of dollars on prescription drugs thus allowing the State to manage costs without reducing covered services. The Committee was reminded that the Program's goal is to provide the safest, clinically sound and most cost effective medications to Maryland Medicaid members.

Mr. Alexandrou reemphasized the Peer Review Program implemented in late 2011for children and adolescents taking antipsychotic medications. The goal of the program is to achieve patient safety by improving patient monitoring for adverse effects and ensuring the patient's medication regimen is appropriate. The Program has been rolled out in three phases: Phase I was implemented in October of 2011 and included children under the age of 5. Phase II was implemented in July of 2012 and included children under the age of 10. Phase III is currently being implemented in stages and includes children under the age of 18. Full implementation of Phase III is expected to be completed in January 2014.

Mr. Alexandrou 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. Furthermore, mental health drugs are grandfathered. The PDL is also accessible through Epocrates. More importantly, prescribers are cooperating with the PDL and current compliance is over 94%.

The pharmacy hotline remains active averaging about 1150 calls each month with about 13% of them relating to the PDL. Mr. Alexandrou thanked the Committee for their dedication and commitment to serving the citizens of the State of Maryland.

Dr. Steele Wyatt 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
Christine Oh	Teva	QNASL
Ashlie Bagwell	People's Community Health Centers, Inc.	Combivent, Advair, and Symbicort
Patricia Rohman	Otsuka	Abilify Maintena
Vikram Patel	Sunovion	Latuda
Christian Merlo	JHU School of Medicine	Tobi Podhaler
Parsh Sachdeva	AstraZeneca	Seroquel XR
Gina Florida	UCB, Inc	Vimpat
Sharon Hoffman	AbbVie	Humira
Arsalan Khan	Janssen (Johnson and Johnson)	Invega Sustenna, Simponi
Deanna Phillips	Amgen	Enbrel
Tanner Odom	Biogen Idec	Tecfidera

Name	Affiliation	Class/Drug of Interest
Rodney Taylor	Novartis	Tobi Podhaler
Michael O'Connell	Pfizer	Lyrica

Dr. Steele Wyatt thanked the presenters for all their input. A presentation from Xerox, the claims processor, was delivered by Dr. Karriem Farrakhan. He indicated that 1,082 new PDL PA requests were received for non-preferred drugs in the prior quarter (3rd quarter 2013). The leading PA requests were for fibromyalgia agents followed by the analgesic narcotics and the stimulants. Rounding out the top ten were: antipsychotics, sedative hypnotics, anticonvulsants, phosphate binders, sympatholytic antihypertensive agents, antidepressants, and anticoagulants. The top ten comprised of 976 PA requests which accounted for approximately 90 percent of new requests. Dr. Farrakhan then asked if he could answer any questions and no questions were asked.

Dr. Steele Wyatt stated that there were 15 classes that had no recommended changes from the existing PDL. The 15 classes were approved without any changes or discussion.

Immediately following were reviews of 12 classes with modified recommendations from the existing PDL and reviews of 8 classes with single drug reviews. 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 (all strengths except 23mg), donepezil ODT, rivastigmine), Exelon transdermal, Namenda
Antidepressants, Other	**Maintain current preferred agents:** generics (bupropion, mirtazapine, phenelzine, trazodone, venlafaxine (IR tablets, ER capsules)), Marplan, Parnate
Antidepressants, SSRIs	**Maintain current preferred agent**: generics (citalopram, escitalopram, fluoxetine tablets (all except 60mg and weekly), fluvoxamine, paroxetine, sertraline)
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)

Class	Voting Result
Antiparkinson's Agents	**Maintain current Preferred agents**: generics (benztropine, levodopa-carbidopa (IR and ER), levodopa-carbidopa-entacapone, pramipexole, ropinirole, selegiline (tablets), trihexyphinedyl)
Bile Salts	**Maintain current Preferred agents:** generics (ursodiol capsules)
COPD Agents	**Maintain current Preferred agents:** generics (ipratropium neb, ipratropium-albuterol neb), Atrovent HFA, Combivent Respimat, Spiriva
Cytokine and CAM Antagonists	**Maintain current Preferred Agents:** Enbrel, Humira
Glucocorticoids, Inhaled	**Maintain current Preferred Agents:** Advair, Asmanex, Dulera, Flovent, Pulmicort 0.25mg and 0.5mg Respules, Pulmicort Flexhaler, Qvar, Symbicort
Immunomodulators, Atopic Dermatitis	**Maintain current Preferred agents:** Elidel
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 for Allergic Conjunctivitis	**Maintain current Preferred Agents:** generics (cromolyn, ketotifen OTC), Alrex, Pataday
Otic Antibiotics	**Maintain current Preferred Agents:** generics (neomycin-polymyxin-HC, ofloxacin), Ciprodex
Sedative Hypnotics	**Maintain current Preferred agents**: generics (chloral hydrate, flurazepam, temazepam (15mg and 30mg), triazolam, zaleplon, zolpidem)

Class	Voting Result
Anticonvulsants	**ADD:** Gabitril **REMOVE:** carbamazepine suspension, oxcarbazepine suspension, tiagabine **DO NOT ADD:** Onfi Suspension, Trokendi XR **Other Preferred agents:** generics (carbamazepine IR, clonazepam, divalproex (tablets, solution, ER), lamotrigine, levetiracetam (tablets, solution), oxcarbazepine (tablets), phenobarbital (tablets, syrup), phenytoin (capsules, suspension, ER), primidone, topiramate, valproic acid (capsules, syrup), zonisamide, Carbatrol, Celontin, Depakote sprinkles, DiaStat, Dilantin Infatabs, Peganone, Tegretol Suspension, Trileptal Suspension
Antihistamines, Minimally Sedative	**REMOVE:** levocetirizine solution **Other Preferred Agents**: generics (cetirizine, cetirizine D, fexofenadine OTC, levocetirizine tablets, loratadine, loratadine D)
Antipsychotics	**ADD:** Abilify Maintena, Latuda (tier 2) **Other Preferred Agents:** generics (amitriptyline-perphenazine, chlorpromazine, clozapine, fluphenazine, haloperidol, olanzapine (tier 2), perphenazine, quetiapine, risperidone, thioridazine, thiothixine, trifluoperazine, ziprasidone), Abilify (tier 2), Geodon IM, Invega Sustenna, Orap, Risperdal Consta
Bronchodilators, Beta Agonists	**REMOVE:** Maxair **Maintain current Preferred agents:** generics (albuterol (tablets, syrup, full dose neb), terbutaline), Foradil, ProAir HFA, Proventil HFA
Intranasal Rhinitis Agents	**REMOVE:** Nasacort AQ **Other Preferred Agents:** generics (fluticasone, ipratropium) Astelin, Astepro, Nasonex, Patanase

Class	Voting Result
Leukotriene Modifiers	**REMOVE:** montelukast granules **Other Preferred agents:** generics **(**montelukast (tablets, chewables), zafirlukast)
Neuropathic Pain	**ADD:** Cymbalta **REMOVE:** gabapentin tablets, gabapentin solution, Savella **Other Preferred agents**: generics (capsaicin OTC, gabapentin (capsules)), Lidoderm, Lyrica,
Ophthalmics, Antibiotics	**REMOVE:** bacitracin, sulfacetamide ointment, Besivance **Other Preferred Agents**: generics (bacitracin-polymyxin, ciprofloxacin, erythromycin, gentamicin, neomycin-polymyxin-gramicidin, neomycin-polymyxin-bacitracin, ofloxacin, polymyxin-trimethoprim, sulfacetamide solution, tobramycin), Ciloxan ointment, Moxeza, Tobrex ointment, Vigamox
Ophthalmic Antibiotic-Steroid Combinations	**REMOVE:** neomycin-polymyxin-hc **Other Preferred agents:** generics (blephamide, blephamide S.O.P., neomycin-bacitracin-poly-hc, neomycin-polymyxin-dexamethasone, sulfacetamide-prednisolone), Pred-G, Tobradex ointment, Tobradex suspension
Ophthalmics, Anti-Inflammatories	**ADD:** Durezol **DO NOT ADD:** Prolensa **Other Preferred Agents:** generics (dexamethasone, diclofenac, fluorometholone, flurbiprofen, ketorolac, prednisolone), Flarex , FML Forte, FML SOP, Lotemax drops, Maxidex, Pred Mild

Class	Voting Result
Ophthalmics, Glaucoma	**ADD:** Simbrinza **REMOVE:** Combigan **DO NOT ADD:** Rescula **Other Preferred agents**: generics (betaxolol, brimonidine 0.1%, carteolol, dorzolamide, dorzolamide-timolol, , latanoprost, levobunolol, metipranolol, pilocarpine, timolol), Alphagan P 0.15%, Azopt, Betimol, Betoptic S, Istalol, Travatan Z
Stimulants and Related Agents	**ADD:** Quillivant XR, Ritalin LA **REMOVE:** dexmethylphenidate, Methylin chewables **Other Preferred Agents:** generics (amphetamine salt combo, dextroamphetamine tablets, methylphenidate tablets), Adderall XR, Daytrana, Dexedrine spansules, Focalin, Focalin XR, Intuniv, Metadate CD, , Strattera, Vyvanse

Single Drug Reviews	Voting Result
Acne Agents. Topical	**DO NOT ADD:** Ovace Plus Cream
Antibiotics, Inhaled	**DO NOT ADD:** Tobi Podhaler
Antiemetic/Antivertigo Agents	**DO NOT ADD:** Diclegis
Calcium Channel Blockers	**DO NOT ADD:** Nymalize
Cephalosporins and Related Antibiotics	**ADD:** Suprax Capsule
Lipotropics, Statins	**DO NOT ADD:** Liptruzet
Ulcerative Colitis Agents	**ADD:** Delzicol

Single Drug Reviews	Voting Result
Multiple Sclerosis Agents	**ADD:** Rebif Rebidose **DO NOT ADD:** Tecfidera

~ 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.).

During the single drug review of Tobi podhaler, Dr. Pinto asked if the cost of a nebulizer was included in the cost of the Tobi nebules and Dr. Lennertz responded that only the drug cost was considered. There was discussion about the cost of the Tobi podhaler and Tobi nebulizer in the private sector and a comparison to the state expenses. The recent FDA approval of a generic tobramycin generic was also mentioned. Dr. Boronow then asked if Tobi podhaler could be accessed through the prior authorization process and Dr. Lennertz responded that it could be accessed through the process. Mr. Alexandrou explained that both Tobi nebules and Tobi podhaler require clinical criteria in addition to the standard preferred drug criteria. Dr. Lann asked how many requests for Tobi podhaler there were and Dr. Lennertz responded that there was one claim according to the cost sheets and there were no requests on the Xerox prior authorization report because it was from the third quarter. Following the discussion, the recommendation of Tobi podhaler as non preferred was unanimously accepted.

During the single drug review of Diclegis, Dr. Pinto informed the state that Johns Hopkins Hospital would likely add Diclegis to their formulary so there may be an increase in the requests for it. Following the comment, the recommendation of Diclegis as non preferred was unanimously accepted. During the single drug review of Tecfidera, Dr. Schor asked if any other oral Multiple Sclerosis agents were preferred and Dr. Lennertz responded that the two other oral medications were not preferred. Following the question, the recommendation of Tecfidera as non preferred was unanimously accepted

The next meeting is scheduled for May1st, 2014. With no further business, the public meeting adjourned at 10:38 a.m.