Maryland Pharmacy Program Preferred Drug List (PDL) Pharmacy and Therapeutic (P&T) Committee Meeting

Minutes from November 2, 2017

Towson University – West Village Commons, Ballroom C

MARYLAND
Department of Health

Maryland Pharmacy Program
PDL P&T Meeting

Minutes- November 2, 2017

Attendees:

P&T Committee

Devang Patel (Chairperson); Esther Alabi (Vice Chairperson); Sharon Baucom; Kim Leah Bright; Zakiya Chambers; Damean Freas; Evelyn White Lloyd; Marie Mackowick; Karen Vleck; Jenel Steele Wyatt

Maryland Department of Health (MDH)

Athos Alexandrou (Maryland Medicaid Pharmacy Program Director); Dixit Shah (Maryland Medicaid Pharmacy Program Deputy Director); Mangesh Y. Joglekar (Chief, Clinical Services, Maryland Medicaid Pharmacy Program); Malika Closson (Maryland Pharmacy Program Child Psychiatrist); Paul Holly (Consultant Pharmacist to Maryland Pharmacy Program); Dennis Klein (Maryland Pharmacy Program Pharmacist); Seema Kazmi (Maryland Pharmacy Program Pharmacist); Sean Stafford (Director, Senior Prescription Drug Assistance Program, Maryland Medicaid Pharmacy Program)

Xerox Government Solutions

John LaFranchise, Sr., RPh; Karriem Farrakhan, PharmD

Provider Synergies LLC

Nina Bandali, PharmD; Honesty Peltier, PharmD

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Patel, at 9:00 a.m. The meeting began with 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 4, 2017.

Dr. Patel then called upon Mr. Alexandrou to provide a status update on the Medicaid Pharmacy Program. Mr. Alexandrou stated that this meeting marks the end of the 14th year of Maryland's Preferred Drug List. The Medicaid program has saved over $100 million in its expenditures for prescription drugs due to the Preferred Drug List. These savings have allowed Maryland to manage costs without reducing covered services for

Medicaid participants and provide safe, clinically sound, and cost-effective medications to Medicaid participants.

Mr. Alexandrou continued that the State of Maryland is experiencing an opioid addiction and overdose epidemic. As part of the State's comprehensive approach to combating this epidemic, the Department has been working with the eight Medicaid managed care organizations in Maryland to implement minimum standards that will be applied by both the fee-for-service program and the managed care organizations. These standards were implemented July 1, 2017, and include coverage of non-opioids to be considered first-line treatment for chronic pain, and prior authorizations for all long-acting opioids, fentanyl, and methadone for pain and any opioid prescription that results in a patient exceeding 90 morphine milligram equivalents (MME) per day. Also, the standard 30-day quantity limit for all opioids is set at or below 90 MME per day. The standards do not apply to patients with cancer, sickle cell anemia, or patients who are receiving palliative care or who are in hospice. To inform and educate prescribers, the Department and the managed care organizations engaged in an extensive outreach campaign with both letters to providers and webinars. Furthermore, a dedicated website was created with information about the opioid epidemic landscape in Maryland. This website includes resources for providers and managed care organizations for improving the opioid prescribing process in efforts to reduce opioid misuse, dependence, overdose, and death. For the prescriptions that exceeded the minimum standards and required prior authorization by the prescriber, the fee-for-service program and managed care organizations decided to allow a 60-day soothing period. This soothing period allowed the pharmacy provider to obtain a one-time fill of the current prescription up to a 30 day supply in the event that the pharmacy provider was unsuccessful in contacting the prescriber. The soothing period was extended an additional 30 days, until September 30, 2017, at the request of the hospitals. The volume of calls, prior authorizations, and any challenges related to this initiative have been tracked since program inception and it has been progressing as anticipated.

Mr. Alexandrou further 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. Last quarter, prescribers achieved a 96.3% compliance rate with the Preferred Drug List. Please note that the Preferred Drug List is currently accessible on the Maryland Medicaid Pharmacy Program's website and also through Epocrates. Mr. Alexandrou updated everyone that in August of last year, notification was received that the contract with Epocrates would not be renewed and that sometime later in 2017, the company will stop publishing the Preferred Drug List. Other viable online formulary solutions were reviewed, and it was determined that Formulary Navigator is a comparable alternative. Maryland Medicaid Pharmacy Program is currently in the process of transferring the data from Epocrates to Formulary Navigator

with a projected go-live in January 2018. Mr. Alexandrou advised the panel to stay tuned for additional information at the next P&T meeting.

In addition, Mr. Alexandrou stated that the pharmacy hotline remains active, answering close to 2,000 calls each month, of which, approximately 6.5% of the calls pertain to the Preferred Drug List. In closing, Mr. Alexandrou sincerely thanked all the Committee members for dedicating their time to participate on the Committee.

Dr. Patel thanked Mr. Alexandrou for his update 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. There was no question and answer period or demonstrations for public testimony, and pre-selected speakers were given a total of 5 minutes with a timer.

Name	Affiliation	Class/Drug of Interest
Patricia Rohman, PharmD, MBA	Otsuka	Abilify Maintena
Michael Boskello, BS Pharmacy, RPh	Alkermes Pharmaceutical	Aristada
Victor P. Abdow Jr. BS, MD	Abdow Friendship Pediatrics	Dyanavel XR
Anne DePriest, PharmD	Janssen Scientific Affairs	Invega Sustenna, Invega Trinza
Torey Batts, PhD	Teva Pharmaceuticals	Granix
Steven Burch, RPh, PhD	Sunovion Pharmaceuticals Inc.	Utibron Neohaler, Seebri Neohaler
Sue Tairu, PharmD	AbbVie	Mavyret
Ahmad Nessar, PharmD	Amgen	Neulasta, Neupogen, Enbrel
Amit Duggal, PharmD	Gilead Sciences	Epclusa, Harvoni, Vosevi
Cherie Robertson, PharmD, MSPH, BCPS	Pfizer	Eucrisa, Quillivant XR, Quillichew ER
Pallav Raval, PharmD, MBA	Novartis	Cosentyx
Marsie Ross, PharmD	Tris Pharma, Inc	Dyanavel XR

Following the presentation by 12 speakers, Mr. John LaFranchise from Xerox Government Solutions, the claims processor, was called upon to present the prior authorization report. He stated that in the third quarter of 2017, there were 4,289 new PDL prior authorizations (PAs). The top 3 classes were Antidepressants Other, Anticonvulsants, and Antipsychotics. Opiate Dependence Treatments had been the top PDL PA class since the third quarter of 2015. From the second quarter of 2017 to the third quarter of 2017, the number of PAs for this class decreased by 97% from 6,657 to 187. This is due to the placement of Suboxone film and Bunavail as preferred on the PDL on July 1, 2017. Antipsychotics decreased from 735 to 526 from PDL PAs from the second to the third quarter of 2017. All other classes maintained their relative positions in the top ten. Overall, there was decrease in PDL PA volume.

Dr. Patel stated that the classes of drugs that were scheduled for review will be discussed next. He stated that these were posted on the Maryland Medicaid Pharmacy Program website and are listed on the meeting agenda. There were 19 classes that had no recommended changes from the existing PDL. Dr. Patel also stated that there were no potential conflicts of interest noted by the P&T committee members. Dr. Nina Bandali from Provider Synergies provided clinical updates on the 19 classes of drugs with no new recommendations.

Dr. Patel asked if there were any objections to keeping all of the drugs in the classes as they currently are. Since there were no objections, Dr. Patel stated that the Committee will recommend that these classes remain unchanged.

Class	**Voting Result**
Alzheimer's Agents	**Maintain current preferred agents:** generics (donepezil (tablets, ODT, dose pack (all strengths except 23mg)); memantine (tablets, solution); rivastigmine (capsules, patch)
Anticonvulsants	**Maintain current preferred agents:** generics (carbamazepine (IR, ER, tablets, chewable); clonazepam tablets; divalproex (IR, ER, sprinkles); lamotrigine tablets; levetiracetam (tablets, solution); oxcarbazepine (tablets, suspension); phenobarbital (tablets, syrup); phenytoin (capsules, suspension, ER); primidone; topiramate tablets; valproic acid (capsules, solution); zonisamide) Celontin, Diastat, Gabitril, Peganone, Tegretol Suspension, Trileptal Suspension
Antidepressants, Other	**Maintain current preferred agents:** generics (bupropion (IR, SR, XL); mirtazapine (tablets, ODT); phenelzine; trazodone; venlafaxine (IR, ER, capsules)) Parnate
Antidepressants, SSRI	**Maintain current preferred agents:** generics (citalopram (tablet, solution); escitalopram tablets; fluoxetine (capsules, solution (excludes 60mg, weekly); fluvoxamine; paroxetine; sertraline (tablet, concentrated solution)
Antihistamines, Minimally Sedating	**Maintain current preferred agents**: generics (cetirizine (RX, OTC); cetirizine D; fexofenadine OTC;

	levocetirizine tablets; loratadine (RX, OTC); loratadine D)
Antihypertensives, Sympatholytics	**Maintain current preferred agents**: generics (clonidine oral; guanfacine; methyldopa; methyldopa/HCTZ) Catapres-TTS (Brand only)
Antihyperuricemics	**Maintain current preferred agents**: generics (allopurinol; probenecid; probenecid-colchicine)
Antiparkinson's Agents	**Maintain current preferred agents:** generics (amantadine; benztropine; carbidopa-levodopa (IR, ER); carbidopa-levodopa-entacapone; pramipexole; ropinirole; selegiline tablets; trihexyphenidyl)
Bile Salts	**Maintain current preferred agents:** generics (ursodiol capsules; ursodiol tablets)
Colony Stimulating Factor	**Maintain current preferred agents**: Granix; Neupogen
COPD Agents	**Maintain current preferred agents**: generics (ipratropium neb; ipratropium-albuterol neb) Atrovent HFA; Combivent Respimat; Spiriva Handihaler
Erythropoietins	**Maintain current preferred agents**: Aranesp; Procrit
Intranasal Rhinitis Agents	**Maintain current preferred agents**: generics (azelastine; fluticasone; 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 patch) Lyrica
Ophthalmics, Antibiotic-Steroid Combinations	**Maintain current preferred agents**: generics (neomycin/polymyxin/dexamethasone; sulfacetamide/prednisolone; tobramycin/dexamethasone suspension) Tobradex

Ophthalmics, Antibiotics	**Maintain current preferred agents**: generics (bacitracin/polymyxin B ointment; ciprofloxacin solution; erythromycin; gentamicin; moxifloxacin; neomycin/bacitracin/ polymyxin ointment; neomycin/polymyxin/gramicidin; ofloxacin; polymyxin/trimethoprim; sulfacetamide solution; tobramycin) Ciloxan; Moxeza; Tobrex ointment
Otic Antibiotics	**Maintain current preferred agents**: generics (neomycin/polymyxin/hydrocortisone; ofloxacin) Ciprodex
Sedative Hypnotics	**Maintain current preferred agents**: generics (flurazepam; temazepam (15mg, 30mg); triazolam; zaleplon; zolpidem)

Immediately following were reviews of 12 classes with modified recommendations from the existing PDL.

Dr. Patel 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**
Antipsychotics	**ADD**: quetiapine ER **Maintain current preferred agents:** generics (aripiprazole; chlorpromazine; clozapine; fluphenazine; haloperidol; loxapine; olanzapine; perphenazine; perphenazine/amitriptyline; quetiapine; risperidone; thioridazine; thiothixene; trifluoperazine; ziprasidone) Abilify Maintena; Geodon IM; Invega Sustenna; Invega Trinza; Latuda (Tier 2); Orap; Risperdal Consta
Bronchodilators, Beta Agonist	**REMOVE:** albuterol tablets **Maintain current preferred agents:** generics (albuterol nebs; albuterol syrup; terbutaline) ProAir HFA; Proventil HFA; Serevent

Cytokine and CAM Antagonists	**ADD:** Cosentyx **DO NOT ADD:** Kevzara; Renflexis; Siliq; Tremfya **Maintain current preferred agents:** Enbrel, Humira
Epinephrine, Self-Injected	**ADD:** epinephrine (EpiPen, EpiPen Jr) **DO NOT ADD:** epinephrine (Adrenaclick)
Glucocorticoids, Inhaled	**ADD:** Flovent HFA **REMOVE:** QVAR **DO NOT ADD:** fluticasone/salmeterol; AirDuo Respiclick; Armonair Respiclick **Maintain current preferred agents:** Advair Diskus; Advair HFA; Asmanex; Dulera; Pulmicort Respules; Symbicort
Immunomodulators, Atopic Dermatitis	**ADD:** tacrolimus **DO NOT ADD:** Dupixent **Maintain current preferred agents:** Elidel
NSAIDs	**REMOVE:** generics (diclofenac potassium; diflunisal; etodolac (IR, SR); fenoprofen; ibuprofen (chewable tabs OTC); indomethacin ER; ketoprofen (IR, ER); meclofenamate; meloxicam suspension; naproxen (CR, suspension); naproxen sodium RX; oxaprozin; piroxicam) **DO NOT ADD:** Pennsaid Pump **Maintain current preferred agents**: generics (diclofenac gel; diclofenac sodium (IR, SR); flurbiprofen; ibuprofen (RX, OTC); indomethacin IR; ketorolac; meloxicam; nabumetone; naproxen (RX, OTC); naproxen sodium (OTC); sulindac
Ophthalmics for Allergic Conjunctivitis	**REMOVE:** olopatadine **Maintain current preferred agents**: generics (cromolyn; ketotifen OTC) Alrex; Pazeo

Ophthalmics, Anti-Inflammatories	**REMOVE:** dexamethasone; ketorolac LS; prednisolone acetate **Maintain current preferred agents**: generics (diclofenac; fluorometholone; flurbiprofen; ketorolac) Durezol; Flarex; FML SOP; Ilevro; Lotemax drops; Maxidex; Pred Mild
Ophthalmics, Anti-Inflammatory/Immunomodulators	**ADD:** Restasis (multidose) **Maintain current preferred agents:** Restasis (single use)
Ophthalmics, Glaucoma Agents	**REMOVE:** Betimol **Maintain current preferred agents**: generics (brimonidine 0.1%; carteolol; dorzolamide; dorzolamide/timolol; latanoprost; levobunolol; pilocarpine; timolol) Alphagan P 0.15%; Azopt; Combigan; Simbrinza; Travatan Z
Stimulants and Related Agents	**ADD:** methylphenidate ER capsules (Ritalin LA) **REMOVE:** Ritalin LA (except 10mg) **DO NOT ADD:** Cotempla XR ODT; Mydayis ER **Maintain current preferred agents:** generics (amphetamine salt combo; dextroamphetamine (capsules, tablets); guanfacine ER; methylphenidate; methylphenidate ER; methylphenidate CD; methylphenidate CR; atomoxetine (Tier 2)) Adderall XR; Daytrana; Focalin; Focalin XR; Kapvay; Methylin solution; Quillivant XR; Vyvanse (capsules, chewable tablets)

Immediately following were reviews of 10 classes with single drug reviews.

Dr. Patel noted that Dr. Baucom recused herself from participation in the single drug reviews for the Hepatitis C Agents due to a potential conflict of interest. The following table reflects the voting results for each of the affected therapeutic categories:

Single Drug Reviews	Voting Result
Acne Agents, Topical	**DO NOT ADD:** Differin Gel OTC
Analgesics, Narcotics Long-Acting	**DO NOT ADD:** Morphabond ER
Analgesics, Narcotics Short-Acting	**DO NOT ADD:** Oxaydo
Antiemetic/Antivertigo Agents	**DO NOT ADD:** Syndros
Bladder Relaxant Preparations	**DO NOT ADD:** Gelnique Gel Pump
Bone Resorption Suppression and Related Agents	**DO NOT ADD:** Tymlos
Hepatitis C Agents	**ADD:** Mavyret; Vosevi
Hypoglycemics, Insulins	**DO NOT ADD:** Humalog Junior Kwikpen
Hypoglycemics, SGLT2 Inhibitors	**DO NOT ADD:** Synjardy XR
Multiple Sclerosis Agents	**DO NOT ADD:** Ocrevus

~ 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 review of NSAIDs, Dr. Freas requested verification of the current PDL placement of Celebrex. He also inquired whether there were any additional COX-2 inhibitors on the PDL. Dr. Bandali reviewed the slides and highlighted that celecoxib, the generic for Celebrex, was currently listed as non-preferred on the PDL as it had been in the past. There are no additional COX-2 inhibitors on the PDL.

After the recommendations for the Stimulants and Related Agents class were reviewed by Dr. Bandali, Dr. Wyatt requested clarification on the designation of Atomoxetine as preferred, Tier 2. Dr. Bandali stated that the participant would need to try a preferred medication first. Mr. Alexandrou replied that there is a 42 day trial of a preferred agent that is required.

Dr. Patel informed the panel that the next meeting is scheduled for May 3, 2018, at 9am in Ballroom C in the West Village Commons building on the campus of Towson University. Updated information on the meeting location will be available on the Maryland Medicaid Pharmacy Program website. Dr. Patel asked if there was any further business to come before the Committee. None appearing – the meeting was adjourned at 11:03 a.m.