Preferred Drug List (PDL)

Pharmacy and Therapeutics (P&T) Committee Meeting

Minutes from May 2, 2019

Attendees:

P&T Committee

Esther Alabi (Acting Chairperson); Sharon Baucom; Kim Bright; Zakiya Chambers; Damean W.E. Freas; Evelyn White Lloyd; Marie Mackowick; Kristine Parbuoni; Timothy Romanoski; Karen Vleck; Jenel Steele Wyatt

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); Malika Closson (Medicaid Pharmacy Program Physician Program Specialist); Paul Holly (Consultant Pharmacist to Medicaid Pharmacy Program); Lucy Karanja (Medicaid Pharmacy Program Pharmacist); Kim Rogers (Consultant Pharmacist to Medicaid Pharmacy Program)

Conduent State Healthcare LLC

John LaFranchise, Sr. (Director, MD PBM Account); Karriem Farrakhan (Clinical Manager, MD PBM Account)

Provider Synergies LLC

Honesty Peltier (Pharmacist Account Manager)

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Acting Chairperson, Dr. Alabi, at 9:08 a.m. The meeting began with a welcome by Dr. Alabi noting that all members

of the P&T Committee were recently appointed by the Secretary of Maryland Department of Health. 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 November 1, 2018.

Dr. Alabi then called upon Mr. Joglekar to provide a status update on the Medicaid Pharmacy Program. Mr. Joglekar congratulated the new P&T Committee members, Dr. Romanoski, Dr. Parbuoni, and Dr. Dang, for their appointment. Mr. Joglekar acknowledged former members, Dr. Joshi, Dr. Patel, and Dr. Pherson, for their time and dedication to the Committee and noted that Certificates of Appreciation, signed by Athos Alexandrou, Director of Maryland Medicaid Pharmacy Program, and Robert Neall, Secretary of Maryland Department of Health would be sent to those former members. Mr. Joglekar stated that this meeting marks the beginning of the 16th year of Maryland's Preferred Drug List. The Medicaid program has saved nearly $200 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 appropriate, and cost-effective medications to Medicaid participants.

Mr. Joglekar continued that the nation, including the State of Maryland is experiencing an opioid crisis. As part of the State's comprehensive approach to combatting this epidemic, the Department has worked with the nine Medicaid managed care organizations in Maryland to implement continuing minimum standards that were applied by both the fee-for-service program and the managed care organizations to strategically tackle this crisis. These standards 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. Additionally, 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. Mr. Joglekar reminded the Committee that naloxone is covered by Maryland Medicaid without a prescription as of June 1, 2017 and is available under the Statewide Standing Order issued by Maryland Department of Health. Mr. Joglekar reported that these initiatives implemented by the Maryland Medicaid Pharmacy Program and the Managed Care Organizations (MCOs) have been progressing as anticipated and continue to improve appropriate opioid prescribing and curb concerns related to the epidemic.

Mr. Joglekar 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. During the fourth quarter of 2018, prescribers achieved a 96.1% compliance rate with the Preferred Drug List.

Mr. Joglekar provided an update to the clinical criteria for HCV therapy that includes pre-treatment evaluations, hepatitis C management and enhanced management plans, and starting July 1, 2019 the coverage will be expanded to allow fibrosis score of F1.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active; answering on average 2,350 calls each month from April 2018 to March 2019, of which, approximately 61 calls, or 2%, pertain to the PDL. This call volume is a testament to how effectively the PDL is being managed and a reflection on the hard work, dedication, and expertise of the entire team.

In closing, Mr. Joglekar sincerely thanked all the Committee participants for dedicating their time to participate on the Committee.

Dr. Alabi 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
Carmelina Tyler, PharmD	Veloxis	Envarsus XR
Nancy Njuguna, BPharm, MBA	Eli Lilly	Emgality, Trulicity
Lee Ann McDowell, PharmD	Actelion	Opsumit, Uptravi
Gina McKnight-Smith, PharmD	AbbVie	Mavyret
Anne Gocke, PhD	Biogen	Tecfidera
Christine Cazeau, MD	Pierre Fabre	Hemangeol
Elizabeth Esterl, DNP, MS, RN	United Therapeutics	Orenitram
Ahmad Nessar, PharmD	Amgen	Aimovig, Repatha
Valerie Ng, PharmD, MSIA, MT	Indivior	Sublocade
Kayleen Daly, PharmD	Janssen	Invokana, Xarelto, Xarelto 2.5mg, Xarelto Dose Pack
Samaneh Kalirai, PharmD	Bristol-Myers Squibb	Eliquis, Eliquis Dose Pack
Paul Isikwe, PharmD *speaker substitution by Teva	Teva	Ajovy

Tammy Kell, PharmD	Novo Nordisk	Norditropin, Ozempic
Karen Gallagher-Horsting, MD	Novartis	Entresto, Gilenya
Michael Boskello, RPh	Alkermes	Vivitrol

Following the presentation by 15 speakers, Mr. John LaFranchise from Conduent State Healthcare LLC, the claims processor, was called upon to present the prior authorization report. He stated that in the first quarter of 2019, there were 5,016 new PDL prior authorizations (PAs), a decrease from the fourth quarter of 2018 by 28% from 6,933 PDL PAs. The top ten therapeutic class PDL PAs also decreased by 28% from 6,285 during the fourth quarter of 2018 to 4,502 for the first quarter of 2019. These top ten classes accounted for 90% of the total authorized PA approvals. The top ten classes for which PAs were requested during the first quarter of 2019 in descending order: Antidepressants, Other; Anticonvulsants; Stimulants and Related Agents; Antipsychotics; Sedative Hypnotics; Opioid Use Disorder Treatments; Antidepressants, SSRIs;; Analgesics, Narcotics; Neuropathic Pain; Inhaled Glucocorticoids. There was a decrease in PDL PAs for nine of the top ten classes. Antidepressants, SSRIs showed a 6% increase from 266 in the fourth quarter of 2018 to 272 in the first quarter of 2019. The number of PAs for the top three PDL PA classes decreased by 31% from 3,970 to 2,751 during this same time. Opioid Use Disorder Treatments decreased from 389 in the third quarter to 2018 to 289 in the first quarter of 2019, a 26% decrease. Inhaled Glucocorticoids are new to the top ten list replacing Phosphate Binders and Related Agents.

Dr. Alabi stated that the classes of drugs that were scheduled for review will be discussed next. She stated that these were posted on the Maryland Medicaid Pharmacy Program website and were listed on the meeting agenda. There were 33 classes that had no recommended changes from the existing PDL. Dr. Alabi also stated that there were no potential conflicts of interest noted by the P&T Committee members. Dr. Honesty Peltier from Provider Synergies provided clinical updates on the 33 classes of drugs with no new recommendations.

Class	Voting Result
Analgesics, Narcotics (Long Acting)	**Maintain current preferred agents:** generics (fentanyl patch (except 37.5mcg, 62.5mcg, 87.5mcg); morphine sulfate SR); Embeda

Androgenic Agents	**Maintain current preferred agents:** Androderm; Androgel (packet, pump)
Angiotensin Modulator Combinations	**Maintain current preferred agents:** generics (amlodipine/benazepril; amlodipine/valsartan; amlodipine/valsartan/HCTZ)
Angiotensin Modulators	**Maintain current preferred agents:** generics (benazepril; benazepril/HCTZ; enalapril; enalapril/HCTZ; irbesartan; irbesartan/HCTZ; lisinopril; lisinopril/HCTZ; losartan; losartan/HCTZ; quinapril; quinapril/HCTZ; ramipril; valsartan; valsartan/HCTZ); Entresto
Antibiotics, Inhaled	**Maintain current preferred agents**: Bethkis; Kitabis Pak; Tobi Podhaler (step therapy)
Antibiotics, Topical	**Maintain current preferred agents**: generics (bacitracin OTC; bacitracin/polymyxin OTC; gentamicin; mupirocin (ointment); neomycin/polymyxin/pramoxine OTC; triple antibiotic OTC)
Antifungals, Oral	**Maintain current preferred agents**: generics (clotrimazole troches; fluconazole; griseofulvin (suspension); ketoconazole; nystatin (tablets, suspension); terbinafine)
Antifungals, Topical	**Maintain current preferred agents:** generics (clotrimazole (cream, solution, RX/OTC); clotrimazole/betamethasone (cream); ketoconazole (cream, shampoo); miconazole (cream OTC); nystatin (cream, ointment, powder); nystatin/triamcinolone (cream, ointment); terbinafine (cream OTC); tolnaftate (cream, powder, spray OTC))
Antimigraine Agents, Triptans	**Maintain current preferred agents:** generics (rizatriptan (tablets, ODT); sumatriptan (nasal, tablets, vial)
Antiparasitics, Topical	**Maintain current preferred agents**: generics (permethrin (RX/OTC); piperonyl/pyrethrins (OTC))

Antivirals, Oral	**Maintain current preferred agents**: generics (acyclovir; oseltamivir; valacyclovir)
Antivirals, Topical	**Maintain current preferred agents**: generics (acyclovir cream); Abreva OTC
Beta-Blockers	**Maintain current preferred agents**: generics (atenolol; atenolol/chlorthalidone; bisoprolol/HCTZ; carvedilol; labetalol; metoprolol; metoprolol XL; propranolol; propranolol LA; sotalol)
Bladder Relaxant Preparations	**Maintain current preferred agents**: generics (oxybutynin; oxybutynin ER); Toviaz
Bone Resorption Suppression and Related Agents	**Maintain current preferred agents**: generics (alendronate (tablets); calcitonin salmon)
BPH Treatments	**Maintain current preferred agents**: generics (alfuzosin; doxazosin; dutasteride; finasteride; tamsulosin; terazosin)
Calcium Channel Blockers	**Maintain current preferred agents**: generics (amlodipine; diltiazem; diltiazem ER capsules; nifedipine ER; verapamil; verapamil ER tablets)
Fluoroquinolones, Oral	**Maintain current preferred agents**: generics (ciprofloxacin (tablets); levofloxacin (tablets))
GI Motility, Chronic	**Maintain current preferred agents**: Amitiza; Linzess; Movantik
Growth Hormone	**Maintain current preferred agents**: Genotropin; Norditropin; Nutropin AQ
Hepatitis B Agents	**Maintain current preferred agents**: generics (entecavir; lamivudine HBV)
Hypoglycemics, Incretin Mimetics/Enhancers	**Maintain current preferred agents**: Bydureon; Byetta; Glyxambi; Janumet; Janumet XR; Januvia; Jentadueto; Symlin; Tradjenta; Victoza

Hypoglycemics, Meglitinides	**Maintain current preferred agents**: generics (nateglinide; repaglinide)
Hypoglycemics, Metformins	**Maintain current preferred agents**: generics (glipizide/metformin; glyburide/metformin; metformin; metformin ER (Glucophage XR))
Hypoglycemics, SGLT2	**Maintain current preferred agents**: Farxiga; Invokana; Jardiance
Hypoglycemics, TZDs	**Maintain current preferred agents:** generics (pioglitazone; pioglitazone/metformin))
Lipotropics, Other	**Maintain current preferred agents:** generics (cholestyramine; colestipol (tablets); ezetimibe; fenofibrate nanocrystals; gemfibrozil; niacin ER); Niacor
Lipotropics, Statins	**Maintain current preferred agents**: generics (atorvastatin; lovastatin; pravastatin; rosuvastatin; simvastatin)
Multiple Sclerosis Agents	**Maintain current preferred agents**: Avonex; Betaseron; Copaxone 20mg (brand); Rebif
Pancreatic Enzymes	**Maintain current preferred agents**: Creon; Zenpep
Proton Pump Inhibitors	**Maintain current preferred agents**: generics (lansoprazole (capsules); omeprazole (RX); pantoprazole)); Nexium (suspension); Prevacid Solutab (brand)
Skeletal Muscle Relaxants	**Maintain current preferred agents**: generics (baclofen; chlorzoxazone; cyclobenzaprine; methocarbamol; orphenadrine ER; tizanidine (tablets))
Tetracyclines	**Maintain current preferred agents**: generics (doxycycline hyclate (capsules, tablets); doxycycline monohydrate (50mg, 100mg); minocycline (capsules); tetracycline)

Dr. Alabi asked if there were any objections to keeping all of the drugs in the classes as they currently are. There were no objections. Since there were no objections, Dr. Alabi stated that the Committee will recommend that these classes remain unchanged. Following the vote, Dr. Wyatt asked whether the turnaround time for PAs is on the same business day or within one day. Mr. Joglekar affirmed the timeframe.

Immediately following were reviews of 17 classes with modified recommendations from the existing PDL.

Dr. Alabi 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
Acne Agents, Topical	**ADD:** clindamycin/benzoyl peroxide **REMOVE**: erythromycin gel; erythromycin/benzoyl peroxide **Maintain current preferred agents:** generics (benzoyl peroxide (cream, wash, 6% cleanser, gel, lotion OTC); clindamycin (all forms except foam); erythromycin (solution, swabs); tretinoin (cream, gel)); Azelex, Differin (cream, lotion)
Analgesics, Narcotics (Short Acting)	**REMOVE:** butalbital/caffeine/aspirin/codeine; hydrocodone/ibuprofen **Maintain current preferred agents:** generics (APAP/codeine; butalbital/caffeine/APAP/codeine; codeine; hydrocodone/APAP; morphine (tablets, solution); oxycodone (capsules, tablets, solution); oxycodone/APAP (tablets); tramadol; tramadol/APAP)
Antibiotics, GI	**ADD:** Firvanq **Maintain current preferred agents:** generics (metronidazole (tablets); neomycin; vancomycin (capsules)); Alinia (suspension)

Antibiotics, Vaginal	**ADD:** Nuvessa **Maintain current preferred agents:** generics (clindamycin; metronidazole); Clindesse; Cleocin Ovules
Anticoagulants	**ADD:** Pradaxa; Xarelto Dose Pack **REMOVE:** Fragmin; Xarelto 2.5mg **Maintain current preferred agents:** generics (enoxaparin; warfarin); Eliquis; Xarelto (except 2.5mg)
Antiemetic/Antivertigo Agents	**REMOVE:** aprepitant capsules; prochlorperazine injectable; promethazine 50mg suppositories **Maintain current preferred agents:** generics (dimenhydrinate OTC; meclizine (RX, OTC); metoclopramide (tablets, solution, syringe, vial); ondansetron (tablets, ODT, solution, injectable); prochlorperazine (tablets, suppositories); promethazine (tablets, injectable, suppositories (except 50 mg)), scopolamine; Transderm Scop
Antimigraine Agents, Other	**ADD:** Emgality **DO NOT ADD:** Aimovig; Ajovy
Cephalosporins & Related Antibiotics	**REMOVE:** cefixime suspension; Suprax capsules **Maintain current preferred agents:** generics (amoxicillin/clavulanate (tablets, suspension); cefaclor (capsules); cefadroxil (capsules); cefdinir (capsules, suspension); cefprozil (tablets, suspension); cefuroxime (tablets); cephalexin (capsules, suspension))
Hepatitis C Agents	**REMOVE:** Technivie; Viekira Pak **Maintain current preferred agents:** generics (ribavirin (capsules, tablets); ledipasvir/sofosbuvir;

Hepatitis C Agents (continued)	sofosbuvir/velpatasvir); Mavyret; Pegasys; PegIntron; Vosevi; Zepatier
Hypoglycemics, Insulin & Related Agents	**REMOVE:** Humalog Cartridge **Maintain current preferred agents:** Humalog (vial); Humalog Mix (vial); Humulin (vial); Humulin 70/30 (vial); Humulin 500 units/mL (vial); Lantus (pen, vial); Levemir (pen, vial); Novolog (cartridge, pen, vial), Novolog Mix (pen, vial)
Immunosuppressives, Oral	**REMOVE:** cyclosporine capsules; cyclosporine Modified softgels; Sandimmune solution **Maintain current preferred agents:** generics (azathioprine; cyclosporine modified (capsules, solution); mycophenolic acid; mycophenolate mofetil (capsules, tablets); sirolimus; tacrolimus); Cellcept suspension
Macrolides/Ketolides	**REMOVE:** erythromycin base tablet **Maintain current preferred agents:** generics (azithromycin; clarithromycin (tablets); erythromycin base capsule DR; erythromycin ethyl succinate granules); Ery-Tab
Opioid Use Disorder Treatments	**ADD:** Sublocade **Maintain current preferred agents:** generics (buprenorphine; naloxone; naltrexone); Bunavail; Narcan nasal spray; Suboxone Film; Vivitrol; Zubsolv
PAH Agents, Oral and Inhaled	**REMOVE:** Ventavis **Maintain current preferred agents:** generics (sildenafil); Letairis; Tracleer tablet
Phosphate Binders	**ADD:** sevelamer carbonate tablets **REMOVE:** sevelamer HCl tablets **Maintain current preferred agents:** generics (calcium acetate); Calphron OTC

Platelet Aggregation Inhibitors	**ADD:** prasugrel; Brilinta **Maintain current preferred agents:** generics (clopidogrel; dipyridamole; aspirin/dipyridamole)
Ulcerative Colitis Agents	**ADD:** mesalamine (Rowasa) **REMOVE:** mesalamine (Canasa) **Maintain current preferred agents:** generics (balsalazide; sulfasalazine; sulfasalazine DR); Apriso

Following the clinical presentation and recommendation for the Hepatitis C Agents class, Dr. Wyatt questioned why there were no Hepatitis C Agents listed on the prior authorization report presented earlier in the proceedings by Mr. John LaFranchise from Conduent State Healthcare, LLC. Dr. Peltier responded that providers are using the preferred drugs in this class and claims for preferred drugs would not require a PDL prior authorization.

Immediately following were reviews of 11 classes with single drug reviews.

Dr. Alabi 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
Anticonvulsants	**DO NOT ADD:** Epidiolex; Sympazan
Anti-Parkinson's Agents	**DO NOT ADD:** Inbrija
Antipsychotics	**DO NOT ADD:** Abilify MyCite
Colony Stimulating Factors	**DO NOT ADD:** Nivestym vial; Udenyca
COPD Agents	**DO NOT ADD:** Yupelri
Cytokine & CAM Antagonists	**DO NOT ADD:** Actemra Pen; Tremfya Autoinjector
Epinephrine, Self-Injected	**DO NOT ADD:** Symjepi

Neuropathic Pain	**DO NOT ADD:** Ztlido
Ophthalmics, Anti-inflammatories	**DO NOT ADD:** Inveltys; Yutiq
Ophthalmics, Anti-inflammatory/Immunomodulator	**DO NOT ADD:** Cequa
Ophthalmics, Glaucoma Agents	**DO NOT ADD:** Xelpros

~ 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 the clinical presentation and recommendation for the Single Drug Review of Abilify MyCite, Dr. Bright requested cost information. Mr. Alexandrou offered that discussions regarding cost require a closed session, but the previously provided cost sheets show relative cost to compare to other drugs. Dr. Mackowick showed Dr. Bright the cost sheet for Abilify MyCite and no further discussion occurred.

The next item of business was the selection of the P&T Committee Chair and Vice Chair. Dr. Alabi stated that according to the standard operating procedures, members shall select a Chair and Vice Chair every two years from the Committee membership. In subsequent elections, the positions alternated between physician and pharmacist. Votes were taken on ballots and tallied. The Committee elected Dr. Alabi and Dr. Romanoski as Chair and Vice Chair, respectively.

Dr. Alabi informed the panel that the next meeting is scheduled for November 7, 2019, at 9:00am and the location of the meeting will be shared when it is determined. Dr. Alabi asked if there was any further business to come before the Committee. None appearing, the meeting was adjourned at 12:01p.m.