



Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from May 7, 2020

Attendees:

P&T Committee

Esther Alabi (Chairperson); Timothy Romanoski (Vice Chairperson); Kim Bright; Zakiya Chambers; Yen Dang; Damean Freas; Evelyn White Lloyd; Marie Mackowick; Kristine Parbuoni; Karen Vleck; Jenel Wyatt

Maryland Department of Health (MDH)

Athos Alexandrou (Office of Pharmacy Services Director); Dixit Shah (Office of Pharmacy Services Deputy Director); Mangesh Y. Joglekar (Chief, Clinical Services, Office of Pharmacy Services); Paul Holly (Consultant Pharmacist to Office of Pharmacy Services); Lucy Karanja (Office of Pharmacy Services Pharmacist); Gina Homer (Medical Care Program Specialist); Shawn Singh (Medical Care Program Supervisor)

Conduent State Healthcare LLC

John LaFranchise, Sr. (Director, MD PBM Operations)

Provider Synergies LLC

Honesty Peltier (Pharmacist Account Manager)

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Alabi, at 9:00 a.m. The meeting began with a welcome by Dr. Alabi. 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 7, 2019.

Dr. Alabi 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 P&T committee members for participating in the virtual meeting. He also expressed gratitude to frontline healthcare professionals who have been taking care of Marylanders fighting COVID-19. In response to the COVID-19 Pandemic, the Office of Pharmacy Services (OPS) implemented decisive measures such as: temporary waiver of early refill edits allowing one time 30-day early refill and up to 90 day supply on maintenance medication; 14-day emergency supply if the prescriber is unable to obtain the necessary preauthorization due to COVID-19; signature-less deliveries of drugs to participants; temporary non-enforcement of certain pharmacy preauthorization requirements that are pursuant to COMAR 10.09.03.06(A)(1),(5),and (9) to assist medical care providers, pharmacies, and participants continue to have access to medications during these uncertain times. There is additional information on the Maryland Medicaid Program's website at mmcp.health.maryland.gov.

Mr. Joglekar stated that this meeting marks the beginning of the 17th year of Maryland's Preferred Drug List. OPS has saved nearly \$200 million in its expenditures for prescription medications due to the Preferred Drug List. These savings have allowed Maryland to manage costs without reducing covered services for Medicaid participants and provide clinically appropriate and cost-effective medications to 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 Preferred Drug List stands out, in that, Maryland Medicaid provides more options for preferred drugs. During the fourth quarter of 2019, prescribers achieved a 96.4% compliance rate with the Preferred Drug List compared to the average of 94.6% for some other states with similar PDL arrangements.

Mr. Joglekar provided an update on the coverage of hepatitis C therapy that was expanded to allow fibrosis score of F0 on January 1, 2020, across the entire population of Medicaid participants diagnosed with chronic hepatitis C virus.

Mr. Joglekar reminded everyone that the HIV/AIDS medications were carved back into the MCO benefit on January 1, 2020. Due to extensive outreach efforts, OPS reports no issues during the transition while maintaining optimal patient care with minimal to no impact on participants.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active; answering on average 2,042 calls each month from March 2019 to February 2020, of which, approximately 616 calls pertain to the PDL. Due to the state of emergency, effective April 24, 2020, OPS Fee-for-Service Medicaid Participant Helpline transitioned to a voicemail system. Additional information may be found on the Medicaid Pharmacy website at mmcp.health.maryland.gov.

Mr. Joglekar announced the plan to offer free, live continuing education (CE) to interested prescribers and pharmacists annually. The next 4 hour live CE program is being planned as a virtual event for July 2020 with details to be communicated in the near future.

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 |
|---|---------------------------|-------------------------------------|
| Tanner Odom, PharmD | Biogen | Vumerity |
| Amit Duggal, PharmD, MPH | Gilead Sciences | Epclusa |
| Kayleen Gwyn, PharmD | Johnson and Johnson | Invokana |
| Michael Boskello, RPh | Alkermes | Vivitrol |
| Saja Khuder, PhD | Actelion | Opsumit, Uptravi |
| Andrea Wilson, PharmD, BCPS | Indivior | Sublocade |
| Alex DeRuiter, PharmD | United Therapeutics | Orenitram |
| Chelsea Leroue, PhD | Biohaven | Nurtec ODT |
| Ahmad Nessar, PharmD | Genentech | Ocrevus |
| Gene Muise, RPh, MS | Amgen | Aimovig |
| Samaneh Kalirai, PharmD | Bristol Myers Squibb | Eliquis, Reblozyl |
| Travis Roberts, CRNP <small>*speaker did not present</small> | Calvert Behavioral Health | Vivitrol |
| Gina McKnight-Smith, PharmD, MBA | AbbVie | Mavyret |
| Karen Gallagher-Horsting, MD | Novartis | Entresto, Mayzent |
| Fawad Malik, PharmD | Teva | Ajovy |

Following the presentation by 14 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 2020, there were 5,431 new PDL prior authorizations (PAs), a decrease from the fourth quarter of 2019 by 20%, but in line with the first quarter of 2019 with 5,016 new PDL PAs. This represents an 8% year over year increase. The top ten therapeutic classes accounted for 90% of the new PDL PA approvals. There were 4,880 new PDL PAs for these classes which is also a 20% decrease from the fourth quarter of 2019. The top ten classes for which PAs were requested during the first quarter of 2020 in descending order: Antidepressants, Other; Antipsychotics; Anticonvulsants; Stimulants and Related Agents; Sedative Hypnotics; Antidepressants, SSRIs; Opioid Use Disorder Treatments; Analgesics, Opioid; Glucocorticoids, Inhaled; and Neuropathic Pain. When compared to PAs in the fourth quarter of 2019, there was a swap of the second and fourth-ranking between Antipsychotics and Stimulants and Related Agents. Antipsychotic PAs increased by almost 8% which was enough to move that class into the second slot.

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 Medicaid Pharmacy Program website and were listed on the meeting agenda. There were 38 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 38 classes of drugs with no new recommendations.

| Class | Voting Result |
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| Analgesics, Narcotics (Short Acting) | Maintain current preferred agents: generics (APAP/codeine; butalbital/caffeine/APAP/codeine; codeine; hydrocodone/APAP tablets; hydromorphone tablets; morphine (tablets, solution); oxycodone (capsules, tablets, solution); oxycodone/APAP (Percocet); tramadol; tramadol/APAP) |
| Angiotensin Modulator Combinations | Maintain current preferred agents: generics (amlodipine/benazepril; amlodipine/valsartan; amlodipine/valsartan/HCTZ) |

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| Antibiotics, Inhaled | Maintain current preferred agents: Bethkis; Kitabis Pak; Tobi Podhaler |
| Antibiotics, Topical | Maintain current preferred agents: generics (bacitracin OTC; gentamicin; mupirocin ointment; neomycin/polymyxin/pramoxine OTC; triple antibiotic OTC) |
| Antibiotics, Vaginal | Maintain current preferred agents: generics (clindamycin; metronidazole); Clindesse; Cleocin Ovules; Nuessa |
| Anticoagulants | Maintain current preferred agents: generics (enoxaparin; warfarin); Eliquis tablets; Pradaxa; Xarelto Dose Pack; Xarelto tablets (except 2.5mg) |
| Antiemetic/Antivertigo Agents | Maintain current preferred agents: generics (dimenhydrinate OTC; meclizine RX and OTC; metoclopramide; ondansetron; prochlorperazine tablets; promethazine (tablets, injectable, suppositories (except 50mg)); scopolamine); Transderm Scop |
| 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 RX and OTC; clotrimazole solution RX and 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, syringe, tablets, vial)) |

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| Antiparasitics, Topical | Maintain current preferred agents: generics (permethrin RX and OTC; piperonyl/pyrethrins shampoo OTC) |
| Antivirals, Oral | Maintain current preferred agents: generics (acyclovir; oseltamivir; valacyclovir) |
| Antivirals, Topical | Maintain current preferred agents: generics (acyclovir cream; docosanol 10% cream) |
| Bone Resorption Suppression & Related Agents | Maintain current preferred agents: generics (alendronate tablets; calcitonin salmon nasal) |
| BPH Treatments | Maintain current preferred agents: generics (alfuzosin; doxazosin; dutasteride; finasteride; tamsulosin; terazosin) |
| Calcium Channel Blockers | Maintain current preferred agents: generics (amlodipine; diltiazem tablets; diltiazem ER capsules; nifedipine ER; verapamil; verapamil ER) |
| Cephalosporins & Related Antibiotics | Maintain current preferred agents: generics (amoxicillin/clavulanate (suspension, tablets), cefaclor capsules; cefadroxil capsules; cefdinir (capsules, suspension); cefprozil (suspension, tablets); cefuroxime tablets; cephalexin (capsules, suspension)) |
| 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 tablets; lamivudine HBV tablets); Eпивir HBV solution |
| Hepatitis C Agents | Maintain current preferred agents: generics (ribavirin; ledipasvir/sofosbuvir; |

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| | sofosbuvir/velpatasvir); Mavyret; Pegasys; PegIntron; Vosevi; Zepatier |
| Hypoglycemics, Meglitinides | Maintain current preferred agents: generics (nateglinide; repaglinide) |
| Hypoglycemics, Metformins | Maintain current preferred agents: generics (glipizide/metformin; glyburide/metformin; metformin; metformin ER (Glucophage)) |
| Hypoglycemics, SGLT2 Inhibitors | Maintain current preferred agents: Farxiga; Invokana; Jardiance |
| Hypoglycemics, TZDs | Maintain current preferred agents: generics (pioglitazone; pioglitazone/metformin) |
| Immunosuppressives, Oral | Maintain current preferred agents: generics (azathioprine; cyclosporine modified (capsules, solution); mycophenolic acid; mycophenolate mofetil (capsules, tablets); sirolimus; tacrolimus); Cellcept suspension |
| Lipotropics, Other | Maintain current preferred agents: generics (cholestyramine; colestipol tablets; ezetimibe; fenofibrate nanocrystals; gemfibrozil; niacin ER) |
| Lipotropics, Statins | Maintain current preferred agents: generics (atorvastatin; lovastatin; pravastatin; rosuvastatin; simvastatin) |
| Macrolides/Ketolides | Maintain current preferred agents: generics (azithromycin; clarithromycin; erythromycin base capsule DR; erythromycin ethyl succinate suspension); Ery-Tab |
| Opioid Use Disorder Treatments | Maintain current preferred agents: generics (buprenorphine; naloxone; naltrexone); Bunavail; Narcan nasal spray; Sublocade; Suboxone Film; Vivitrol; Zubsolv |
| PAH Agents, Oral and Inhaled | Maintain current preferred agents: generics (ambrisentan; bosentan; sildenafil tablets) |

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| Pancreatic Enzymes | Maintain current preferred agents: Creon; Zenpep |
| Phosphate Binders | Maintain current preferred agents: generics (calcium acetate; sevelamer carbonate); Calphron OTC |
| Platelet Aggregation Inhibitors | Maintain current preferred agents: generics (clopidogrel; dipyridamole; prasugrel); Brilinta |
| Proton Pump Inhibitors | Maintain current preferred agents: generics (lansoprazole capsules; omeprazole capsules; pantoprazole); Nexium packet for suspension; Prevacid solutab; Protonix suspension |
| Skeletal Muscle Relaxants | Maintain current preferred agents: generics (baclofen; chlorzoxazone; cyclobenzaprine; methocarbamol; orphenadrine ER; tinazidine tablets) |
| Tetracyclines | Maintain current preferred agents: generics (doxycycline hyclate (capsules, tablets); doxycycline monohydrate (50mg, 100mg capsules); doxycycline monohydrate tablets; 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.

Immediately following were reviews of 12 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 |
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| Acne Agents, Topical | <p>REMOVE: adapalene cream; clindamycin lotion; erythromycin swabs</p> <p>Maintain current preferred agents: generics (benzoyl peroxide OTC (except 9% cleanser); clindamycin (gel, solution, swabs); clindamycin/benzoyl peroxide (Duac); erythromycin solution; tretinoin (cream, gel); Azelex; Differin Lotion</p> |
| Analgesics, Narcotics (Long Acting) | <p>ADD: Xtampza ER</p> <p>REMOVE: Embeda</p> <p>Maintain current preferred agents: generics (fentanyl patch (except 37.5 mcg, 63.5 mcg, 87.5 mcg); morphine sulfate SR)</p> |
| Androgenic Agents | <p>REMOVE: testosterone gel packet (AndroGel)</p> <p>Maintain current preferred agents: generic (testosterone gel pump (AndroGel)); Androderm</p> |
| Angiotensin Modulators | <p>ADD: olmesartan; olmesartan/HCTZ</p> <p>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</p> |
| Antibiotics, GI | <p>REMOVE: vancomycin solution</p> <p>Maintain current preferred agents: generics (metronidazole tablets; neomycin; vancomycin capsules); Firvanq</p> |

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| Antimigraine Agents, Other | <p>ADD: Ajovy</p> <p>REMOVE: Emgality 100mg/mL</p> <p>Maintain current preferred agents: Emgality 120mg/mL</p> |
| Beta Blockers | <p>ADD: bisoprolol; nadolol</p> <p>Maintain current preferred agents: generics (atenolol; atenolol/chlorthalidone; bisoprolol/HCTZ; carvedilol; labetalol; metoprolol succinate XL; metoprolol tartrate; propranolol; propranolol/HCTZ; sotalol; sotalol AF)</p> |
| Bladder Relaxant Preparations | <p>ADD: solifenacin</p> <p>Maintain current preferred agents: generics (oxybutynin; oxybutynin ER); Toviaz</p> |
| Hypoglycemics, Incretin Mimetics/Enhancers | <p>ADD: Onglyza; Trulicity</p> <p>Maintain current preferred agents: Bydureon; Byetta; Glyxambi; Janumet; Janumet XR; Januvia; Jentadueto; Symlin; Tradjenta; Victoza</p> |
| Hypoglycemics, Insulin & Related Agents | <p>ADD: Humalog (cartridge, pen, vial); Humalog Junior Kwikpen; Humalog Mix Pen; Humulin Pen; Humulin 500 unit/mL Pen; Novolog (cartridge, pen, vial); Novolog Mix (pen, vial)</p> <p>REMOVE: insulin aspart (pen, vial); insulin aspart mix (pen, vial); insulin lispro vial</p> <p>Maintain current preferred agents: Humalog Mix vial; Humulin vial; Humulin 70/30 vial; Humulin 500 unit/mL vial; Lantus; Levemir</p> |
| Multiple Sclerosis Agents | <p>REMOVE: Rebif</p> |

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| | Maintain current preferred agents: Avonex; Betaseron Kit; Copaxone 20 mg |
| Ulcerative Colitis Agents | ADD: Pentasa REMOVE: mesalamine ER Maintain current preferred agents: generics (balsalazide; mesalamine enema; sulfasalazine; sulfasalazine DR) |

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 |
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| Antihistamines, Minimally Sedating | DO NOT ADD: Quzyttir |
| Antihyperuricemics | DO NOT ADD: Gloperba |
| Antiparkinson’s Agents | DO NOT ADD: Nourianz |
| Antipsychotics | DO NOT ADD: Secuado |
| Bronchodilators, Beta Agonist | DO NOT ADD: ProAir Digihaler |
| Colony Stimulating Factors | DO NOT ADD: Ziextenzo |
| COPD Agents | DO NOT ADD: Duaklir Pressair |
| Erythropoiesis Stimulating Proteins | DO NOT ADD: Reblozyl |
| Neuropathic Pain | DO NOT ADD: Drizalma Sprinkle; Gabacaine Kit |
| NSAIDs | DO NOT ADD: Relafen DS |
| Stimulants and Related Agents | DO NOT ADD: Wakix |

~ 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. Alabi informed the panel that the next meeting is scheduled for November 5, 2020, at 9:00am at the Best Western Plus Hotel and Conference Center. Dr. Alabi asked if there was any further business to come before the Committee. None appearing, the meeting was adjourned at 12:00pm.