



Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from November 5, 2020

Attendees:

P&T Committee

Esther Alabi (Chairperson); Timothy Romanoski (Vice Chairperson); Sharon Baucom; 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); Angela Kim (Office of Pharmacy Services, Advanced Practice Pharmacist); Lucy Karanja (Office of Pharmacy Services Pharmacist); Gina Homer (Medical Care Program Specialist); Shawn Singh (Medical Care Program Supervisor)

Conduent State Healthcare LLC

Karen Powell (Pharmacy Solutions Coordinator)

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 May 7, 2020.

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 announced a new hire, Dr. Angela Kim, an Advanced Practice Pharmacist working with the Office of Pharmacy Services.

Mr. Joglekar stated that this meeting marks the end 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 second quarter of 2020, prescribers achieved a 95.4% compliance rate with the Preferred Drug List compared to the average of 94.3% for some other states with similar PDL arrangements.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active; answering on average 1,492 calls each month from October 2019 to September 2020, of which, approximately 365 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 February or March 2021 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
Ryan Gregg, PhD	Ironshore Pharmaceuticals	Jornay PM
Kayleen Gwyn, PharmD	Johnson and Johnson	Spravato
Fawad Malik, PharmD	Teva Pharmaceutical	Granix
Samaneh Kalirai, PharmD	Bristol Myers Squibb	Zeposia
Kendra Davies, PharmD	Greenwich Biosciences	Epidiolex
Orlando Davis, MD	Community Psychiatrist	Aristada, Aristada Initio, Invega Sustenna, Invega Trinza
Gina McKnight-Smith, PharmD	AbbVie	Humira, Skyrizi, Rinvoq
Michael Boskello, RPh	Alkermes	Aristada, Aristada Initio
Wallene Bullard, PharmD	Novartis	Kesimpta, Xiidra, Cosentyx
Brian Burke, PharmD	Neurelis	Valtoco
Bradford Loo, PharmD	Intra-Cellular Therapies	Caplyta
Heather Vita, PhD	Zogenix	Fintepla
Steven Burch, RPh	Sunovion	Kynmobi

Following the presentation by 13 speakers, Dr. Karen Powell from Conduent State Healthcare LLC, the claims processor, was called upon to present the prior authorization report. She stated that in the third quarter of 2020, there were 1,737 new PDL prior authorizations (PAs), a decrease from the second quarter of 2020 by 36%. This decrease is primarily due to increases in utilization and lifting of some PDL requirements during the COVID-19 pandemic (*Please note that the presenter misspoke during the presentation and said “increases in utilization” instead of “decrease in utilization” as correctly stated in her talking points as well.). The top ten classes for which PAs were requested during the third quarter of 2020 in descending order: Antipsychotics; Anticonvulsants; Antidepressants, Other; Stimulants and Related Agents; Opioid Use Disorder Treatments; Sedative Hypnotics; Neuropathic Pain Agents; Antidepressants, SSRIs; Opioid Analgesics; and Erythromycins and Related Antibiotics. There were 1,631 new PDL PAs for these classes which is also a 36% decrease from the second quarter of 2020. The top ten therapeutic classes accounted for 94% of the new PDL PA approvals. There was a decrease in the number of PAs for eight of the top ten classes during the third quarter of 2020. The exceptions were Antidepressants, Other and Neuropathic Pain Agents. The top 5 therapeutic classes are the same as in the second quarter of 2020, although there was an exchange of third and fourth place rankings for Antidepressants, Other and Stimulants and Related Agents. Stimulants and Related Agents decreased from 270 PDL PAs in the second quarter to 165 in the third quarter of 2020 while Antidepressants, Other increased from 162 to 187 PDL PAs in the same time frame. Pancreatic Enzymes no longer appear on the top 10 class list as they were replaced by Erythromycin and Related Antibiotics due to PAs for the drug, Xifaxan.

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 20 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 20 classes of drugs with no new recommendations.

Class	Voting Result
Alzheimer’s Agents	Maintain current preferred agents: generics (donepezil (tablets, ODT); memantine tablets; rivastigmine (capsules, patches))

Antidepressants, Other	Maintain current preferred agents: generics (bupropion (IR, SR, XL); mirtazapine (tablets, ODT); trazodone; venlafaxine (IR, ER, capsules))
Antidepressants, SSRIs	Maintain current preferred agents: generics (citalopram; 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 (tablets, solution); cetirizine D; fexofenadine OTC (tablets, suspension); levocetirizine tablets; loratadine (RX, OTC); loratadine-D))
Antihypertensives, Sympatholytics	Maintain current preferred agents: generics (clonidine (patches, tablets); guanfacine; methyldopa)
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 IR; ropinirole; selegiline; trihexyphenidyl)
Bile Salts	Maintain current preferred agents: generics (ursodiol (tablets, capsules))
Bronchodilators, Beta Agonist	Maintain current preferred agents: generics (albuterol (nebulas, syrup)); Proair HFA; Serevent
Epinephrine, Self-Injected	Maintain current preferred agents: generics (epinephrine 0.15mg (Epipen Jr.); epinephrine 0.3mg (Epipen))
Erythropoiesis Stimulating Proteins	Maintain current preferred agents: Aranesp; Retacrit

Glucocorticoids, Inhaled	Maintain current preferred agents: generics (budesonide 0.25mg, 0.5mg respules; budesonide/formoterol); Advair HFA; Asmanex; Dulera; Flovent HFA; Pulmicort 1mg Respules
Immunomodulators, Atopic Dermatitis	Maintain current preferred agents: generics (pimecrolimus; tacrolimus); Eucrisa
Intranasal Rhinitis Agents	Maintain current preferred agents: generics (azelastine (Astelin); fluticasone; ipratropium)
Leukotriene Modifiers	Maintain current preferred agents: generics (montelukast (tablets, chewables); zafirlukast)
Neuropathic Pain	Maintain current preferred agents: generics (capsaicin OTC; duloxetine (Cymbalta); gabapentin (capsules, tablets); lidocaine patch; pregabalin capsules)
Ophthalmics, Allergic Conjunctivitis	Maintain current preferred agents: generics (cromolyn; ketotifen OTC); Alrex; Pazeo
Ophthalmics, Antibiotic/Steroid Combinations	Maintain current preferred agents: generics (neomycin/polymyxin/dexamethasone; sulfacetamide/prednisolone; tobramycin/dexamethasone drops); Tobradex ointment
Ophthalmics, Anti-inflammatories	Maintain current preferred agents: generics (diclofenac; fluorometholone; ketorolac; prednisolone acetate); Durezol; Ilevro; Pred Mild
Otic Antibiotics	Maintain current preferred agents: generics (ciprofloxacin/dexamethasone; neomycin/polymyxin/hydrocortisone; ofloxacin)

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 11 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
Anticonvulsants	<p>ADD: Carbatrol; Depakote Sprinkles; Trileptal suspension; Valtoco</p> <p>REMOVE: generics (carbamazepine ER capsules; divalproex sprinkles; oxcarbazepine suspension)</p> <p>Maintain current preferred agents: generics (carbamazepine (IR, tablets, chewable); clobazam tablets; clonazepam tablets; diazepam rectal; divalproex (IR, ER); lamotrigine tablets; levetiracetam (tablets, solution); oxcarbazepine tablets; phenobarbital (tablets, elixir); phenytoin (IR, ER, capsules, chewables, suspension); primidone; topiramate (sprinkles, tablets); valproic acid (capsules, solution); zonisamide); Gabitril; Tegretol suspension; Vimpat</p>
Antipsychotics	<p>ADD: Vraylar</p> <p>Maintain current preferred agents: generics (aripiprazole; chlorpromazine; clozapine tablets; fluphenazine; haloperidol; loxapine; olanzapine; perphenazine; perphenazine/amitriptyline; pimozide; quetiapine (IR, XR); risperidone; thioridazine; thiothixene; trifluoperazine; ziprasidone); Abilify Maintena; Aristada;</p>

	Aristada Initio; Invega Sustenna; Invega Trinza; Latuda; Risperdal Consta
Colony Stimulating Factors	REMOVE: Granix syringe Maintain current preferred agents: Granix vial; Neupogen
COPD Agents	ADD: Anoro Ellipta Maintain current preferred agents: generics (ipratropium nebules; ipratropium/albuterol nebules); Atrovent HFA; Combivent Respimat; Spiriva Handihaler; Stiolto Respimat
Cytokine & CAM Antagonists	ADD: Enbrel vial Maintain current preferred agents: Enbrel; Humira; Otezla
NSAIDs	REMOVE: naproxen EC Maintain current preferred agents: generics (diclofenac; diclofenac gel; ibuprofen (OTC, RX); indomethacin; meloxicam; nabumetone; naproxen; naproxen sodium OTC; sulindac)
Ophthalmics, Antibiotics	REMOVE: moxifloxacin (Moxeza) Maintain current preferred agents: generics (bacitracin/polymyxin B ointment; ciprofloxacin solution; erythromycin; gentamicin drops; moxifloxacin; neomycin/bacitracin/polymyxin

	ointment; ofloxacin; polymyxin/trimethoprim; sulfacetamide solution; tobramycin) Ciloxan ointment; Tobrex ointment
Ophthalmics, Anti-Inflammatory/Immunomodulators	ADD: Xiidra Maintain current preferred agents: Restasis (single-use); Restasis (multi-dose)
Ophthalmics, Glaucoma Agents	ADD: Rocklatan Maintain current preferred agents: generics (brimonidine; carteolol; dorzolamide; dorzolamide/timolol; latanoprost; levobunolol; pilocarpine; timolol; travoprost); Combigan; Rhopressa
Sedative Hypnotics	ADD: eszopiclone Maintain current preferred agents: generics (flurazepam; temazepam (15mg, 30mg); triazolam; zaleplon; zolpidem)
Stimulants and Related Agents	ADD: Adderall XR; Concerta; modafinil REMOVE: amphetamine salt combo ER; methylphenidate CR tablets; Quillivant XR Maintain current preferred agents: generics (amphetamine salt combo; atomoxetine; clonidine ER; dexamethylphenidate; dextroamphetamine (capsules, tablets); guanfacine ER; methylphenidate (solution, tablets); methylphenidate CD capsules; methylphenidate ER capsules; Daytrana; Focalin XR; Vyvanse (capsules, chewable)

Immediately following were reviews of 8 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
Acne Agents, Topical	DO NOT ADD: Arazlo
Bone Resorption Suppression and Related Agents	DO NOT ADD: Teriparatide
Calcium Channel Blockers	DO NOT ADD: Nymalize syringe
Hepatitis C Agents	DO NOT ADD: Harvoni Pellet Pack; Sovaldi Pellet Pack
Hypoglycemics, Incretin Mimetics/Enhancers	DO NOT ADD: Trijardy XR
Hypoglycemics, Insulins and Related Agents	DO NOT ADD: Lyumjev; Semglee
Lipotropics, Other	DO NOT ADD: Nexletol; Nexlizet
Multiple Sclerosis Agents	DO NOT ADD: Bafiertam; Kesimpta; Zeposia

~ 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 May 6, 2021, at 9:00 a.m. 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 11:53 a.m.