



Preferred Drug List (PDL) Pharmacy and Therapeutics (P&T) Committee Meeting Minutes from November 7, 2019

Attendees:

P&T Committee

Esther Alabi (Chairperson); Timothy Romanoski (Vice Chairperson); Sharon Baucom; Kim Bright; Yen Dang; Evelyn White Lloyd; Marie Mackowick; Kristine Parbuoni; Karen Vleck

Maryland Department of Health (MDH)

Athos Alexandrou (Medicaid Pharmacy Program 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)

Conduent State Healthcare LLC

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 Chairperson, Dr. Alabi, at 9:08 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 2, 2019.

Dr. Alabi then called upon Mr. Joglekar to provide a status update on the Medicaid Pharmacy Program. Mr. Joglekar stated that this meeting marks the end of the 16th year of Maryland's Preferred Drug List. The Office of Pharmacy Services (OPS) has saved close to \$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 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 Office of Pharmacy Services has worked with the nine Medicaid managed care organizations (MCOs) in Maryland to implement minimum standards applied by both the fee-for-service program and the managed care organizations to strategically tackle this crisis. Mr. Joglekar reported that these initiatives 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 second quarter of 2019, prescribers achieved a 96.4% 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. Coverage of hepatitis C therapy will be expanded to allow fibrosis score of F0 starting January 1, 2020 across the entire population of Medicaid participants diagnosed with chronic hepatitis C virus.

Mr. Joglekar announced that the HIV/AIDS medications that have been carved out of the MCO benefit since 2008 will be carved back into the MCO benefit starting January 1, 2020. The OPS has started extensive outreach efforts to internal and external stakeholders, including prescribers, patients, pharmacy providers, and advocacy groups. There will be a 6-month soothing period when patients' HIV/AIDS medication therapy will continue without any changes to achieve the goal of optimal patient care with minimal impact to participants.

In addition, Mr. Joglekar stated that the pharmacy hotline remains active; answering on average 2, 231 calls each month from October 2018 to September 2019, of which, approximately 76 calls, or 3.4%, pertain to the PDL. This call volume is a testament to how effectively the PDL is managed and a reflection on the hard work, dedication, and expertise of the entire team.

Mr. Joglekar announced the collaboration with Health Information Designs to offer free, live continuing education (CE) to interested prescribers and pharmacists annually. The next 2 hour live CE program would be held on December 7, 2019 at Delta Hotels by Marriott beginning at 9am. The topic for the live CE event is hepatitis C therapy, treatment updates, and recent changes as monotherapy and in comorbid conditions.

Finally, Mr. Joglekar announced that the OPS awarded the Point of Sale Electronic Claims Management Services contract to Conduent State Healthcare, LLC for an updated claims processing system with enhanced functionality.

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
Melissa Winget, PhD	Sunovion	Latuda
Ahmad Nessar, PharmD	Amgen	Enbrel, Evenity
Sanjay Mehta, PharmD, MBA *speaker substitution by Jazz	Jazz Pharmaceuticals	Sunosi
Gina McKnight-Smith, PharmD	AbbVie	Humira, Skyrizi
Jane Guo, PharmD	Otsuka	Abilify Maintena, Abilify MyCite
Michael Boskello, RPh	Alkermes	Aristada, Aristada Initio
Ryan Gregg, PhD	Ironshore Pharmaceuticals	Jornay PM
Samaneh Kalirai, PharmD	Bristol-Myers Squibb	Orencia
Charlene Morgan, MS, PA-C *speaker did not present	Private Practice	Jornay PM
Rhonda Robertson, PharmD, MSPH, BCPS	Pfizer	Eucrisa, Xeljanz
Karen Gallagher-Horsting, MD	Novartis	Mayzent
Kayleen Daly Gwyn, PharmD	Janssen	Spravato

Enrique Oviedo, MD *late arrival, selected as speaker 5	Private Practice	Jornay PM
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Following the presentation by 12 speakers, Dr. Karriem Farrakhan from Conduent State Healthcare LLC, the claims processor, was called upon to present the prior authorization report. He stated that in the third quarter of 2019, there were 5,370 new PDL prior authorizations (PAs), a decrease from the second quarter of 2019 by 10%. The top ten therapeutic classes accounted for 89% of the new PDL PA approvals. There were 4,776 new PDL PAs for these classes which is also a 10% decrease from the second quarter of 2019. The top ten classes for which PAs were requested during the third quarter of 2019 in descending order: Antidepressants, Other; Anticonvulsants; Stimulants and Related Agents; Antipsychotics; Sedative Hypnotics; Antidepressants, SSRIs; Opioid Use Disorder Treatments; Analgesics, Opioid; Hypoglycemics, Insulins; Neuropathic Pain. There was a decrease in PDL PAs for nine of the top ten classes compared to second quarter 2019. Stimulants and Related Agents was the class that experienced the increase, by 28%, which moved this class to the top three. Opioid Use Disorder Treatments decreased by 46%. Bronchodilators, Beta Agonists were no longer in the top ten for this report and were replaced by Hypoglycemics, Insulins.

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 16 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 16 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, SSRIs	Maintain current preferred agents: generics (citalopram; escitalopram tablets; fluoxetine (capsules, solution (excludes 60mg, weekly)); fluvoxamine; paroxetine; sertraline (tablet, concentrated solution))

Antihyperuricemics	Maintain current preferred agents: generics (allopurinol; probenecid; probenecid/colchicine)
Antipsychotics	Maintain current preferred agents: generics (aripiprazole (tablets, ODT, solution); chlorpromazine; clozapine tablets; fluphenazine; haloperidol; loxapine; olanzapine; perphenazine; perphenazine/amitriptyline; pimozide; quetiapine (IR, XR); risperidone; thioridazine; thiothixene; trifluoperazine; ziprasidone); Abilify Maintena; Aristada; Aristada Initio; Geodon IM; Invega Sustenna; Invega Trinza; Latuda; Risperdal Consta
Bile Salts	Maintain current preferred agents: generics (ursodiol (tablets, capsules))
Colony Stimulating Factors	Maintain current preferred agents: Granix; Neupogen
COPD Agents	Maintain current preferred agents: generics (ipratropium nebulas; ipratropium/albuterol nebulas); Atrovent HFA; Combivent Respimat; Spiriva Handihaler; Stiolto Respimat
Epinephrine, Self-Injected	Maintain current preferred agents: generics (epinephrine 0.15mg (Epipen Jr.); epinephrine 0.3mg (Epipen))
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); Lyrica

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 suspension); Tobradex ointment
Ophthalmics, Anti-Inflammatory/Immunomodulators	Maintain current preferred agents: Restasis (single-use); Restasis (multi-dose)
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)

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 15 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	ADD: clobazam tablets Maintain current preferred agents: generics (carbamazepine (IR, ER, tablets, chewable); clonazepam tablets; diazepam rectal; divalproex (IR, ER, sprinkle); lamotrigine (tablets, chewable); levetiracetam (tablets, solution); oxcarbazepine (tablets, suspension); phenobarbital (tablets, elixir); phenytoin (IR, ER, capsules, chewables, suspension); primidone; topiramate (sprinkles, tablets);

	valproic acid (capsules, solution); zonisamide); Gabitril; Tegretol suspension; Vimpat
Antidepressants, Other	REMOVE: phenelzine; tranylcypromine Maintain current preferred agents: generics (bupropion (IR, SR, XL); mirtazapine (tablets, ODT); phenelzine; trazodone; venlafaxine (IR, ER, capsules))
Antihistamines, Minimally Sedating	REMOVE: cetirizine (chewable, capsules, 5mg/mL OTC) 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	REMOVE: methyldopa/hydrochlorothiazide Maintain current preferred agents: generics (clonidine (patches, tablets); guanfacine; methyldopa)
Anti-Parkinson's Agents	ADD: selegiline capsules Maintain current preferred agents: generics (amantadine; benztropine; carbidopa/levodopa (IR, ER); carbidopa/levodopa/entacapone; pramipexole IR; ropinirole; selegiline tablets; trihexyphenidyl)
Bronchodilators, Beta Agonist	REMOVE: albuterol HFA (Proventil HFA) Maintain current preferred agents: generics (albuterol (nebules, syrup)); Proair HFA; Serevent

Cytokine & CAM Antagonists	<p>ADD: Otezla</p> <p>REMOVE: Cosentyx</p> <p>Maintain current preferred agents: Enbrel, Humira</p>
Erythropoiesis Stimulating Proteins	<p>ADD: Retacrit</p> <p>REMOVE: Procrit</p> <p>Maintain current preferred agents: Aranesp</p>
Glucocorticoids, Inhaled	<p>REMOVE: fluticasone/salmeterol (Advair Diskus); Wixela Inhub</p> <p>Maintain current preferred agents: generics (budesonide 0.25mg, 0.5mg respules); Advair HFA; Asmanex; Dulera; Flovent HFA; Pulmicort 1mg Respules; Symbicort</p>
Immunomodulators, Atopic Dermatitis	<p>ADD: Eucrisa</p> <p>Maintain current preferred agents: generics (pimecrolimus; tacrolimus)</p>
NSAIDs	<p>REMOVE: diclofenac SR; flurbiprofen; ketorolac</p> <p>Maintain current preferred agents: generics (diclofenac; diclofenac gel; ibuprofen (OTC, RX); indomethacin; meloxicam; nabumetone; naproxen; naproxen EC; naproxen sodium OTC; sulindac)</p>
Ophthalmics, Antibiotics	<p>REMOVE: gentamicin ointment; neomycin/polymyxin/gramicidin</p> <p>Maintain current preferred agents: generics (bacitracin/polymyxin B ointment; ciprofloxacin solution; erythromycin; gentamicin drops; moxifloxacin; neomycin/bacitracin/polymyxin ointment; ofloxacin; polymyxin/trimethoprim;</p>

	sulfacetamide solution; tobramycin) Ciloxan ointment; Moxeza; Tobrex ointment
Ophthalmics, Anti-inflammatories	<p>ADD: prednisolone acetate</p> <p>REMOVE: flurbiprofen; loteprednol drops; Flarex; FML S.O.P, Maxidex</p> <p>Maintain current preferred agents: generics (diclofenac; fluorometholone; ketorolac); Durezol; Ilevro; Pred Mild</p>
Ophthalmics, Glaucoma Agents	<p>ADD: Rhopressa</p> <p>REMOVE: Azopt; Simbrinza</p> <p>Maintain current preferred agents: generics (brimonidine 0.2%; brimonidine P 0.15%; carteolol; dorzolamide; dorzolamide/timolol; latanoprost; levobunolol; pilocarpine; timolol); Combigan; Travatan Z</p>
Stimulants and Related Agents	<p>REMOVE: Quillichew ER</p> <p>Maintain current preferred agents: generics (amphetamine salt combo; atomoxetine; clonidine ER; dextroamphetamine (capsules, tablets); dexmethylphenidate; guanfacine ER; methylphenidate (solution, tablets); methylphenidate CD capsules; methylphenidate CR tablets; methylphenidate ER capsules; methylphenidate ER tablets (except 72mg)); Adderall XR; Daytrana; Focalin XR; Quillivant XR; Vyvanse (capsules, chewable)</p>

Following the clinical presentation for Stimulants and Related Agents and during the discussion, Ms. Lloyd asked if there was an equivalent product to Jornay PM for ADHD with evening dosing. Dr. Peltier responded that Jornay PM is the only ADHD medication approved for evening dosing that would manage ADHD the following morning. All other stimulants are dosed in the morning for use throughout the day in both short-acting and long-acting formulations. Ms. Lloyd requested consideration of adding Jornay PM as preferred on the PDL in the future in consideration of parents and their children. Dr. Baucom expressed sympathy for parents experiencing difficulty in the mornings trying to administer medications for ADHD and requested the committee consider the unique administration time. Dr. Alabi requested

clarification on the prior authorization procedure if Jornay PM was to remain nonpreferred. Dr. Peltier responded that Jornay PM would be available through a PDL PA noted by Dr. Farrakhan during Conduent’s portion of the presentation. Dr. Baucom requested confirmation of the turnaround time for this process. Mr. Alexandrou confirmed that the PDL PA process has a 24 hour turnaround time and may be accomplished with a phone call. Dr. Alabi suggested the committee revisit the status of Jornay PM in the future with utilization since the medication is available through a PDL PA.

Immediately following were reviews of 7 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
Antimigraine Agents, Other	ADD: Emgality 100mg/mL
Bone Resorption Suppression and Related Agents	DO NOT ADD: Evenity
Calcium Channel Blockers	DO NOT ADD: Katerzia
Immunosuppressives, Oral	DO NOT ADD: Prograf Granules Pack
Lipotropics, Statins	DO NOT ADD: Ezallor Sprinkle
Multiple Sclerosis Agents	DO NOT ADD: Mavenclad; Mayzent
Skeletal Muscle Relaxants	DO NOT ADD: Norgesic Forte

~ 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 7, 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 11:28am.