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Maryland Pharmacy Program PDL P&T Meeting



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Minutes from November 3, 2011

The Sheppard Pratt Conference Center

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Attendees:

P&T Committee

Marie Mackowick (Chairperson); Lisa Hadley (Vice Chairperson); Brian Pinto; Helen Anderson; Donald Yee; Winston Wong; Steven Daviss; Renee Riddix-Hilliard; Jenel Steele-Wyatt; Robert Lyles; Sharon Baucom

DHMH Staff

Athos Alexandrou (Maryland Pharmacy Program Director); Dixit Shah (Maryland Pharmacy Program Deputy Director); Alex Taylor (Division Chief, Clinical Pharmacy Services); Paul Holly (Consultant Pharmacist to Maryland Pharmacy Program)

ACS

Iris Ivey, RPh

Provider Synergies/Magellan Medicaid Administration (PS/MMA)

Gina McKnight-Smith, PharmD, MBA, CGP, BCPS

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Mackowick, at 9:05 a.m. The meeting began with brief introductions of all the representatives including the P&T Committee members, DHMH, ACS, and PS/MMA. The Committee then approved the minutes from the previous P&T Committee meeting held on May 24, 2011 with two modifications:

- a) insertion of a statement that reflects Dr. Daviss prepared the letter explaining the rationale for the two year look-back period for grandfathering of Tier Two that was presented to the DUR Board
- b) insertion of a statement that confirms that Latuda received a tie vote in addition to the result of the vote which was withdrawal of the motion.

Dr. Mackowick then asked Mr. Taylor to provide a status update on the Medicaid Pharmacy Program. Mr. Taylor re-stated the importance of the Medicaid PDL which is in its eighth year and continues to save millions of dollars on prescription drugs thus allowing the State to manage costs without reducing covered services. The failing economy continues to significantly reduce Maryland’s revenues and has increased the Medicaid Program enrollments simultaneously. The Committee was cautioned to work collectively to make recommendations that are safe, clinically appropriate and still fiscally responsible.

Mr. Taylor emphasized the partnership that the P&T Committee and all advisory committees to the State play in ensuring efficient use of resources to cast the widest net for healthcare services and pharmacy benefits to the greatest number of Medicaid recipients. Additionally, the State continues to seek ways to ensure appropriate use of medications. The use of antipsychotic medications in children and adolescents has increased substantially over the past decade. As a result of increased public scrutiny and lack of data related to long-term effects on children, the Department has instituted a Peer Review Program for Mental Health Medications in Children and Adolescents in partnership with the Mental Hygiene Administration, University of Maryland (Division of Child and Adolescent Psychiatry and the School of Pharmacy). The program started on October 19, 2011 and initially addresses the use of antipsychotics in Medicaid recipients who are under the age of five years. The primary goal is to ensure that members of this vulnerable population receive optimal treatment in concert with appropriate non-pharmacologic measures in the safest manner possible.

There will be a ‘hard edit’ that prevents claims for antipsychotics for children ages five years and younger to stop processing and require a prior authorization based on the peer review assessment. Child psychiatrists and clinical pharmacists perform the reviews and give the prior authorizations. Additional information is available on the Maryland Medicaid Pharmacy Program website.

Mr. Taylor re-iterated the mechanisms to obtain a PDL prior authorization through a phone call or a fax. The pharmacy hotline remains active averaging about 1286 calls each month with about 25% of them relating to the PDL. Mr. Taylor thanked the Committee for their dedication and commitment to serving the citizens of the State of Maryland.

Dr. Mackowick acknowledged that it was time for the public presentation period to begin. As customary, there is no question/answer period, pre-selected speakers have 5 minutes with a timer.

Name	Affiliation	Class/Drug of Interest
Charlie Cook	Eli Lilly	Cymbalta and Strattera
Sharon Hernandez	Novartis	Arcapta

Name	Affiliation	Class/Drug of Interest
William Bakker	UCB Pharma	Deferred his time due to NO CHANGE status of the Cytokine and CAM Antagonist class
Christiane Arsever	Merck	Victrelis
Susan Thomas	Boehringer-Ingelheim	Tradjenta
Arlene Price and Dr. Arsalan Khan	Janssen	Stelara, Simponi and Xarelto
Dr. Jack Vaeth and Dr. Kevin Schendel	Psychiatrist/Internist	Viibryd and Daliresp
Dr. William Yap	Rheumatologist	Humira
Vik Patel and Dr. Paul Thuluvath	Vertex Pharma/Hepatologist	Incivek
Dr. Adan Sosa	URL Pharma	Colcrys
Dr. Raul Silva	Child and Adolescent Psychiatrist/ Shionogi Pharmac	Kapvay
Dr. Deidra Couch	Otsuka Pharma	Abilify
Marsie Ross	Shire Pharma	Intuniv and Vyvanse
Sandra Weatherly	Daiichi Sankyo	Sprix
Laurence Pezor	Consumer	Did not attend

Dr. Mackowick thanked the presenters for all their input. A presentation from ACS, the claims processor, was delivered by Mrs. Iris Ivey. After providing a verbal report to the Committee members, she pointed out 841 PDL PA requests for non-preferred drugs in the prior quarter (3rd quarter 2011). There were 446 PA requests in the Fibromyalgia Agents class, 157 for Narcotic Analgesics, 32 for Stimulants and Related Agents, 31 for Antipsychotics, 29 for Antidepressants, 21 for Inhaled Glucocorticoids, 19 for Sedative Hypnotics, 13 for Antihistamines, 9 for Phosphate Binders, and 9 for Proton Pump Inhibitors. Mrs. Ivey agreed to email the written report to the attention of the Committee.

Mr. Taylor addressed one matter of Old Business from the previous P&T meeting. He corrected the statement made at the prior meeting in May 2011 that all TOP\$ states except Maryland posted their minutes on the web. Dr. Daviss remained fairly certain that he visited each State's website when he made that statement. After further discussion, it

was determined that the statement made at the May 2011 P&T meeting by Dr. Daviss was accurate. Mr. Taylor reminded the Committee that Maryland does now post the minutes (back to 2010).

Prior to Dr. Mackowick introducing the start of the therapeutic class reviews, Dr. McKnight-Smith clarified the brand/generic PDL status changes that are independent of the actual PDL and more of a function of the State’s generics policy. Multi-source products are identified in red ink on the slides. The State routinely monitors their SMAC (State Maximum Allowable Cost) Program and make modifications based on the generics policy. To avoid confusion around “No Change” classes with change highlights that center around the multisource issue and bring clarity, only single source brand changes are considered “Classes with PDL Status Changes”.

Dr. Mackowick stated that there were 14 classes that had no recommended changes from the existing PDL. Dr. Daviss wanted to examine the Antidepressants, Other and Fibromyalgia Agents classes out for further consideration. The Committee voted to maintain the Antidepressants, Other class as unchanged, but they voted by a margin of 5-to-4-to-1 to recommend Cymbalta as preferred in the Fibromyalgia class. The Committee agreed to leave the remaining categories unchanged as well.

Immediately following were review of six classes with single drug reviews and thirteen classes with modified recommendations from the existing PDL The following table reflects the voting results for each of the affected therapeutic categories:

Class	Voting Result
Alzheimer’s Agents	Maintain current Preferred agents: generics (donepezil, donepezil ODT, rivastigmine capsules), Namenda, Namenda Solution, Exelon Transdermal
Analgesics/Anesthetics, Topical	Maintain current Preferred agents: capsaicin OTC, Voltaren Gel, Lidoderm
Antidepressants, Other	Maintain current preferred agents: generics (trazodone, venlafaxine, venlafaxine ER capsules, mirtazapine, mirtazapine ODT, bupropion, bupropion SR, bupropion XL, phenelzine), Venlafaxine ER Tablets (Upstate), Parnate, Marplan
Antidepressants, SSRIs	Maintain current preferred agents: <u>generics</u> (citalopram, citalopram solution, fluoxetine, fluoxetine 10mg tablet, fluoxetine 20mg tablet, fluoxetine solution, fluvoxamine, sertraline, sertraline concentrate, paroxetine, paroxetine suspension), Lexapro Tablets, Lexapro Solution

Class	Voting Result
AntiParkinson's Agents	Maintain current preferred agents: generics (benztropine, trihexyphenidyl, pramipexole, carbidopa/levodopa immediate and extended release, selegiline tablet, ropinirole), Stalevo
Anti-Hyperuricemics	Maintain current preferred products: allopurinol, probenecid, probenecid/colchicine
COPD Agents (formerly Bronchodilators, Anticholinergic)	Maintain current Preferred agents: generics (ipratropium neb, ipratropium/albuterol), Combivent, Atrovent HFA, Spiriva
Cytokine and CAM Antagonists	Maintain current Preferred agents: Humira, Enbrel and Cimzia (all forms)
Leukotriene Modifiers	Maintain current Preferred agents: zafirlukast and Singulair
Ophthalmics for Allergic Conjunctivitis	Maintain current Preferred agents: generics (cromolyn, ketotifen OTC), Alrex, Zaditor OTC, Pataday, Patanol
Ophthalmics, Glaucoma Agents	Maintain current Preferred agents: generics (levobunolol, pilocarpine, latanoprost, brimonidine, timolol, betaxolol, carteolol, dorzolamide, dorzolamide/timolol), Alphagan P 0.15%, Betimol, Istalol, Azopt, Travatan/Travatan Z, Betoptic S, Combigan
NSAIDs	Maintain current Preferred agents: all generics except mefenamic acid, tolmetin tablets and meclofenamate
Otic Antibiotics	Maintain current Preferred agents: generics (ofloxacin and neomycin/polymyxin/hydrocortisone solution and suspension), Cortisporin TC, Coly Mycin S, Ciprodex

Class	Voting Result
Stimulants and Related Agents	Maintain current Preferred agents: generics (dexmethylphenidate, dextroamphetamine tablet, m dextroamphetamine capsule ER, methylphenidate, methylphenidate ER, amphetamine salt combo), Adderall XR (Brand), Methylin Solution, Methylin Chewable Tablets, Focalin, Focalin XR, Concerta, Strattera, Daytrana, Intuniv

Single Drug Reviews	Voting Result
Androgenic Agents	DO NOT ADD: Axiron
Angiotensin Modulators	DO NOT ADD: Edarbi
Antibiotics, GI	DO NOT ADD: Difucid
Anticoagulants	DO NOT ADD: Xarelto
Hepatitis C Agents	DO NOT ADD: Incivek and Ribapak ADD: Victrelis
Hypoglycemics, Incretin Mimetics/Enhancers	ADD: Tradjenta

Class	Voting Result
Anticonvulsants	<p>ADD: Carbatrol (Brand), Depakote Sprinkles (Brand), Diastat Rectal (Brand), Tegretol Suspension (Brand and generic), Trileptal Suspension (Brand and generic)</p> <p>REMOVE: clonazepam ODT, Equetro, topiramate sprinkles (Brand and generic), ethosuximide (Brand and generic), levetiracetam XR (Brand and generic), Tegretol XR, gabapentin solution (Brand and generic), topiramate Sprinkles, carbamazepine XR (generic), divalproex sprinkles (generic), Felbatol (Brand and generic), Keppra XR (Brand)</p> <p>DO NOT ADD: carbamazepine ER (generic Carbatrol), Gralise</p> <p>Other Preferred Agents: generics (lamotrigine, phenobarbital, phenobarbital elixir, clonazepam, carbamazepine, topiramate, gabapentin capsules, gabapentin tablets, carbamazepine chewable, valproate syrup, primidone, divalproex, divalproex ER, zonisamide, phenytoin, phenytoin suspension, valproic acid, oxcarbazepine, levetiracetam,), Celontin, Peganone, Dilantin Infatab, Gabitril</p>
Antihistamines, Minimally Sedating	<p>ADD: levocetirizine, fexofenadine 60 and 180 mg OTC</p> <p>Other Preferred Agents: loratadine OTC, cetirizine OTC</p>
Antihypertensives, Sympatholytics (NEW)	<p>ADD: generics (clonidine, guanfacine, methyldopa, methyldopa/HCTZ), Catapres-TTS (Brand)</p> <p>DO NOT ADD: clonidine transdermal (generic), reserpine, Clorpres, Nexiclon XR Tablets and Suspension</p>

Class	Voting Result
Antipsychotics	<p>DO NOT ADD: Abilify IM</p> <p>REMOVE: Fanapt</p> <p>Other Preferred Agents: generics (fluphenazine, haloperidol, risperidone, chlorpromazine, thiothixene, thioridazine, amitriptyline/perphenazine, trifluoperazine, perphenazine, clozapine), Geodon, Seroquel, Zyprexa (Tier 2), Zyprexa Zydis (Tier 2), Abilify Tablets (Tier 2), Abilify Discmelt (Tier 2), Abilify Solution (Tier 2), Risperdal Consta</p>
Bile Salts	<p>REMOVE – ursodiol tablets</p> <p>Other Preferred agents: ursodiol capsules</p>
Bronchodilators, Beta Agonists	<p>ADD: Foradil</p> <p>REMOVE: albuterol neb solution, albuterol ER tablets, Ventolin HFA</p> <p>DO NOT ADD: Arcapta</p> <p>Other Preferred agents: generics (albuterol, terbutaline), Maxair, ProAir HFA, Proventil HFA</p>
Fibromyalgia Agents	<p>ADD: Cymbalta (P&T recommended to modify the PS/MMA recommendation of maintaining this as non-preferred)</p> <p>Other Preferred Agents: Lyrica and Savella</p>
Glucocorticoids, Inhaled	<p>ADD: Asmanex and Dulera</p> <p>Other Preferred Agents: Advair HFA, Advair Diskus, Symbicort, Flovent HFA, Flovent Diskus, Qvar</p>
Immunomodulators, Atopic Dermatitis	<p>REMOVE: Protopic</p> <p>Other Preferred Agent: Elidel</p>

Class	Voting Result
Intranasal Rhinitis Agents	<p>ADD: Astelin (Brand), Nasonex, Nasacort AQ (Brand), Beconase AQ, Patanase</p> <p>REMOVE: azelastine (generic)</p> <p>DO NOT ADD: triamcinolone (generic)</p> <p>Other Preferred Agents: generics (ipratropium nasal, flunisolide nasal, fluticasone nasal), Astepro</p>
Ophthalmics, Antibiotics	<p>ADD: Garamycin Drops and Ointment, Zymar, Besivance, Ciloxan Ointment, Terramycin with Polymyxin</p> <p>Other Preferred Agents: generics (gentamicin drops, tobramycin, polymyxin/trimethoprim, sulfacetamide, ciprofloxacin solution, ofloxacin, erythromycin, gentamicin ointment, neomycin/polymyxin/gramicidin, bacitracin/polymyxin, bacitracin), Vigamox, Tobrex Ointment</p>
Ophthalmic Antibiotic/Steroid Combinations (NEW)	<p>ADD: generics (neomycin/polymyxin/dexamethasone, neomycin/polymyxin/bacitracin/hydrocortisone, sulfacetamide/prednisolone, tobramycin/dexamethasone suspension, neomycin/polymyxin/hydrocortisone), Blephamide, Blephamide SOP, Pred-G Ointment and Drops, Zylet, Tobradex Ointment</p> <p>DO NOT ADD: Tobradex ST</p>
Ophthalmics, Anti-Inflammatories	<p>ADD: prednisolone sodium, prednisolone acetate, Omnipred</p> <p>REMOVE: Flarex</p> <p>DO NOT ADD: Pred Forte</p> <p>Other Preferred Agents: generics (fluorometholone, dexamethasone, flurbiprofen, ketorolac, ketorolac LS, diclofenac), Pred Mild, Maxidex, FML SOP, FML Forte, Lotemax Ointment</p>

Class	Voting Result
Sedative Hypnotics	<p>REMOVE: estazolam, Somnote, Rozerem</p> <p>Other Preferred Agents: generics (zolpidem, flurazepam, temazepam, triazolam, zaleplon, chloral hydrate syrup)</p>

~ 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.).

After the conclusion of the review of the therapeutic classes, Dr. Pinto and other Committee members had a conversation about the budget constraints and the being more conservative in their review and selection of preferred drugs going forward. This is in light of the particular economic environment that affects the Medicaid program overall. Mr. Taylor also asked the Committee members if the new discs that replace the large binders is a significant improvement and the Committee endorsed the new discs as a definite upgrade. Mr. Alexandrou also engaged a brief discussion about the coverage options that Medicaid Pharmacy Program has from CMS-rebatable drugs as well as the comparative pricing with MCOs

The next meeting is scheduled for Thursday, May 10, 2012. With no further business, the meeting adjourned at 11:50 am.