The Executive Office of Health & Human Services
Center for Operations and Pharmacy Management

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, April 10th, 2019
8:00 AM
HP Enterprise Services
301 Metro Center Blvd, Room 203
Warwick, Rhode Island 02886

P & T Members Present:	Greg Allen, MD Scott Campbell, RPh Dave Feeney, RPh, Chairperson Rita Marcoux RPh, Co-Chairperson Matt Salisbury, MD Rick Wagner, MD Kristina Ward, PharmD
Absent:	Ann Bennett (DXC Technology)
Others Present:	Jerry Fingerut, MD (EOHHS) Karen Mariano, RPh (DXC Technology) Kathryn Novak, RPh (Magellan Medicaid Administration)

The meeting was called to order by the Chairperson once a quorum was in attendance - 8:04 am.

The December 12th, 2018 meeting minutes were reviewed and by vote were accepted as presented.

Public testimony included the following speakers:

1. Shaffee Backus, Janssen. Invokana
2. Howard Silversmith, Ocean State Pediatrics. Request addition of Eucrisa to the formulary.
3. Elizabeth Lubelczyk, Lilly. Trulicity, Humulin R U-500.
4. Mark Golick, Pfizer. Eucrisa.

Magellan Medicaid Administration (MMA) presented the following categories for therapeutic class reviews with discussion from the pharmacy and therapeutics committee. MMA points out that if a therapeutic class review may was noted as "retired" it is because there has been no activity/new clinical information/guidelines for the class. MMA reminded the committee that their recommendations for inclusion on the Preferred Drug List (PDL) while universal across NMPI states, each committee makes individual decisions for a drug being "preferred" on the PDL.

1. Acne Agents, Topical. One new tretinoin available. Recommend add clindamycin swabs and remove clindamycin /benzoyl peroxide pump product. The authorized generic is available on the PDL. There is high utilization in this category overall. A recommendation was made; unanimously approved to accept the recommendations.
2. Antiemetics. Recommend no changes to the category. A recommendation was made; unanimously approved to accept the recommendations.
3. Anti-hyperurecemics. New colcichine solution, Gloperba. FDA safety communications re Uloric; New guidelinesAmerican College of Foot & Ankle Surgeons and the American Association of Nurse Practionners. Recommend add Mitigare. A recommendation was made; unanimously approved to accept the recommendations.
4. Bone Resorption Inhibitors. Prolia has expanded indication; no changes to the current recommendations. Request for Drug Utilization Review Committee (DUR): DUR how many people at risk. And how many people are we treating. Can this be compared to another group? Could we be consistent and add the alendronate solution? Cost consideration given to all dose forms when making the final recommendations. A recommendation was made; unanimously approved to accept the recommendations as presented.
5. Growth Hormones. Please note that the unit adjustments results in 15 prescriptions. Zomacton has a new indication. Compliance is low in this category. No changes to agents in the category are recommended. A recommendation was made; unanimously approved to accept the recommendations.
6. Hypoglycemics. New guidelines are published for this category.
    a. Alpha-glucosidase inhibitors. Bayer no longer making Precose. A recommendation was made; unanimously approved to accept the recommendations.
    b. Incretin mimetics/enhancers. Two updated indications for Xultophy and Soliqua. Drug safety warning issued for SGLT2. No changes to the recommendations. A recommendation was made; unanimously approved to accept the recommendations.

c. Insulins. New formulation of Toujeo Max Solostar. Recommendations included addition of Novolog mix vial. Discussion: any movement from states to move toward the new agents? Based on the rebate program the older agents are cost effective, and States finding that the older agents continue to be effective. A recommendation was made; unanimously approved to accept the recommendations.
d. Megliltinides. No changes to the recommendations. A recommendation was made; unanimously approved to accept the recommendations.
e. Metformins. Company No production of Glucophage and the XR. A recommendation was made; unanimously approved to accept the recommendations.
f. SGLT-2. No changes. Discussion why we do not endorse the combination products? Recommendations are based on what is most cost effective to RI. Can we look at the single daily dose of these? Nationally are there any projections for utilization of these agents? Expect to see additional guideline recommendations. Recognition that there are products with cardiovascular risks and next year expect a review of renal risks. Request for DUR to look at these agents over time. A recommendation was made; unanimously approved to accept the recommendations.
g. Sulfonylureas. No clinical significant changes. A recommendation was made to accept the recommendations Discussion on the recommendations. Remove the glyburide and the micronized dose form. Allow for grandfathering of patients currently taking these agents. Request for DUR: send letter to the prescriber and include information regarding risks, removal from PDL and grandfathering of current patients. Amended recommendation: accept recommendations and remove glyburide. A recommendation was made; unanimously approved to accept the recommendations
h. Thiazolodinediones. No changes to the recommendations. MMA

7. Immunomodulators, atopic dermatitis. Expanded indication Dupixent. Elidel available as a generic. Category requires a failure of topical anti-inflammatory steroid in the last three months. Recommend: DUR report for any Eucrisa denials. A recommendation was made; unanimously approved to accept the recommendations.
8. Immunomodulators, topical. A recommendation was made; unanimously approved to accept the recommendations.
9. Multiple Sclerosis Agents. There are recent new products in this category that did not make the review process prior to this meeting. Even so, all drugs are available through a PA process. Gilenya has a new indication. FDA communications regarding two products, Gilenya and Lemtrada. Recommendations includes a changes to prefer Tecfedra and non-prefer Gilyena based on the FDA warning. FDA communications with Gilenya and Lemtrada.
10. Pancreatic Enzymes. No new information & no change to the recommendations. A recommendation was made; unanimously approved to accept the recommendations.
11. H. Pylori Agents. FDA safety communication for PPI which would include these products. No change. A recommendation was made; unanimously approved to accept the recommendations.
12. Proton Pump Inhibitors (PPI). FDA safety communication for PPI. Change to the PDL to remove the Protonix suspension; alternate product on the PDL for an oral liquid is Prilosec suspension. Request: DUR to look at this with recommendation to limit the PPI to 90 days with transition to the H2s. Concern about long-term use of these agents. DUR: can we benchmark to another payer? Concerned that a patient starts a PPI in the hospital, then once discharged continues on treatment, access to products OTC, and the long-term use should be addressed. Other local payers send letters when a patient has been on a proton pump inhibitor for 6 months. Question: Can patients get a 3 month supply? No. A recommendation was made; unanimously approved to accept the recommendations.
13. Psoriasis, Topical Agents. No changes to the recommendations. Do we have any indication of utilization comparing the topical agents to the non-topical agents? Magellan has not looked across the classes. KN will check to see if there are any. Will put these and the biologics all on the same agenda. Request: DUR look across the categories from this to biologics to make it a more comprehensive look at treatment. A recommendation was made; unanimously approved to accept the recommendations.
14. Topical Steroids. New product Bryhali. One recommendation; remove one drug fluocinonide cream from the group of Topicals (low, medium, high and very high potency). A recommendation was made; unanimously approved to accept the recommendations.

2019 Meeting Schedule – 8:00 am

June 4th
September 10th
December 17th

Adjournment

The meeting adjourned at 9:15 AM