

The Executive Office of Health & Human Services
Pharmacy and Therapeutics Committee Meeting Minutes



Tuesday, June 9th, 2020
8:00 AM
DXC Technology
Location: Virtual

P & T Members Present: Greg Allen, MD
Scott Campbell, RPh
Todd Brothers, PharmD
Dave Feeney, RPh, Chairperson
Rick Wagner, MD

Absent: Tracey Tavieria, PharmD
Matt Salisbury, MD

Others Present: Ann Bennett, MHA (DXC Technology)
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 - 8:16 am.

The December 17th, 2019 meeting minutes were reviewed and by vote were accepted as presented.

Public testimony included the following speakers and topic:

1. Paul Isikwe, Teva. Ajovy
2. Frank Nagy, Xeris. Gvoke.
3. Robert Mead, Pfizer. Retacrit.
4. Elizabeth Lubelczyk, Eli Lilly. Emgality, Reyvow, Trulicity and Baqsimi.

Magellan Medicaid Administration (MMA) presented the following categories for therapeutic class reviews with discussion from the pharmacy and therapeutics committee.

General review of meeting process and consolidated review schedule for 2020.

1. Analgesic Agents
 - a. Antimigraine agents, Triptans and Other agents. New products in the category for treatment of acute migraines (Reyvow, Ubrelvy and Nurtec ODT) and one for the preventative treatment in adults (Vyepiti). The latter is an IV and we would not expect to see this in the point of service data. New indications for Emgality, and new formulations for Tosymra, and Ajovy. Compliance in category is high. Questions: are all the preferred agents available without PA? Yes. If a patient is currently on a non-preferred agent, will they be allowed to continue? Yes. Motion made to accept the recommendations. Motion passes with one abstention.
2. Anti-infectives
 - a. HIV/AIDS. New category for committee consideration. Currently FFS covers all orally self-administered products without any PA restrictions. The category is exempt from the PDL however recommendations are to add all oral self-administered drugs without clinical restrictions to the PDL. This would reflect and communicate their unrestricted availability in Medicaid FFS. Currently HIV/AIDS drugs are not listed, which raises questions regarding coverage of these anti-infectives. This would show coverage of all oral self-administered agents as preferred. Question: would there be any restriction since some agents are prescribed these for other uses? No. Motion made to accept the recommendations. Motion made, passes unanimously.
3. Blood Modifying Agents
 - a. Anti-hyperuricemics. No changes recommended to the category. There is a product discontinuation in the category. Motion made, passes unanimously.
 - b. Erythropoiesis Stimulating Proteins. There is one new product (Reblozyl) in the category. No changes recommended to the category. Discussion on presentation that there are no phase 4 studies. Motion made, passes unanimously.
 - c. Phosphate Binders. There is no recent significant information in this class. Recommendations to add Sevelmer and remove Renagel and Renvela. Motion made, passes unanimously.

- d. Potassium Binders. New category for the committee consideration; treatment of non-emergent hyperkalemia. Three products in the category Lokelma, sodium polystyrene sulfonate (SPS) and Veltassa. All are available as powders. Recommend Lokelma and SPS as preferred; allowing stabilized patients to remain on their current agent/regimen. Motion made, passes with one abstention.
4. Endocrine Agents
- a. Androgenic Agents. No new clinical information. There are new guidelines from ACP, only to be used for sexual function and no other reasons. No changes recommended to the category. Discussion; are there edits for gender prescribing? Yes. Motion made, passes unanimously.
 - b. Bone Resorption Inhibitors. One new product Evenity in the category, it is a monthly SQ injection by health care provider. Question; what is the posting date? It refers to the date that the category was first added for the PDL. Recommendations include addition of ibandronate. Motion made, passes unanimously.
 - c. Glucagon Agents. New category for committee consideration. Recommendations Glucagon Injection and kit, Proglycem and Baqsimi. Discussion; in other States what kind of oversight is done for glucagon compounds? MMA will check/follow up; in past only product in the category was glucagon, so states are now beginning to look at this class. Request DUR follow this category utilization.
 - d. Growth Hormones. No items of clinical significance. No changes recommended to the category. Question: do we ever refer PA to medical director or DUR? No, because received PAs always include complete/appropriate clinical info. Motion made, passes unanimously.
 - e. Hypoglycemics. ADA released their annual standards of medical care in diabetes for 2020.
 - i. Alpha-Glucosidase Inhibitors. No new information in this class. No changes recommended to the category. Motion made to accept, passes unanimously.
 - ii. Incretin Mimetics/Enhancers. New formulation Trijardy XR. GLP-1. New indications Victoza, Ozempic and Trulicity. New formulations Rybelsus oral tablet and Ozempic 3ml cartridge pen. Also, limitation in class for Bydureon BCise not recommended for use with prandial insulin. No changes recommended to the category. Motion made, passes unanimously.
 - iii. Insulins. Two new indications Toujeo Solostar and Max Solostar for patients in children 6 and older, and Fiasp in pediatrics. Recommendations include addition to PDL of Humalog cartridges and Junior Kwikpen to the current list of PDL agents. Motion made, passes unanimously.
 - iv. Meglitinides. No new information and no utilization in the category. No changes recommended to the category. Motion made, passes unanimously.
 - v. Metformins. New formulation Riomet ER. No changes recommended to the category. Motion made, passes unanimously.
 - vi. SGLT-2. New indications for Invokana, Invokamet and the Invokamet XR, Farziga and Xigduo XR. Recommendations to add Invokamet and the Xigduo XR to the current list of PDL agents. Question for MMA; are other States seeing an uptick in usage of these agents? MMA will research and report back to the committee. Motion made, passes unanimously.
 - vii. Sulfonylureas. No new clinical information. No changes recommended to the category. Motion made, passes unanimously.
 - viii. Thiazolidinediones. No changes recommended to the category. Motion made, passes unanimously.
 - f. Pancreatic Enzymes. No new information. No changes recommended to the category. Motion made, passes unanimously.
 - g. Progestins for Cachexia. No new clinical information; no activity in this class. No changes recommended to the category. Motion made, passes unanimously.
5. GI Agents
- a. Antiemetic/Antivertigo Agents. No new information in this class. No changes recommended to the category. Motion made, passes unanimously.
 - b. Bile Salts. No new clinical information. No changes recommended to the category. Motion made, passes unanimously.
 - c. GI Motility, Chronic. No new information of clinical significance. Recommend non prefer the LOTRENE (SP?) of which there is no utilization Motion made, passes unanimously.
 - d. H. Pylori Agents. No new information, no utilization in RI. No changes recommended to the category. recommended. Motion made, passes unanimously.
 - e. Proton Pump Inhibitors. Update to the International consensus recommendation on the management of pts with nonvariceal Upper GI bleeding. No changes recommended to the category. Question for MMA; are other States monitoring use of PPIs? Motion made, passes unanimously.
 - f. Ulcerative Colitis Agents. No new information. Recommendations include addition of Lialda and Pentasa, and deletion of Apriso to the current PDL agents in this category. Motion made, passes unanimously.

2020 Schedule
 September 15th
 December 15th

Adjournment

The meeting adjourned at 9:49 AM