



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

**Pharmacy and Therapeutics Committee Meeting Minutes**

**Tuesday, September 13, 2016**

**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  
Richard Wagner, MD  
Kristina Ward, PharmD

**P & T Members Absent:** Chaz Gross

**Others Present:** Ann Bennett (Hewlett Packcard Enterprise)  
Jerry Fingerut, MD (Xerox)  
Karen Mariano, RPh (Hewlett Packcard Enterprise)  
Kathryn Novak, RPh (Magellan Medicaid Administration)

**The meeting was called to order by the Chairperson once a quorum was in attendance - 8:00 am.** Meeting minutes unanimously approved.

**The June 2016 meeting minutes were reviewed and by vote were accepted as presented.**

**Public testimony included the following speakers:**

1. Heidi Belden, MD. Trist Pharma, Dyanavel XR. Committee questions/comments: (1) is there data that shows lower risk of OD? or are patients not get all the medication? Don't know (2) what flavor is product? Bubble gum. (3) Review by AAP, who commented that the PDL was adequate if not generous. Raised question that if it actually tasted good, would patient take more? (4)(a) is a dosing syringe provided with product? No, the pharmacist should give one to patient (b) if none provided with product, why should pharmacy give one away free? Because PI days it should be dispensed with a 10ml syringe. (c) Did you check with pharmacist/pharmacies to see if they would give away a 10ml syringe? Yes, we checked. (5) Dosing syringes available at pharmacies are not 10mls; smaller volume available to buy at pharmacies.
2. Mark Rubio, RPh. Purdue Pharma. Butrans, and Hysingla ER. Committee questions/comments: what is recommended disposal and is there any medication left in reservoir that can be removed? There is recommended disposal method.
3. Paul McDermott, Pharmacist. Celegene. Apremolast. Committee questions/comments: (1) what is the response rate psoriatic arthritis? 42%. (2) are there any studies with patients on LiCO3? Information will follow.
4. Jason Swartz, Managed Pharma Liaison. Otsuka. Abilify Maintena & Rexulti. Committee questions/comments: (1) the presentation implied that hospital costs are less. (2) You reviewed two products with similar mechanisms of action; is there a head to head study oral Abilify vs. Rexulti? No, published study.
5. Shaffee Bacchus, Janssen, Invega. RI has highest cost of hospitalization rate. Committee questions/comments: (1) What geographic area was include in the study and did it in include all mental health? It was a RI study from Truvent Health Analytics. (2) Any comparison to clozapine? No.
6. Tom Algozzine, Medical Account Manager, Novartis. Cosentyx. Committee questions/comments: (1) are there any head to head studies with other agents? Yes

7. William Mullen, Clinical Advisor, Indivior, Suboxone Film. Modifications to the package insert; update on abuse and diversion on the products. Prescription drug monitoring program data analyzed; buprenorphine only products are more likely to be abused. Film is less abused compared to tablet. Committee questions/comments: Question of safety; addicted patients believe that they are protected if they are taking Suboxone. It is not a protection.
8. Vadim, Khaychue, MD. Medical Science Liaison, BMS, Orenca.
9. Cheryl Anne Kruse, Medical Outcomes Specialist. Pfizer. Embeda, & Xeljanz. Xeljanz. Included in the 2015 ACR guidelines. Embeda. Indicated daily/around the clock therapy. Committee questions/comments: is there one indication for Xeljanz? Yes.

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

**Review June 2016 Category Reviews:**

1. Alzheimer Agents. Motion made to accept; motion passes unanimously. Discussion. Committee asks if the packets could include the alternative therapies. The therapeutic class reviews include alternatives.
2. Androgenic Agents. AACE position statement on testosterone replacement in men with cardiovascular risk. There is some place for use. Motion made to accept; motion passes unanimously. Committee inquiry regarding transgender utilization over time, was something missed? No, nothing missed. Comment to broaden thoughts on this evolving area.
3. Antiparkinson Agents. No new clinical information. Motion made to accept; motion passes unanimously. Addition of the amandatadine syrup and capsules.
4. Atypical Antipsychotics. New generics for Invega and Abilify Discmelt. There are 5 new drugs on the category, Invega Trinza, Rexulti, Aristada, Vraylar (same black box warnings and drug interactions adverse drug events are as expected). Nuplazid (hallucination/psychosis associated with parkinson's. Motion made to accept; motion passes. Discussion on the motion. Committee members discuss/consider open access for this class of medications. Early P & T committee meetings reflect these discussion. Over time the committee has recommended expanding the drugs in this class. Availability of generics but PDL may support branded product. Committee thinks we need to look at this class due to other safety indicators; QT elongation. Also, a category with partial agonists; impulsive behavior. Only 1 compound that actually decreases suicidality which is clozapine. Motion made to consider providing open access for this class of medications. The motion passes with a vote of 4 to 2. Discussion on the motion. Comment by treating this category different than others therapeutic categories would stigmatize the category. Motion made to open access to all medications; the motion is defeated by a vote of 2 to 4.
5. BPH Treatments. Motion made to accept; motion passes unanimously.
6. Bladder Relaxant Preparations. Motion made to accept; motion passes unanimously.
7. Cytokine & CAM Antagonists. New product Taltz (ixekizumab). Very low utilization. Motion made to accept; motion passes unanimously.
8. Erythropoietins. No new information. Motion made to accept; motion passes with one abstention.
9. Migraine Agents. Motion made to accept; motion passes unanimously.
10. Narcotic Analgesics.
  - a. Long Acting. New generics available in the category. The recommendations include Butrans and Embeda. CMS issued guidance to remove methadone from preferred drug lists. Discussion/comments: resist influence of politically correct group our committee and on the influence the prescribers. The QT prolongation with methadone is well document. What did CMS letter say and what was the reasoning behind the statement? Issue of abuse. Committee comment: CMS is applying a different standard to methadone compared to the other medications in the group. Motion made to accept; motion passes unanimously.
  - b. Short Acting. Black box warning across the class. Motion made to accept; motion passes unanimously. Discussion/comment: products may include acetaminophen and associated toxicity. Class includes products without acetaminophen. What happens to patients in hospice? PDL not in effect because hospice responsible for coverage of medication.
11. Ophthalmic Agents
  - a. Allergic Conjunctivitis. Motion made to accept; motion passes unanimously.

- b. Antibiotics. Motion made to accept; motion passes unanimously. Committee requests Drug Utilization Review to send communication to the ophthalmologists.
  - c. Anti-Inflammatory. Motion made to accept; motion passes unanimously.
  - d. Glaucoma. Motion made to accept; motion passes unanimously.
- 12. Opiate Dependence Treatments. Updates Zubsolv has new indications; new drugs. Narcan nasal spray. Motion made to accept; motion passes unanimously.
  - 13. Otic Antibiotics. Motion made to accept; motion passes unanimously.
  - 14. Phosphate Binders. Motion made to accept; motion passes unanimously.
  - 15. Sedative-Hypnotics. Motion made to accept; motion passes unanimously.
  - 16. Skelatal Muscle Relaxants. Motion made to accept; motion passes unanimously.
  - 17. Stimulants & Related Agents. Motion made to accept; motion passes unanimously.
  - 18. Anti-hypertensives, Sympatholytics. Motion made to accept; motion passes unanimously.

**2016 Meeting Schedule – 8:00 am**

December 13<sup>th</sup>

**2017 Meeting Schedule – 8:00 am**

April 4<sup>th</sup>

June 13<sup>th</sup>

September 12<sup>th</sup>

December 12<sup>th</sup>

**Adjournment**

The meeting adjourned at 9:55 AM.