



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

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, September 12th, 2017

8:00 AM

DXC Technology

301 Metro Center Blvd, Room 203

Warwick, Rhode Island 02886

P & T Members Present: Greg Allen, MD
Dave Feeney, RPh, Chairperson
Rita Marcoux RPh, Co-Chairperson
Matt Salisbury, MD
Richard Wagner, MD
Kristina Ward, PharmD

Absent: Scott Campbell, RPh

Others Present: Ann Bennett (DXC Technology)
Jerry Fingerut, MD (Conduent)
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 - 8:08 am.

The June 13th, 2017 meeting minutes were reviewed and by vote were accepted as presented.

Public testimony included the following speakers:

1. Corey Hebert, Rhodes; Aptensio XR.
2. Vadim Ichaychuk, BMS; Orenica.
3. Tom Algozzine, Novartis; Cosentyx & Ciprodex.

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

- a. Alzheimer Agents. No new products in the category; no changes recommended. Motion made to accept the recommendations; unanimously approved.
- b. Androgenic Agents. Recommended added Androderm; bringing compliance to 100%. Motion made to accept the recommendations; unanimously approved.
- c. Antiparkinson's Agents. Question are benztropine & trihexyphenidyl listed on the website? Yes via an NDC search; will follow up to see if there is a Motion made to accept the recommendations; unanimously approved.
- d. Benign Prostatic Hyperplasia (BPH) Antagonists. Discussion on motion. See follow up for DUR. Motion made to accept the recommendations; unanimously approved.
- e. Bladder Relaxants. Motion made to accept the recommendations; unanimously approved.
- f. Cytokine and Calmodulin (CaM) Antagonists. Category presentation included a general biosimilar review/recent news. Updated indications within the products in the group; new biosimilar; three new products. No recommended changes. Discussion: DUR did look at lithium use with agents within the group. Motion made to accept the recommendations; unanimously approved.
- g. Erythropoietins. Motion made to accept the recommendations; unanimously approved.
- h. Ophthalmic Agents.
 - I. Antibiotics. Nothing new in the category. Motion made to accept the recommendations; unanimously approved.
 - II. Allergic Conjunctivitis. Motion made to accept the recommendations; unanimously approved.
 - III. Glaucoma. Nothing new in the category. Motion made to accept the recommendations; unanimously approved.
 - IV. Anti-Inflammatory. Motion made to accept the recommendations; unanimously approved.
- i. Otic Antibiotics. Nothing new in the category. Recommended changes include addition of ciprofloxacin. Discussion; Add the polymyxin neomycin otic both the suspension and solution. Recommend remove the ofloxacin. Revised motion accepted and passes unanimously.
- j. Phosphate Binders. Motion made to accept the recommendations; unanimously approved.
- k. Stimulants and Related Agents. LA products included here; new generics; two new products. Category contains numerous products, dose forms; are there any oral solution products available on the PDL? Dextroamphetamine oral

solution available and Quillavent XR (methylphenidate) is a suspension formulation. Motion made to accept the recommendations; passes with one opposition.

- I. Antihypertensives, Sympatholytics. Short acting products included in the category; nothing new in this category. Captures both the clonidine and guanfacine that is being used for ADD/ADHD. Motion made to accept the recommendations; unanimously approved.

2017 Meeting Schedule – 8:00 am

December 12th

2018 Meeting Schedule – 8:00 am

April 10th

June 5th

September 11th

December 11th

Adjournment

The meeting adjourned at 9:15 AM

Follow Up for DUR Board

1. Prospective look for Alzheimer agents with concomitant cholesterol lowering agents.
2. Check on newly diagnosed metastatic prostate cancer driving the number of prescriptions.