The Executive Office of Health & Human Services

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, September 15th, 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
Matt Salisbury, MD
Tracey Taviera, PharmD
Rick Wagner, MD
Bill Quirk, RPh
Nickolai Morin, PharmD

Others Present:
Ann Bennett, MHSA (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 - 8:12 am.

The June 9th, 2020 meeting minutes were reviewed and by vote were accepted as presented.

Public testimony included the following speakers and topics. Follow up information should be sent to karen.mariano@dxc.com for distribution to the committee.

1. Elizabeth Lubelczyk, Lilly. Taltz and Olumiant. *Question from committee.*
2. Gene Muise, Amgen. Otezla. *Questions from committee.*
3. Sarah Hnath, Abbvie. Mavyret and Rinvoq. *Question from committee.*
4. Jeff Olson, Gilead. Hepatitis C. *Question from committee.*
5. Tyson Thompson, Pfizer. Eucrisa and Xeljanz/XR. *Question from committee.*
6. Kerri Wolfe, Genentech. Xofluza.

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

1. Anti-infectives
    a. Antibiotics, GI. Compliance is good at 87%. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    b. Antifungals, Oral. Compliance is good in the category. There are no new relevant agents in the category. Recommendation to continue with the current preferred agents and add clotrimazole. Motion made to accept the recommendations; passes unanimously.
    c. Antivirals.
        i. HSV. Compliance is good in the category. Recommend one change to the current preferred agents with one change, to make acyclovir suspension non-preferred. Patients who are currently taking this medication will be grandfathered into access. Motion made to accept the recommendations; passes unanimously.
        ii. Influenza. Compliance is low at 24%. Discussion around low compliance related to secondary payer, access to agents during the upcoming flu season, monitoring of drug shortages, ability to change the preferred agents should there be a shortage, consider include all agents and turnaround on PA requests. Recommend one change; moving Relenza to non-preferred status. Motion made to accept the recommendations; passes unanimously.
        iii. Cephalosporins and Related Antibiotics. Recommend one change to the current preferred agents with one change, to make Suprax chewable, caps and suspension non-preferred. Currently there are no patients taking one of these products. Motion made to accept the recommendations; passes unanimously.

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d. Fluroquinolones. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
e. Hepatitis C Agents. There are updated indications in this category for Sovaldi, Harvoni and Mavyret. A Ribasphere discontinuation, but generics are still available. Discussion/questions; compliance to therapy? Completion of therapy? What are re-infection rates in other States? Response; there is re-infection. Ask DUR to look at completion of therapy. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
f. Macrolides-Ketolides. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
g. Tetracyclines, Oral. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
h. Vaginal Antibiotic. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.

2. Dermatological Agents.
    a. Acne Agents, Topical. Compliance in the category is 54%. Updated indication to 9 years of age for some agents/diagnosis; some new products in category. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    b. Antibiotics, Topical. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    c. Antifungal, Topical. Expanded indications for Jublia to 6 years of age for onychomycosis. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    d. Antiviral Agents, Topical. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    e. Immunomodulators, Atopic Dermatitis. Compliance is poor. Only 3 prescriptions in the quarter resulting in low compliance. Motion made to accept the recommendations; passes unanimously.
    f. Immunomodulators, Topical (summary). Compliance is at 80%. Recommendation to continue with current agents with one change: moving imiquimod to non-preferred. There were no prescriptions during the quarter for imiquimod. Motion made to accept the recommendations; passes unanimously.
    g. Psoriasis Agents, Topical. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    h. Rosacea Agents. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    i. Steroids, Topical. Compliance for the four groups (low, medium, high and very high) ranges from 92-98%. High. Recommendation to continue with the current preferred agents. Recommendation to continue with the current preferred agents with one change; moving alclometasone diproprionate (low group) ointment to non-preferred. There was one prescription in the quarter for this agent. Motion made to accept the recommendations; passes unanimously.
3. Immunologics
    a. Cytokines and CAM Antagonists and Related Agents. Compliance is the category is 73%. Review included updated product information, indications, formulations and discontinuation. Discussion/question: to access a non-preferred agent does patient only need to fail one agent? *Yes.* Are any states looking at intent to treat? Duration of treatment? Refer to DUR committee. Recommendation to continue with the current preferred agents with one change; moving Enbrel vial to preferred. Motion passes unanimously.
    b. Methotrexate Agents. Compliance is 100%. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
4. Otics
    a. Anti-inflammatory. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    b. Antibiotics. Recommendation to continue with the current preferred agents with two changes; moving ciprofloxacin to non-preferred and move ofloxacin to preferred. These two changes reflect the prescriptions dispensed in the quarter. Motion made to accept the recommendations; passes unanimously.
    c. Anti-infective/Anesthetics. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
5. Respiratory
    a. Antiallergens, Oral. Currently all agents are non-preferred. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    b. Antibiotics, Inhaled. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    c. Antihistamines, Minimally Sedating. Compliance is good at 94%. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
    d. Bronchodilators, Beta Agonists LA and SA. Compliance is 67%; due to wrap of benefit. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.

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e. Bronchodilators, COPD. Compliance is good at 91%. Motion made to accept the recommendations; passes unanimously.
f. Glucocorticoids, Inhaled. Compliance is 62%. Updates to category; updated indication to age 5 for Dulera and Asmanex and a new digital inhaler. Recommendation to continue with the current preferred agents with one change; adding Advair Diskus to preferred. Motion passes unanimously.
g. Glucocorticoids, Oral (summary). Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
h. Intranasal Rhinitis Agents. Compliance is at 98%. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
i. Leukotrienes Modifiers. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
j. Self-Administered Epinephrine. Compliance is not good in the category. Low compliance at 20% due to wrap benefit. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.

6. Urologics/GYN
   a. Bladder Relaxants. Compliance in the category is good at 87%. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
   b. BPH Agents. Compliance is excellent at 100%. Recommendation to continue with the current preferred agents. Motion made to accept the recommendations; passes unanimously.
   c. Uterine Disorder Treatments. New category for review. There is no utilization in the category. Recommendations are to add Orlissa and Oriahnn as preferred agents on the PDL. Motion made to accept the recommendations; passes unanimously.

SUPPORT ACT HR 6

Review of SUPPORT ACT's mandatory coverage of MAT by Medicaid beginning October 1st resulting in loss of MCS rebates to States. Perhaps an inadvertent oversight by Congress. Looking to Congress to make correction. CMS has suggested correctional language.

2021 Schedule

Review dates at December meeting.

Next Meeting

December 15th

Adjournment

The meeting adjourned at 9:50 AM

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