



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

**Pharmacy and Therapeutics Committee Meeting Minutes**

**Tuesday, April 16<sup>th</sup>, 2013**

**8:00 AM**

**Hilton Garden Inn**

**One Thurber Street/Jefferson Blvd**

**Warwick, Rhode Island**

**P & T Members Present:** Greg Allen, MD  
Scott Campbell, RPh  
Dave Feeny, RPh. Chairperson  
Chaz Gross, NAMI  
Richard Wagner, MD  
Kristina Ward, PharmD

**P & T Members Absent:** Rita Marcoux RPh, Co-Chairperson  
Matt Salisbury, MD

**Others Present:** Ann Bennett (HP Enterprise Services)  
Karen Mariano (HP Enterprise Services)  
Kathryn Novak (Magellan Medicaid Administration)  
Joe Paradis, RPh (HID)

**The meeting was called to order by the Chairperson once a quorum was in attendance - 8:08 am.**

**The December 2012 meeting minutes were reviewed and by vote were accepted as presented.**

**Public testimony included the following speakers and presentation topics:**

1. Neil Narotta, Pfizer - Genotropin,
2. Tom Algozzine, Novartis – Gilenya
3. Justin Bakshai, Novo Nordisk – Victoza, Levamir and Nortropin
4. Chritiane Arcever, Merck – Januvia and Janumet

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

1. Acne Agents Topical – Move to accept recommendations. Discussion on the motion includes payment as secondary for claims; this category has claims which are not preferred. Medicaid pays as secondary without prior authorization if primary payor pays greater than 50% of a claim. Motion made to accept the recommendations as presented; passes unanimously.
2. Antiemetic/Antivertigo Agents – Motion made to accept the recommendations as presented; passes unanimously.
3. Bone Resorption Suppression and Related Agents – to accept recommendations. Discussion on the motion includes FDA safety concerns regarding Fortecal and recommendation to include on the PDL. No current utilization of Fortecal. Motion made to accept the recommendations as presented; passes with 1 opposition.
4. Growth Hormone – Recommend DUR board contact prescribers who are not using PDL GH. HP to review claims for primary payment by Medicaid before contacting prescriber. Motion on the floor to accept recommendations as presented. Passes unanimously.
5. Hypoglycemic Agents
  - a. Alpha-glucosidase Inhibitor - Motion on the floor to accept recommendations as presented. Passes unanimously.

- b. Incretin Mimetics/Enhancers – DUR Board to review. Motion on the floor to accept recommendations as presented. Passes with one abstention.
  - c. Insulin and Related Agents – Move to accept recommendations. Discussion on the motion. If pen available within the subclass, then the preferred agent pen should be tried before the non-preferred pen is approved through the prior authorization process. Motion amended on the floor to accept recommendations as presented. Passes with one abstention.
  - d. Meglitinides - Motion on the floor to accept recommendations as presented. Passes unanimously.
  - e. Metformins - Motion on the floor to accept recommendations as presented. Passes unanimously.
  - f. Sulfonylureas - Motion on the floor to accept recommendations as presented. Passes unanimously.
  - g. TZDs – Compliance is a 61% because of introduction of the generic. Motion on the floor to accept recommendations as presented. Passes unanimously.
6. Multiple Sclerosis – Presentation of the TCR includes review of data of compliance shows 4 prescriptions in a quarter, therefore compliance is low based on low volume of claims. Relative cost of Amypra is considerably higher. Amypra guidelines for PA should be approval for 6 months intervals asking for assessment of walking distance every 6 months and other and is it still effective. DUR Board to follow up as discussed. Motion on the floor to accept recommendations as presented. Passes unanimously.
  7. Pancreatic Enzymes - Motion on the floor to accept recommendations as presented. Passes unanimously.
  8. Proton Pump Inhibitors – Motion to accept the recommendations with caveat that is acceptable to the policy. Discussion to include the solutabs; which are accessible through prior authorization guidelines. Passes unanimously.
  9. Antipsoriatic Agents - Compliance is skewed based on low volume of claims; DUR Board to send out letters if the claim is primary to Medicaid on the calcipotriene cream asking prescriber to consider prescribing a preferred agent for patients. Motion on the floor to accept recommendations as presented. Passes unanimously.
  10. Steroids Topical – Committee wants to review based on sub-category.
    - a. High Potency - Motion on the floor to accept recommendations as presented. Passes unanimously.
    - b. Low Potency - Motion on the floor to accept recommendations as presented. Passes unanimously.
    - c. Medium Potency - Motion on the floor to accept recommendations as presented. Passes unanimously.
    - d. Very High Potency - Motion on the floor to accept recommendations as presented. Passes unanimously.

**At the June meeting a request to provide commentary about anti-coagulation therapy; restrictions for preferred agents.**

**The Pharmacy & Therapeutics committee would like to acknowledgement of the passing of Ray Maxim and his contributions to the Committee.**

**The dates identified for the 2013 meetings are: June 4<sup>th</sup>, August 27<sup>th</sup> and December 10<sup>th</sup>. As always, the meetings will begin at 8:00 AM.**

**The meeting adjourned at 9:35 AM.**

**Following up with DUR:**

1. Recommend DUR board contact prescribers who are not using PDL GH.
2. Review of Incretin Mimetics/Enhancers