



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

**Pharmacy and Therapeutics Committee Meeting Minutes**

**Tuesday, August 25<sup>th</sup>, 2015**

**8:00 AM**

**HP Enterprise Services**

**301 Metro Center Blvd, Room 203**

**Warwick, Rhode Island 02886**

**P & T Members Present:** Scott Campbell, RPh  
Dave Feeney, RPh, Chairperson  
Chaz Gross, NAMI  
Rita Marcoux RPh, Co-Chairperson  
Richard Wagner, MD  
Kristina Ward, PharmD

**P & T Members Absent:** Greg Allen, MD  
Matt Salisbury, MD

**Others Present:** Ann Bennett (HP Enterprise Services)  
Ben Copple, JD (EOHHS)  
Jerry Fingerut, MD (Xerox)  
Karen Mariano, RPh (HP Enterprise Services)  
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 2015 meeting minutes were reviewed and by vote were accepted as presented.**

**June Follow up Item:** Ben Copple addressed the question of antiretrovirals excluded by statute, but the committee can decide buy policy or on an ad-hoc basis the committee can define what we review. Committee needs to decide what antiretrovirals are. Discussion: should this go to DUR? Perhaps, but we may not have any expertise to do this? What are other third party payors doing? For AIDS, the guidelines change frequently. One possibility is that the committee could develop a definition for antiretrovirals, and apply the policy on a go forward basis or at the meetings, someone can make an adhoc recommendation to identify if the product is an antiretroviral. MMA will check to see what is an antiretroviral in other states. Also, we have reviewed the oral and topical antivirals today, should we go back and look at the products reviewed today? No, as we have reviewed these for the past 10 years. On a go forward basis, we should put in place something that would let us be compliant. There was a time where the diagnosis was discriminatory, so not even discussed.

**Public testimony included the following speakers:**

1. Tom Algozzine, Novartis, *Cosentyx (secukinumab)*.

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

**Category Reviews**

1. Alzheimer's Agents. Motion made to accept the recommendations; no discussion and unanimously approved. Compliance is 98 % in this category.
2. Androgenic Agents. Motion made to accept the recommendations; no discussion and unanimously approved. One new product Natesto® in the category; nasal administration. Compliance 60%. No recommendation for a change to the category. Discussion; what restrictions are in place for the

transdermal? Age? Follow up with DUR to review the utilization of this and any guidelines. Motion made to accept the recommendations; no discussion and approved with 1 opposition.

3. Antiparkinsons Agents. Motion made to accept the recommendations; no discussion and unanimously approved. Prameprox now generic and the compliance is 96%. Note that amantadine is now moved to a new category.
4. Antiviral Agents, Oral. Motion made to accept the recommendations; no discussion and unanimously approved. Discussion: Since we are moving to flu season DUR to look at the utilization for the past several years.
  - a. HSV – no new clinical info compliance 100% note brand over generic switch for acyclovir.
  - b. Influenza – no new clinical information & no changes in the recommendations.
5. Antivirals, Topical. No changes to the recommendations. Motion made to accept the recommendations; no discussion and unanimously approved.
6. Benign Prostatic Hyperplasia (BPH) Agents. No new clinical info & no changes to the recommendations. Motion made to accept the recommendations; no discussion and unanimously approved.
7. Bladder Relaxants. No new info, compliance 78%, No recommendations for changes. There is utilization in the long acting but it related to TPL. Motion made to accept the recommendations; no discussion and unanimously approved.
8. Cytokine and Calmodulin (CaM) Antagonists. New product Cosentyx. New indication for otezla and humira has PI change. DUR; need to begin to look at this from a diagnostic PA. No change in the recommendations to the current PDL. Motion made to accept the recommendations; no discussion and unanimously approved.
9. Erythropoietins. New product Micera. There is a class BBW. Compliance is 100%. Discussion: any use of patient going from inpatient to outpatient can the patient continue therapy. Motion made to accept the recommendations; no discussion and unanimously approved.
10. Immunomodulators, Atopic Dermatitis. Protopic now available as generic and no changes to the recommendations. Motion made to accept the recommendations; no discussion and unanimously approved.
11. Ophthalmic Agents. Motion made to accept the recommendations; no discussion and unanimously approved.
  - a. Antibiotics - No new clinically significant information.
  - b. Allergic Conjunctivitis – new product Pazeo. Compliance 90% add Pazeo as preferred.
  - c. Glaucoma – please note there are 4 sub classes in this category. Good compliance in all of the categories.
  - d. Anti-inflammatory – No new clinically significant information. No changes are recommended.
12. Otic Antibiotics. Motion made to accept the recommendations; no discussion and unanimously approved.
13. Phosphate Binders. New prod Auryxia. Motion made to accept the recommendations; no discussion and unanimously approved.
14. Stimulants and Related Agents. Compliance 78%. New generics, new indications, new warnings in the class. New prod Evekeo and Aptension XR. Recommendations Concerta Authorized generic is Preferred. Compliance is good. Discussion: refer to DUR to begin request a review of PMP when prescribing the stimulants. Motion made to accept the recommendations; no further discussion and unanimously approved.
15. Anti-hypertensive, Sympatholytics. Motion made to accept the recommendations; unanimously approved. Discussion: how do we know how these agents are being used? Are they in conjunction with other agents? DUR: look at these items by age.

#### **2015 Meeting Schedule – December 1<sup>st</sup> 8:00 am**

#### **2016 Meeting Schedule – 8:00 am**

April 12<sup>th</sup>

June 7<sup>th</sup>

August 30<sup>th</sup>

December 13<sup>th</sup>

#### **Adjournment**

The meeting adjourned at 9:00AM