



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

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, December 2, 2014

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, NAMI

Others Present: Ann Bennett (HP Enterprise Services)
Cathy Cordy, RPh (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 - 8:05am.

The June 2014 meeting minutes were reviewed and by vote were unanimously accepted as presented.

Public testimony included the following speakers:

1. Marjory Lewey, UCB.
2. Neil Marotta, Pfizer
3. Ray Mastrianni, Acetilon
4. Shalini Hede, BMS
5. Tom Sepe, MD, University GI
6. Andrew Revel, Genzyme
7. William Murphy, Epilepsy Foundation NE
8. Jeff Olson, Gilead
9. Sarah Guadayw, Aegerion
10. Arlene Price, Janssen

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

1. *Alzheimer's Agents – Namenda IR®, will be retired. No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
2. *Androgenic agents. Discussion/question; why is there noncompliance to the PDL? Noncompliance reflects that a prior authorization was approved (criteria had been met) or the majority of the claim was paid by a primary payer, and Medicaid paid as secondary. No further discussion. Motion made to accept the recommendations as presented. Passes unanimously.*

3. *Antiparkinson's agents – No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
4. *Antivirals. Updated information. Sitavig® has new indication. Valcyclovir has more competitive pricing, recommend PDL cover generic rather than brand. No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
5. *Benign Prostatic Hyperplasia (BPH) Agents. No new clinical information. No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
6. *Bladder Relaxants. Updated product information; Oxytrol for Women® available as OTC; new generic for Detrol LA®. Motion made to accept the recommendations as presented. Discussion on the motion; if Sanctura® becomes nonpreferred then allow current patients to remain on product. Motion made to accept recommendations as presented with one change, to “grandfather” patients currently on Sanctura®. Motion passes unanimously.*
7. *Cytokins and Calmodulin (CaM) Antagonists. New products, Otezla® and Entyvio®. New formulations Simponi Aria® and Actemra SQ®; new indications for Stelara®, Cimzia® and Simponi®; new warning for Xeljanz®. Suggestion; DUR look at psoriatic arthritis and lithium. Motion made to accept the recommendations as presented. Passes with one abstention (G. Allen).*
8. *Erythropoetins. No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
9. *Immunomodulators, Atopic Dermatitis. – No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
10. *Ophthalmic Agents*
 - a. *Antibiotics – No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 - b. *Allergic Conjunctivitis. Adding Patanol® back as preferred. – No further discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 - c. *Glaucoma. – No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 - d. *Anti-inflammatory. No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
11. *Otic Antibiotics. – No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
12. *Phosphate Binders new velphoro®. No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
13. *Stimulants and related agents. Discussion regarding use of non stimulants like guanfacine or clonidine before using a stimulant; concern regarding diversion of stimulants in USA. Stimulants used by 7% of school age children. Motion made to accept the recommendations as presented. Passes with one opposition (R. Wagner).*
14. *Angiotensin modulators & combo– No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
15. *Antianginal & ischemic. – No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
16. *Antibiotics inhaled. – No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
17. *Anticoagulants. Warfarin recommended in non-valvular atrial fibrillation. Commentary commercial market seeing reduction of use of warfarin. No further discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
18. *Anticonvulsants. New products, Aptiom® and Qudexy XR®. Topamax® has new indication migraine prophylaxis. Recommendation includes Tripleptal® suspension as preferred agent. Commentary; P & T committee cannot control switch from one generic to another generic; P & T committee cannot control non seizure use of these agents. No further discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
19. *Antidepressants, other. Question; if duloxetine was included in this category what would be the impact? Regardless of which category, antidepressants or neuropathic pain, the drug was found, the recommendation would be continue to be a non-preferred agent. Request that this agent be listed as*

- non-preferred in both places of the PDL. Add step edit, that duloxetine requires a failure of a preferred antidepressant, prior to approving duloxetine. *No further discussion. Motion made to accept the recommendations as presented with the change to require failure of preferred antidepressants prior to approving duloxetine for depression. Passes unanimously.*
20. Antidepressants, SSRI. *No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 21. Antihypertensives, sympatholytics. *Guanfacine and clonidine oral are reviewed in this therapeutic category. In the future can these agents please be reviewed with the stimulants? No further discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 22. Beta blockers. *Remark regarding surprise at the amount of propranolol being prescribed/utilized. Motion made to accept the recommendations as presented. Passes unanimously.*
 23. CCBs. – *No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 24. Lipotropics, other. – *No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 25. Lipotropics, statins. *Discussion of the criteria to get Crestor®; what should the step edit be? Change requirement from failure of simvastatin to failure of atorvastatin before use of Crestor® (non preferred). No further discussion. Motion made to accept the recommendations with a change from simvastatin to atorvastatin as step edit. Passes unanimously.*
 26. Neuropathic pain. *Question why are gabapentin tabs non-preferred? Capsule of same drug are less costly. Use of non preferred agent is often result of Medicaid paying claim as secondary. No further discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 27. NSAIDS, new generic Pennsaid® and Vimovo®. *No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 28. PAH agents, new formulation Orenitram ER® and Revatio® available as a suspension. – *No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 29. Platelet inhibitors. *New product Zontivity®. No discussion. Motion made to accept the recommendations as presented. Passes unanimously.*
 30. Hepatitis C Agents. *New medications, Olysio®, Sovaldi® and Harvoni®. Update to product information; Incivek® has been discontinued. AASLD and IDSA. All drugs have genotype preferences and patients should be genotype tested. Discussion; consider making all drugs that treat hepatitis C require a prior authorization, including ribavirin and interferon. Consider this would span several therapeutic drug categories. Review EOHHS current policy regarding the newer agents. Motion made to table hepatitis c discussion and review at the April 2015 meeting. Motions passes unanimously.*

2015 Meeting Schedule – 8:00 am

April 7th

June 9th

August 25th

December 1st

Adjournment

The meeting adjourned at 10:10 AM.