



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

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, June 4, 2013

8:00 AM

HP Enterprise Services

301 Metro Center Blvd, Room 203

Warwick, Rhode Island 02886

P & T Members Present: Greg Allen, MD

Dave Feeney, RPh. Chairperson

Chaz Gross, NAMI

Rita Marcoux RPh, Co-Chairperson

Richard Wagner, MD (remote)

Kristina Ward, PharmD

P & T Members Absent: Scott Campbell, RPh

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 - 8:15 am. Notice that future meetings would be held at HP located at 301 Metro Center Boulevard, Warwick RI.

The April 2013 meeting minutes were reviewed and by vote were accepted as presented.

Public testimony included the following speakers and presentation topics:

1. Judy Kando – Sunovian
2. Arlene Price – J & J Health Outcomes Research Group, Invega and Riconsta
3. Rocco Zullo – Glaxo Smith Kline, Advair and Flovent
4. Bruce Gaulin – Otsuka Pharmaceutical, Abilify Maintanna
5. Adam Alt – Consumer Advocate, open access to medications
6. Tom Algozzine – Novartis, Fanapt
7. Alissa Brown – Consumer Advocate, open access to medications
8. Chris Arcveau – Merck, Dulera

Document submitted at public testimony

1. Charles Feldman, Consumer Advocate

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

1. Respiratory Agents
1. Anti-histamines, minimally sedating. Motion made to accept the recommendations as presented; passes unanimously.

- a. Intranasal rhinitis agents. New medication since last review – Zetonna (ciclesonide), Dymista (azelastine & fluticasone), first combination AH and steroid. Current compliance is 86%. Add the Nasonex. Motion made to accept the recommendations as presented; passes unanimously.
 - b. Bronchodilators
 - i. COPD agents. New GOLD guidelines. New product Tudorza Pressair (aclidinium bromide). Current compliance 98%. Question why use of Ventolin HFA resulting from COB claims. Motion made to accept the recommendations as presented; passes unanimously.
 - ii. Beta agonists – compliance 69% change to remove Serevent due to low utilization of the product. Motion to accept the recommendations as presented; passes unanimously
 - c. Glucocorticoids
 - i. Inhaled – compliance 97% no change include Plumicort respules. Motion made to accept the recommendations as presented; passes unanimously.
 - ii. Oral – new category for review. Motion made to accept the recommendations as presented; passes unanimously.
 - d. Leukotriene Modifiers – compliance 92%. Motion made to accept the recommendations as presented; passes unanimously
 - e. Epinephrine, self-administered – new category for review. Devices are the difference in the category as all of the epinephrine is the same. Motion made to accept the recommendations as presented; passes unanimously.
2. CNS Agents
- a. Atypical antipsychotics. Current compliance 97% and mostly generics in the category. Motion made by Chaz Gross with 2nd by Greg Allen to have open access to all agents in the class. Discussion on the motion. If there is open access to this category is it contradictory to the remainder of the PDL? Will be stigmatizing to have this as a separate category. Continue discussion as more patients are treated with long acting medications. Non preferred Abilify has utilization as Discmelt dose form. What about adding one dose form? To add an agent from each class. Rita Marcoux, if a pt has not been tried on any of these agents, there is no data that says one drug will be better than any of the other agents. Rick Wagner, this is generally true, including clozapine. Katy Study, no evidence that 1st or 2nd generation would be preferred. Comparator was perphenazine. Rick Wagner suggests looking at this uniquely because Abilify shows no unique advantage. Vote on motion on the floor: allow open access to all agents in the class; 2 approved and 4 opposed. New motion made by Rita Marcoux; to accept the category as presented. Dave Feeney 2nd motion. Vote on the motion; 2 opposed and 4 approved.
 - b. Narcotic analgesics
 - i. Long acting narcotics. New REMS on opioid class, warning on Opana ER, compliance 48%. Impacted by COB. Motion made and passes unanimously. Discussion on the motion: Could DUR look at this category again? Look at diagnosis, COB claims and duration of therapy. Motion made to accept the recommendations as presented; passes unanimously.
 - ii. Short Acting – reformulation based on ADAP inclusion. Compliance 87%. Motion made; passes unanimously. Discussion on the motion; consider leaving meperidine off the PDL. New motion made to accept recommendations with modification; leave meperidine as off; passes with one abstention.
 - c. Migraine agents – Motion made; passes unanimously. Discussion on the motion; Question why is the outlier product? Patients tend to stay on the medication that works for them. Motion made to accept the recommendations as presented; passes unanimously.

- d. Sedative-hypnotics – Compliance 94%. Committee requests DUR to look at Ambien prescribing especially those who are prescribing for women; are women getting Ambient at doses above recommended? Motion made to accept the recommendations as presented; passes unanimously.
 - e. Skeletal muscle relaxants – Motion made to accept the recommendations as presented; passes unanimously.
3. Anti-infective Agents
- a. Antibiotics
 - i. Quinolones, oral – new indication for levoflox. Motion made to accept the recommendations as presented; passes unanimously.
 - ii. Cephalosporins – 93% compliance. Motion made to accept the recommendations as presented; passes unanimously.
 - iii. Macrolides/Ketolides – Guideline update and FDA safety update for azithromycin. Compliance 98%. Question/what warning comes up at the pharmacy for potential interactions? Motion made to accept the recommendations as presented; passes unanimously.
 - b. GI – new class and new market agents; Treatment of CDiff motivated addition for PDL review; guidelines for how CDiff should be treated. Motion made; passes unanimously. Discussion on the motion. Question – is there allowance for use of oral vancomycin. Follow up item. Are we treating for CDiff ? How can we look for this? First line treatment with metronidazole and then vancomycin. Referred to DUR for review. Report to P & T. Motion passes unanimously.
 - c. Topicals - Question why over 10% use of Bactroban – recent generic approval. Motion made to accept the recommendations as presented; passes unanimously.
 - d. Vaginal – new category. Motion made to accept the recommendations as presented; passes unanimously.
 - e. Tetracyclines – new category agents Motion made to accept the recommendations as presented; passes unanimously.
 - f. Antifungal agents – Motion made to accept the recommendations as presented; passes unanimously.
 - i. Oral
 - ii. Topical
4. Ulcerative Colitis Agents
- a. Oral – New prod Giazio (balsalazide) treating mild-moderate ulcerative colitis. Compliance 71%. New market introduction that could not be reviewed because the release was too late. Asacol supply will diminish over time. Motion made to accept the recommendations as presented; passes unanimously. Discussion on the motion: suggest those individuals Lialdaare allowed to remain on therapy. Motion made to accept the recommendations as presented with the modification. Passes with one abstention
 - b. Rectal products – Motion made to accept the recommendations as presented; passes unanimously.

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

The dates identified for the 2013 meetings are: August 27th and December 10th.
As always, the meetings will begin at 8:00 AM.

The meeting adjourned at 10:00 AM.