



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

**Pharmacy and Therapeutics Committee Meeting Minutes**

**Tuesday, June 9<sup>th</sup>, 2015**

**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  
Chaz Gross, NAMI  
Matt Salisbury, MD  
Richard Wagner, MD  
Kristina Ward, PharmD

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

**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 - 8:05am.**

**The April 2015 meeting minutes were reviewed and by vote were accepted as presented with one abstention.**

**The committee held a discussion on Hepatitis C which was tabled from the April 7<sup>th</sup> meeting.**

Magellan provided a brief synopsis of P & T committee's discussion to date which included a progression of discussion from December 2014 & April 2015 meeting regarding hepatitis c. Questions raised regarding resistance to new agents and elongation of therapy which could increase costs to State. Review of SVR rates for Viekira and Harvoni. Both drugs has drug interactions, prescribers should be cognizant of all medications their patients are taking. Treatment requires a committed patient and prescriber monitoring of their patients. Questions regarding the difference between FFS and MCO policies and coverage under their plans. EOHHS has a single policy for treatment of hepatitis c which applies to both FFS and MCOs. Plans understand cost implications and Director would request dual availability. Committee prefers to come to their own conclusion for recommendation of drugs and to be empowered to expand drug availability if appropriate and then make recommendations to EOHHS. Review the PA process for those patients who would need a non preferred agent and confirmed continuation of therapy for patients who enter into Medicaid on a hepatitis c treatment regimen. A motion was made to accept the recommendations as presented; it was unanimously approved.

**The committee reviewed bylaws.**

Bylaws last reviewed and updated in 2007. Motion made to accept the revised bylaws. Discussion on the motion. Presence of quorum would be 51%. Can attendance be telephonic? Would have to comply with open meeting laws which identifies who can dial in. Suggest a formal reach out to the DUR committee to include them onto P & T. Chair reports committee actively looking for new members. Suggestion; members be removed from board if they do not show up 50% of the time. Consistently need committee to show up for the meeting in its entirety. Terms

for members should be staggered. The motion is made to accept the revised bylaws, with the change to 51% for a quorum. The motion passes unanimously.

**Public testimony included the following speakers:**

1. Alissa Amara, Teva. Qnasal.
2. Laura Bartels. Abilify Maintena
3. John Howard, Epipen
4. Dan Foley, BI, Spiriva Respimat.
5. Arthur Stucci. AstraZeneca. Movantik.
6. Judy Cando. Synovion. Latuda.
7. Will Mullen, Reckett Benckiser. Suboxone.
8. Lee Marks, Zubsolv.

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

Motion made to clarify the RIGL regarding the words of “antiretrovirals”. Discussion on the motion: antiretrovirals are not the same; the compounds are not antiretroviral based, as we have changed the English language. Motion passes with: 4 in favor and 2 against.

**Category Reviews**

1. Antibiotics, Inhaled. Motion made to accept the recommendations; no discussion and unanimously approved.
2. Antihistamines, Minimally Sedating. Motion made to accept the recommendations; no discussion and unanimously approved. Change in recommendations: add cetirizine solution.
3. Intranasal Rhinitis. Motion made to accept the recommendations; no discussion and unanimously approved.
4. COPD Agents. Motion made to accept the recommendations; no discussion and unanimously approved.
5. Beta Agonists. New product Strivedi Respimat. Motion & discussion; what about the patients using Ventolin - can be maintained. Motion made to accept the recommendations; no discussion and unanimously approved.
6. Glucocorticoids, Inhaled. New product Arnuity Ellipta. Motion made to accept the recommendations; no discussion and approved with one abstention.
7. Glucocorticoids, Oral. Motion made to accept the recommendations; no discussion and unanimously approved.
8. Leukotriene Modifiers. Motion made to accept the recommendations; no discussion and unanimously approved.
9. Epinephrine, Self-Injected. Discussion; review use and look to limit quantities. Motion made to accept the recommendations; no discussion and unanimously approved.
10. Antipsychotics, Atypicals. New indications for a number of products. Motion made to accept the recommendations. Discussion on the motion. Question why no recommendation to include generic aripiprazole; because no cost benefit to Medicaid at this time. General discussion; MHC’s would like open access to the whole class; if the class were open then this class would be treated differently than other drug classes. Motion made to have open access for the whole class of medications. The motion does not pass; three votes in favor and four against. New motion to accept the recommendations as presented; 4 votes in favor and 2 against.
11. Analgesics, Long Acting. Motion made to accept the recommendations; no discussion and unanimously approved. General discussion question number of the amount of oxycontin patients and use of; what is the diversion rate of fentanyl patches? How does a patient get a prior authorization for long term use for non-preferred agent? Prescriber to have long term treatment plan for the patient.
12. Analgesics, Short Acting. Schedule changes: tramadol CIV and hydrocodone CII. Discussion: what is per capita use? MMA will follow up. Should look at these by DUR. Is there a requirement to review

- the PMP prior to prescribing? Could it be a PA requirement? Motion made to accept the recommendations; unanimously approved.
13. Opiate Dependence Treatments. Motion made to accept the recommendations; no discussion and unanimously approved. Discussion of Zubsolv diversion.
  14. Antimigraine Agents. Motion made to accept the recommendations; no discussion and unanimously approved.
  15. Sedative Hypnotics. New product Belsomra. Motion made to accept the recommendations; no discussion and unanimously approved.
  16. Skeletal Muscle Relaxants. Motion made to accept the recommendations; no discussion and unanimously approved.
  17. Antibiotics, GI. Motion made to accept the recommendations; no discussion and unanimously approved.
  18. Antibiotics, Topical. Motion made to accept the recommendations; no discussion and unanimously approved.
  19. Antibiotics, Vaginal. Motion made to accept the recommendations; no discussion and unanimously approved. New product Nevessa (another metronidazole).
  20. Cephalosporins & Related Antibiotics. Recommend expand category to include Suprax tablets and capsules. Question: is there first generation cephalosporin on the PDL? Yes, they are not restricted. Motion made to accept the recommendations; no discussion and unanimously approved.
  21. Fluroquinolones, Oral. Motion made to accept the recommendations; no discussion and unanimously approved.
  22. Macrolides/Ketolides. Motion made to accept the recommendations; no discussion and unanimously approved.
  23. Tetracyclines. Motion made to accept the recommendations; no discussion and unanimously approved.
  24. Antifungals, Oral. Motion made to accept the recommendations; no discussion and unanimously approved.
  25. Antifungals, Topical. Motion made to accept the recommendations; no discussion and unanimously approved.
  26. Ulcerative Colitis Agents. Motion made to accept the recommendations; no discussion and unanimously approved. Delzicol has new indication.
  27. GI Motility Agents (previously known as IBA). Motion made to accept the recommendations; no discussion and unanimously approved.
  28. Methotrexate. Motion made to accept the recommendations; no discussion and unanimously approved.

#### **2015 Meeting Schedule – 8:00 am**

August 25<sup>th</sup>

December 1<sup>st</sup>

#### **Adjournment**

The meeting adjourned at 10:26AM.

#### **DUR Board Follow-up.**

1. Per capita use of SA narcotics, tramadol and hydrocodone.