



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

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, June 7th, 2016

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

Others Present: Ann Bennett (Hewlett Packard Enterprise Services)
Jerry Fingerut, MD (Xerox)
Karen Mariano, RPh (Hewlett Packard Enterprise Services)
Kathryn Novak, RPh (Magellan Medicaid Administration)

The meeting was called to order by the Chairperson once a quorum was in attendance - 8:02 am.

The December 2015 meeting minutes were reviewed and by vote were accepted as presented.

Public testimony included the following speakers:

1. Rob Picone, NovoNordisk; Victoza, Genotropin, Triceba, Norditropin.
2. Mark Vincent, Merck; Zepatier.
3. Shaffee Bacchus, Janssen; Invokana.
4. Sherry Orbach, Bristol Myers Squibb; Daklinza.
5. Tom Algozzine, Novartis. Gilenya.
6. Brian Calamari, Abbvie; Viekira Pak, Zinbryta.
7. Jeff Olson, Gilead; Harvoni.

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

Review April 2016 P & T Categories.

Category Reviews:

1. Acne Agents. Change from clindamycin gel and prefer brand retina rather than brand. Motion made to accept the recommendations and there is discussion on the motion. Our rates are relatively low vs the PDL, request benchmark RI against other states. Motion made to accept the recommendations; no discussion and unanimously approved.
2. Antiemetics. One new product in category, new generic metoclopramide ODT. Motion made to accept the recommendations; no discussion and unanimously approved.
3. Antihyperurecemics. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approved.
4. Antiviral agents, oral.
 - a. HSV Agents. Recommend adding Zoviraz suspension. Motion made to accept the recommendations; no discussion and unanimously approved.

- b. Influenza Agents. No new clinical information. Motion made to accept the recommendations; no discussion and unanimously approve.
 - c. Hepatitis C Agents. Motion made to accept the recommendations and there is discussion on the motion. Updated group on the AASLD and IDSA guidelines. Expect another product in June and in the fall of 2016. How do the RI PDL recommendations compare to other states? What is Veterans Administration doing? Observing a creep on duration of therapy; original efficacy is falling by the wayside. Motion made to accept the recommendations; no discussion and unanimously approve.
- 5. Antivirals, topical. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approve.
- 6. Bone Resorption Inhibitors. No changes to the category. Motion made to accept the recommendations; no discussion and approved with one opposed vote.
- 7. Growth Hormones. Updated Nutropin AQ. Motion made to accept the recommendations; no discussion and unanimously approve.
- 8. Hypoglycemics.
 - a. Alpha-glucosidase Inhibitors. No changes to the category Motion made to accept the recommendations; no discussion and unanimously approve.
 - b. Incretin mimetics/enhancers. FDA update, product labeling for the class to be updated. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approve.
 - c. Insulin, hypoglycemic. New medications Toujeo and Tresiba. Suggest addition of Humalog pen and Humalog mix pen. Motion made to accept the recommendations and there is discussion on the motion. Have endocrinologists had any concerns? Motion made to accept the recommendations; no discussion and unanimously approved with one abstention.
 - d. Meglitinides. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approve.
 - e. Metformins, New generic metformin; fluctuations in cost/supply. Category will be watched closely. Motion made to accept the recommendations; no discussion and unanimously approved with one abstention.
 - f. SGLT-2. Invokana update and SGLT2 labeling changes. New product Synjardy. Recommend add Invokamet to current PDL offerings. Motion made to accept the recommendations and there is discussion on the motion. Question; what is going on with diabetes usage? Compared to other states? Magellan says it has increased. Do any states require diagnosis on prescriptions? Yes. Motion made to accept the recommendations; no discussion and unanimously approved.
 - g. Sulfonylureas. No new clinical information and no changes. Motion made to accept the recommendations; no discussion and unanimously approve.
 - h. Thiazolidinediones. REMS removed from rozioglitazone products. Motion made to accept the recommendations; no discussion and unanimously approve.
- 9. Immunomodulators
 - a. Atopic dermatitis. No new clinical information. Add Protopic as preferred. Motion made to accept the recommendations and there is discussion on the motion. Discussion regarding compliance rate. Magellan thinks it is related to the generic. Motion made to accept the recommendations; no discussion and unanimously approve.
 - b. Topical. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approve.
 - c. Multiple Sclerosis Agents. New generic Glatopa. Recommend addition of Gilenya to the PDL; would offer another choice and bring compliance to 100% rate. Motion made to accept the recommendations; no discussion and unanimously approve.
 - d. Pancreatic Enzymes. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approve.
 - e. H. Pylori Agents. Note non-compliant because no utilization. Motion made to accept the recommendations; no discussion and unanimously approve.
 - f. Proton Pump Inhibitors. Prilosec has age expansion down to 1 month (from 1 year). No changes to PDL. Compliance has always been difficult. Motion made to accept the recommendations and there is discussion on the motion. Request DUR committee review utilization long term use of PPIs. Do any other states have duration limitation? Magellan reports says that in the past there were, but cost benefit ratio (cost of generic compared to cost of PA administration) is not favorable. Originally when first came out and biopsy or scope was required. Motion made to accept the recommendations; no discussion and unanimously approve.

10. Psoriasis, Topical Agents. No changes to the category. Utilization is misleading since so few prescriptions in the category.
11. Topical Steroids. No clinical changes to the category. There are some new generics in the category. Motion made to accept the recommendations and there is discussion on the motion. What happens if someone has been on treatment? Patient remains on medication. Motion made to accept the recommendations; no discussion and unanimously approve.

Review June P & T Categories:

Public Testimony June:

1. Amy Tomasello, Mylan; Epipen. Free school program. www.epipens4schools.com.
2. Dan Shan, AtrasZeneca; Movantik.

Category Review

1. Respiratory
 - a. Antibiotics, Inhalers. New generic Kitabis Pak. CF foundation guideline updated. Motion made to accept the recommendations and there is discussion on the motion. Why is there low compliance? Related to co-insurance? Yes. Motion made to accept the recommendations; unanimously approved.
 - b. Antihistamines, Minimally Sedating. No changes clinically and add levoceterizine. Motion made to accept the recommendations; no discussion and unanimously approved.
 - c. Intranasal Rhinitis. No changes. Motion made to accept the recommendations; no discussion and unanimously approved.
 - d. Bronchodilators
 - i. COPD Agents. Updated indicated Spiriva. GOLD guidelines did not contain any significant changes. Several new products; Stiolto Respimat, Seebri Neohaler, Utibron Neohaler. No changes to the category. Motion made to accept the recommendations; no discussion and approved with one abstention.
 - ii. Beta-Agonist. Add serovent; heard that foradil will not be available in the market but serovent would pick up the foradil pts. Approved Motion made to accept the recommendations; no discussion and unanimously approved.
 - e. Glucocorticoids
 - i. Inhaled. Add all strength of Pulmicort Respules. Motion made to accept the recommendations; no discussion and approved with one abstention.
 - ii. Oral. No changes to recommendations. Motion made to accept the recommendations; no discussion and unanimously approved.
 - f. Leukotriene Modifiers. Recommend the montelukast granules become non-preferred, expect utilization to move to the chewable dose form (which could be crushed). Motion made to accept the recommendations; no discussion and unanimously approved.
 - g. Epinephrine, Self-Injected. Expand category to include Adrenaclick. Motion made to accept the recommendations and there is discussion on the motion. Do other states have quantity limits? Yes, both quantity limit and refill limit. Request DUR review utilization and report at September meeting. Motion made to accept the recommendations; unanimously approved.
2. Anti-infective Agents
 - a. Antibiotics.
 - i. GI. Motion made to accept the recommendations and there is discussion on the motion. Can we cover the vancomycin injectable dose form to make a solution for oral use? Discussion on compounding. Request follow up at next meeting regarding net cost of the Vancocin compared to the compounding the solution. FYI, commercial plans do not pay for the Vancocin, cover injected solution to make the oral suspension. Motion made to withdraw the original motion. A new motion is made to include only the metronidazole; the motion passes unanimously.
 - ii. Topical. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approved.
 - iii. Vaginal. No clinical changes to the category. Recommend addition of metronidazole gel. Motion made to accept the recommendations; no discussion and unanimously approved.

- iv. Cephalosporins. Updated CDC guidelines for gonorrhea to include azithromycin. No changes. Motion made to accept the recommendations; no discussion and unanimously approved.
- v. Quinolones, Oral. Motion made to accept the recommendations and there is discussion on the motion. Oral antibiotics, are u aware of benchmarking from other states for restrictions for antibiotic use. Request Magellan follow up and report at next meeting. Concern regarding overutilization. Motion made to accept the recommendations; unanimously approved.
- vi. Macrolides/Ketolides. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approved.
- vii. Tetracyclines. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approved.
- viii. Antifungals.
 - 1. Oral. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approved.
 - 2. Topical. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approved.
- 3. Ulcerative Colitis Agents. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approved.
- 4. GI Motility Agents. New drug Viberzi. Motion made to accept the recommendations; no discussion and unanimously approved.
- 5. Methotrexate Agents. No changes to the category. Motion made to accept the recommendations; no discussion and unanimously approved.

2016 Meeting Schedule – 8:00 am

September 13th

December 13th

Adjournment

The meeting adjourned at 10:00 AM.