The Executive Office of Health & Human Services

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, April 10th, 2018
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
Rick Wagner, MD
Kristina Ward, PharmD

Absent:

Others Present: Ann Bennett (DXC Technology)
Jerry Fingerut, MD (Conduent)
Karen Mariano, RPh (DXC Technology)
Kathryn Novak, RPh (Magellan Medicaid Administration)

The meeting was called to order by the Chairperson once a quorum was in attendance - 8:00am.

The December 12th, 2017 meeting minutes were reviewed and by vote were accepted as presented.

Magellan Medicaid Administration (MMA) provided overview of RI FFS Medicaid's participation in the National Medicaid Pooling Initiative (NMPI). The NMPI is CMS approved and represents 5.9 million lives. The top 5 therapeutic drug classes account for 47% of all dollars spent and represent 41% of the claims. Top specialty classes identified by high cost, specialty distribution of medications; review of top 10 drugs which includes numerous antipsychotics; top 10 specialty drugs are a broader group of drugs.

Public testimony included the following speakers:

a. Paula Ellison, Medical Liaison, Novartis. Ozempic, Tresiba and Norditropin.
b. Shafee Bacchus, Clinical Pharmacist, Janssen. Invokana.
c. Bob Arcott, Merck. Steglatro.

Magellan Medicaid Administration presented the following categories for the quarterly review:

a. Acne Agents. New generic Tazorac. Addition of generic Duac and Benzaclin pump. Compliance is at 23.1% associated with secondary payment by FFS. Question for MMA; can the number of patients and where the class ranks in terms of cost and volume be provided when reviewing the class of medications? *Motion made to accept the recommendations as presented; motion passes unanimously.*
b. Anti-emetics. Varubi now avail as SDV. *Motion made to accept the recommendations as presented; motion passes unanimously.*
c. Anti-hyperuricemics. New prod Duzallo. FDA info post marketing safety on Uloric regarding cardiovascular related deaths when compared to allopurinol. Motion made and discussion; combination agents difficult limit choice. *Motion made to accept the recommendations as presented; motion passes unanimously.*
d. Bone Resorption Inhibitors. Updated guidelines by 7 groups; new product Tymlos. SQ dose form limited 2 year use. Box warning. Compliance 97.2% no changes. Question; if a non-preferred drug is requested, is a failure required first? Yes. *Motion made to accept the recommendations as presented; motion passes unanimously.*
e. Growth Hormones. Recommend a change to make Genotropin a preferred agent. Compliance is 55%. *Motion made to accept the recommendations as presented; motion passes unanimously.*
f. Hypoglycemics. Guideline updates in this category; American College of Physicians, American Association of Clinical Endocrinologists, American College of Endocrinology, ADA Standards of Medical Care in Diabetes.
    i. Alpha-glucosidase inhibitors. *Motion made to accept the recommendations as presented; motion passes unanimously.*
    ii. Incretin mimetics/enhancers. New information. Steglujan and Qtern. New products in the category. Ozempic is new drug in the category. Compliance, 63% if we add the recommended Vicotoza we will see an increase in compliance. *Motion made to accept the recommendations as presented; motion passes unanimously.*
    iii. Insulins. New formulations Fiasp, Admelog, Humalog Jr Kwik Pen, Toujeo Max SoloStar. Compliance 89.9%. Recommending no changes in the category. *Motion made to accept the recommendations as presented; motion passes unanimously.*

iv. Meglitinides. No new clinical information; no changes to recommends. *Motion made to accept the recommendations as presented; motion passes unanimously.*

v. Metformins. No new clinical information; no changes to recommends. *Motion made to accept the recommendations as presented; motion passes unanimously.*

vi. SGLT-2. New formulation of Synjardy xr. FDA update canagliflozin; new medications Steglarto and Segluromet. Compliance 87.1%. Recommend addition of Jardiance. Questions; what are the requirements for SGLT2? Most states when these first came to market, there was a failure first requirement. Some states look at renal function; another state has no step but prescriber must request the PA. *Motion made to accept the recommendations as presented; motion passes unanimously.*

vii. Sulfnoylureas. No new clinical info no changes to recommend. Motion made and discussion on the motion. Concern for glyburide being on the BEERS list. Motion; remove glyburide list positive drug from the recommendation and add the others. Discussion on the motion: will we do this on a go forward for all categories? If there are alternatives why not remove it? should we just flag this as a BEERS list item on the PDL? Can this be prior authorized by age? Motion: recommend glimepiride and glipizide/ER. Motion made: results 4:3 oppose. Original motion: 4:3 passes to review at next time.

viii. Thiazolidinediones. No changes. *Motion made to accept the recommendations as presented; motion passes unanimously.*

g. Immunomodulators, atoptic dermatitis. New product Dupixent (dupilumab). 300mg/2ml SDV. Compliance 12.5%. Low volume and FFS policy to pay secondary claim (wrap benefit). *Motion made to accept the recommendations as presented; motion passes unanimously.*

h. Immunomodulators, topical. No new information in this class. *Motion made to accept the recommendations as presented; motion passes unanimously.*

i. Multiple Sclerosis Agents. New biologic for Copaxone 40mg/ml; product withdrawal Zinbryta (voluntary and global) new drug Ocrevus given as IV. Compliance 12.5%. Low volume and wrap benefit reflected in compliance. No change to recommendations. Questions: Copaxone 20mg = daily and 40mg = 3 x week. The 40mg has less site injection irritation and is significantly more costly. *Motion made to accept the recommendations as presented; motion passes unanimously.*

j. Pancreatic Enzymes. No new information in this class recommendations remain the same. *Motion made to accept the recommendations as presented; motion passes unanimously.*

k. H. Pylori Agents. American Association of Gastroenterology and Canadian Association of Gastroenterology updated guidelines. No patients and no changes. *Motion made to accept the recommendations as presented; motion passes unanimously.*

l. Proton Pump Inhibitors. New dose form for omeprazole > disintegrating tablet. Changes to remove the Nexium. Discussion: what is the total spend on this class of medications? *Motion made to accept the recommendations as presented; motion passes unanimously.*

m. Psoriasis, Topical Agents. No new clinical information in this class recommendations remain the same. *Motion made to accept the recommendations as presented; motion passes unanimously.*

n. Topical Steroids. No new clinical information or new products available to Medicaid population (products must have rebate). Some changes to the categories are recommended; the category has become costly for some agents. Discussion: noting no foams available, is this step/fail first? Yes. What happens when there is a supply issue? MMA looks at the supply issues and then adjusts the PDL as necessary. *Motion made to accept the recommendations as presented; motion passes unanimously.*

DUR – Follow up items:

a. BEERS
b. Glyburide

2018 Meeting Schedule – 8:00 am

June 5th
September 11th
December 11th

Adjournment

The meeting adjourned at 9:35 AM