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

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday June 5, 2012
8:00 AM
Hilton Garden Inn
One Thurber Street/Jefferson Blvd
Warwick, Rhode Island

P & T Members Present:	**Greg Allen, MD** **Scott Campbell, RPh** **Dave Feeney, RPh. Chairperson** **Chaz Gross, NAMI** **Rita Marcoux RPh, Co-Chairperson** **Matthew Salisbury, MD** **Richard Wagner, MD**
P & T Members Absent:	**Ray Maxim, MD OHHS** **L. McIntyiere Johnston, MD** **Kristina Ward, PharmD**
Others Present:	**Ralph Racca (RI Medical Assistance Program)** **Ann Bennett (HP Enterprise Services)** **Karen Mariano (HP Enterprise Services)** **Kathryn Novak (Magellan Medicaid Administration)** **Joe Paradis, RPh (HID)** **Michelle Booth, RPh (DUR Board)** **Linda Rowe Varone, RPh (DUR Board)** **Jessica DeGiacomo, Pharmacy Student (URI)**

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

The April 2012 meeting minutes were reviewed and by vote were accepted as presented

The DUR committees were guests, so the Chairperson asked for introductions to be made around the table. A motion made that when the DUR Board members are in attendance, they be encouraged to participate in discussion and to ask questions. The motion passes unanimously.

The P &T committee identified "electronic PA" as a term that will be used to refer to prior authorizations that are processed without manual intervention. This was voted upon and unanimously passed.

Public testimony included the following presentations: Charles Feldman (NAMI), Debbie Kerrigan (NAMI), Vivian Weisman (Mental Health Association of RI), Judy Kando (Sunovion), Dean Najarian (Janssen) , Alissa Amara (Teva), Heather Thomson (Endo), Craid Plauschinat (Novartis), Melissa Fraser(Shire) , Lawrence Bradner (NAMI), Chrisitane Arsever, MD, (Merck), Jeremiah Rainville (Save Our Services), Kim Moynihan (WARM) and Bruce Garelin (BMS).

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

1. **Respiratory**
    a. Antihistamines, minimally sedating - Motion made to approve the recommendations; it passes unanimously.
    b. Intranasal rhinitis agents – Qnasl® new product; Recommendation made to add Rhinocort® to the PDL because it is Category B in pregnancy. Discussion on the motion. Question; what happens to the Nasonex patients? There is no impact to them since they already have an approved prior authorization. Motion made to add Rhinocort® to the recommendations list. Motion passes unanimously with the addition of Rhinocort.
    c. COPD agents – New medication Daliresp®. Question: could Daliresp® be added with criteria? Suggestion made to let this be discussed by DUR – this is a best practice and safety issue. Motion made to approve the recommendations; it passes unanimously.
    d. Bronchodialators, beta agonists – New medication LABA. Motion made to approve the recommendations; it passes unanimously.
    e. Glucocorticoids inhaled – 2011 GOLD & GINA guidelines updated. Currently there are large on-going national studies. Motion made to approve the recommendations; it passes with one abstention.
    f. Leukotriene modifiers - Motion made to approve the recommendations; it passes unanimously.
2. **CNS Agents**
    a. Atypical antipsychotics – Notation made; when patients are already on a medication the PDL those patients have already met the PA criteria. Comment; there is evidence that typicals change neurogensis in the brain. There are new generics are available in this category. Current compliance is 68% in the category. Pregnancy Category B drugs includes clozapine and Latuda®. Motion made to accept the recommendations along with the addition generic olanzapine. Discussion on the motion. Question raised; is there a lower hospitalization rate in states with an open access to medications? Question; are there any states that have reversed their closed formulary or PDL what has happened? Question; please comment upon the impact to rebates in the scenario if there is open access. Review of considerations given when making the recommendations includes clinical, federal and supplemental rebates and MAC pricing . Comment: some states doing a step PDL – RI does not use this process. Question; why is CMAP formulary not the same as Medicaid? BHDDH controls CMAP. First motion made; add olanzapine to the PDL. Motion passes unanimously. Second motion made; open access to all agents in this category. Discussion on the motion. Comments; PDL has a perception problem. Response; all of the people who have testified this morning do not indicate that there is an access to the non preferred drugs. Comments (2) three concerns: (a) by not opening up the whole class it gives it a stigma (b) if there was some evidence that there was more upfront formulary consider embracing it (c) this population typically is also disabled who will in 2-3 years be on Medicare Part D. When patients will experience non covered drugs and PAs. Thinking we are doing this in a clinical way. Comment; other states struggle with similar discussions & they bring back evidence based decisions to their states. The motion is defeated with 3 votes to open access and 4 to not open access. Third motion made to have the PDL include the recommendations and olanzapine. Also recommend DUR board develop an electronic PA for Latuda® for pregnancy. The motion passes with a vote of 4 votes to accept the motion and 3 to not accept the motion.
    b. Narcotic analgesics
        i. Long acting - Question; what happens in states with open access? Utilization increases. - Motion made to approve the recommendations; it passes unanimously.
        ii. Short acting – Review of FDA approved SA agents; looking to expand the category. Change to remove tramadol/apap. Motion made to approve the recommendations; it passes unanimously.
    c. Anti-migraine agents – Motion made to approve the recommendations; it passes unanimously.
    d. Sedative hypnotics – new product Intermezzo®. Notation made that triazolam is not available on the PDL for new patients. Currently, there is one prescriber driving the utilization. Some formularies have totally removed it. Motion made to approve the recommendations; it passes unanimously.

e. Skeletal muscle relaxants – new product Lorzone® and tizandine. Motion made to approve the recommendations; it passes unanimously.

3. **Anti-infective agents**
    a. Antibiotics
        i. Quinolones - Motion made to approve the recommendations; Motion made to approve the recommendations; it passes unanimously..
        ii. Cephalosporins - Is there an electronic messaging; yes through prospective drug utilization review. Motion made to approve the recommendations; it passes unanimously.
        iii. Macrolides/Ketolides - New information & warnings Motion made to approve the recommendations; it passes unanimously.
    b. Antifungal agents treating onchyomycosis – Motion made to approve the recommendations; it passes unanimously.
4. Ulcerative colitis agents - Motion made to approve the recommendations; it passes unanimously.
5. Non-sedating anti-inflammatory drugs & anesthetics - Motion made to approve the recommendations; it passes unanimously.

Motion made to have a standing invitation to the DUR committee to attend the P & T meeting. Discussion; further suggest that P & T committee have a standing invitation to attend the DUR to P & T meeting. Motion made to approve the recommendations; it passes unanimously.

The dates identified for 2012 meetings are: August 28th and December 11th.
As always, the meetings will begin at 8:00 AM.

The meeting adjourned at 10:30 AM**.**

Following up with DUR

1. Latuda – classification of Latuda® as category B in pregnancy. Develop criteria for pregnancy and look at retrospective use of Latuda for the august meeting; if pregnant, then approve; if prenatal vitamin and <45 years of age.
2. Triazolam – Suggest Dr Maxim call the prescriber who is driving the use of the triazolam.
3. Use of COPD inhalers – is used trending up?
4. Add a graph of top 15 groups by cost/prescription and comparison to last year. Do we have pre-PDL data still available?
5. CMAP – why does the current CMAP formulary differ from this formulary? Would they be eligible for the supplemental rebates? Is there a clinical discussion. Will ACA expand them to full Medicaid? Who controls their formulary – it expanded to a full open formulary. Currently, the formulary is open for antipsychotics and some of the adjunctive agents. Medicaid has more restrictive formulary. Would have to add PA to BHDDH. Recommend adopting the PDL of Medicaid.