



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

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, June 13, 2017

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

Others Present:

Ann Bennett, MHA (DXC Technology)
Jerry Fingerut, MD (Conduent)
Karen Mariano, RPh (DXC Technology)
Kathryn Novak, RPh, MBA (Magellan Medicaid Administration)

The meeting was called to order by the Chairperson once a quorum was in attendance - 8:08 am.

The April 4th, 2017 meeting minutes were reviewed and by vote were accepted as presented.

Public testimony included the following speakers:

1. Amy Tomasello & Aden Sosa, Sunovion Pharmaceuticals. Utibron Neohaler & Latuda, clinical information.
2. Cindy Elder, Executive Director. NAMI RI. Request for open access for antipsychotics.
3. Ruth Feder, Executive Director, MHA, RI. Request removal of step therapy for antipsychotics.
4. Jeremiah Rainville, Peer Counselor, NAMI, RI. Open access to antipsychotics.
5. Phillip Jennings, Allergan. Linsess & Vyralar, clinical information.
6. Michael Boskello, Alkermes. Aristada, clinical information.
7. Shaffee Bacchus, Janssen. Invega Sustenna, & Invega Trinza, clinical information.
8. Jane Guo. Otsuka. Rexulti, clinical information.

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

- a) Respiratory
 - i. Anti-allergens, Oral. New category, few products in the therapeutic class; one of which is not rebateable and therefore not covered by RI FFS Medicaid. These will be available through PDL process/PA. Motion made, passed and discussion on the motion. Can we post PDL utilization on website? This is not the focus of the posting a PDL. Motion to accept the recommendations; passes unanimously.
 - ii) Antibiotics, Inhaled. Motion made, passed and discussion on the motion. If on a non-preferred agent, will all of the patients who are currently on one of these drugs be grandfathered, so that they can continue to get these agents? Yes, if currently on, the patient can continue on therapy. Motion to accept the recommendations; passes unanimously.
 - iii) Anti-histamines minimally sedating. Motion to accept the recommendations; passes unanimously.
 - iii) Bronchodilators;
 - (1) Beta Agonist; New generic Xopenex HFA; updated 2017 GOLD standards. Motion made, passed and discussion on the motion. Review utilization, by strength and consider moving to a less costly product when appropriate. Motion to accept the recommendations; passes unanimously.
 - (2) COPD agents. New product Bevespi aerosphere. MDI. Recommend removing Combivent and adding Stiolto Respimat. Motion to accept, passes with one abstention.

- iv) Epinephrine, self-injected. AAP updated guidelines for anaphylaxis. Recommendations for epinephrine generic to be preferred agent. One agent back in the market, AviQ, but there is no federal rebates. What are the limits to get this with a prescription? The NDC now has 2 devices in the package. Are there annual limits? No, there are not. Are these interchangeable? Orange book has this has a B rated? MMA states this is authorized generic. States have regulations regarding generic substitution and B rated products. Motion to accept the recommendations; passes unanimously.
 - v) Glucocorticoids.
 - (1) Inhaled. New product AirDuo Respiclick; Symbicort has expanded indication. Recommended changes in this class; keeping the same drug but changing the product. Motion made to accept recommendations, it passes with one abstention
 - (2) Oral – new product Emplaza. Motion to accept the recommendations; passes unanimously.
 - vi) Intranasal Rhinitis Agents. Ticanase now available as generic. Recommend changes in category; remove Astepro and Nasonex.. Motion to accept the recommendations; passes unanimously.
 - vii) Leukotriene Modifiers. No changes. Motion to accept the recommendations; passes unanimously.
- b) CNS agents
- i) Antimigraine agents. Change to recommendation to remove the Sumatriptan kit. Discussion regarding Maxalt MLT availability on the PDL; generic available both tabs and ODT. Motion to accept the recommendations; passes unanimously.
 - ii) Atypical Antipsychotics. Update class wide labeling warning regarding somnolence. Would also include a paliperidone oral formulation in addition to the presented list. What are the older typical antipsychotics available? Recommendations include Fanapt and Aristada as non-preferred; and to have a paliperidone as preferred. Motion made, passes and discussion on the motion. We do have some utilization of paliperidone; question to two mental health directors who indicate no access issues in FFS to atypical antipsychotics. Request meeting notes show that in the past, and again this year, committee member has recommended open access. Comment that open access for this class would be discriminatory. Notation that the newer branded agents have no head to head studies. Motion made and passes with one no vote.
 - iii) Opiate Dependence Treatments. Bunavail available, new strength Zubsolv. Motion made, passes and discussion on the motion. Do we look to see if the people who write these agent have a DEA designation? If the prescriber does not have the designation, then you are stopped at the point of dispensing. Motion to accept the recommendations; passes unanimously.
 - iv) Sedative-hypnotics. Update add a black box warning for opioids and benzodiazepines. AASM guidance on chronic sedative use. Motion made, passes and discussion on the motion. Question about /access to Rozerem. What about patients with alcohol & substance issues? Concerned about alternative not available for this group of patients. This is a complicated issue. Motion to accept the recommendations; passes unanimously.
 - v) Skeletal Muscle Relaxants. ACP guidelines for acute and subacute low back pain available. Motion to accept the recommendations; passes unanimously.
- c) Anti-infective Agents
- i) Antibiotics
 - (1) GI. Motion made, passes and discussion on the motion. Discussion on the cost Vancocin dose forms. Can another oral dose form be compounded using? Can compound dose form that does not exist; Can this be a recommendation rather than using the tablets. Motion to accept the recommendations; passes unanimously.
 - (2) Topical. No changes. Motion to accept the recommendations; passes unanimously.
 - (3) Vaginal. Motion to accept the recommendations; passes unanimously.
 - (4) Cephalosporins. Label changes for several products in the category; updated WHO guidelines, updated Levaquin labeling and FDA safety communications in an update. Motion to accept the recommendations; passes unanimously.
 - (5) Macrolides/Ketolides. Change to remove several brand name erythromycins as preferred. Motion to accept the recommendations; passes unanimously.
 - (6) Tetracyclines. No changes to the recommendations. Request review claims, look at indications on associated claim and send to DUR. Motion to accept the recommendations; passes unanimously.
 - ii) Antifungal agents. Expanded Naftin indication. Motion to accept the recommendations; passes unanimously for both oral and topical agents.
 - (a) Oral
 - (b) Topical
 - iii) GI Motility Agents. FDA safety update to Vberzi; new formulation Relistor. Recommend addition of Lortonex and Movantik. Motion to accept the recommendations; passes unanimously.

- iv) Methotrexate Agents. New product Xatmep). No changes in the category. Motion to accept the recommendations; passes unanimously.
- d) Ulcerative Colitis agents. New generic and compliance is low because of wrap around benefits. Motion to accept the recommendations; passes unanimously.

2017 Meeting Schedule – 8:00 am

September 12th

December 12th

Adjournment

The meeting adjourned at 10:00 AM.