



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

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, June 4th, 2019

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
Matt Salisbury, MD
Rick Wagner, MD
Kristina Ward, PharmD

Absent: Rita Marcoux RPh, Co-Chairperson

Others Present: Ann Bennett (DXC Technology)
Jerry Fingerut, MD (EOHHS)
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 - 8:10 am.

The April 9th, 2019 meeting minutes were reviewed and by vote were accepted as presented.

Public testimony included the following speakers and topic:

1. Charles Feldman, NAMI. Open access to atypical antipsychotics.
2. Melissa Winget, Sunovion. Latuda.
3. Jim Musick, Glaxo Smith Kline. Trelegy Ellipta & Anoro Ellipta.
4. Elizabeth Lubelczyk, Lilly. Emgality.
5. Paul Isikwe, Teva. Ajovy.
6. Karen Phillips, Amgen, Amovig.
7. Patricia Rohman, Otsuka. Abilify Mycite.
8. Zack Spurlin, Abbvie. Mavyret.
9. Jeff Olsen, Gilead. Epclusa.
10. Tim Birwer, Alkermes. Aristada & Vivitrol.

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

1. Respiratory
 - a. Anti-allergens, Oral. Oralair expanded indications. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - b. Antibiotics, Inhaled. New product Arikayce (amikacin). A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - c. Antihistamines, Minimally Sedating. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - d. Bronchodilators.
 - i. Beta Agonists. New AGs available. Comment on compliance rate to the PDL; the compliance rate reflects secondary payment by FFS and results in a lower compliance. Question: look to see if other items were more "adhered to"? Discussion compliance to long acting would diminish the need for patient use of short acting products. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - ii. COPD Agents. New product Yupelri. Regarding Respimats; can all products be "on" the PDL? Discussion of the delivery method brought to the attention of the prescriber. A recommendation was made for no changes to the current PDL; it was unanimously approved.

- e. Epinephrine, Self-injected. Removing obsolete product of epinephrine auto-injector. A recommendation was made, including a change to the current PDL for the group; it was unanimously approved.
 - f. Glucocorticoids.
 - i. Inhaled. Arnuity Ellipata has new indication. Adding Pulmicort Flexhaler as another steroid option. Discussion to reduce the number of inhalers based on the following scenarios. Create automated PA based on the following scenarios;
 1. 90 day look back for an ICS.
 2. Refer to DUR board for continued discussion.
 A recommendation was made, including a change to the current PDL for the group; it was unanimously approved.
 - ii. Oral. Suggest moving cortisone to non-preferred as there is no utilization. A recommendation was made, including a change to the current PDL for the group; it was unanimously approved.
 - g. Intranasal Rhinitis Agents. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - h. Leukotriene Modifiers. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
2. CNS Agents
- a. Antimigraine Agents. There were three speakers on this topic today. New information Calcitonin gene related peptide antagonists approved for adults. Aimovig, Ajovy, and Emgality. These are add on therapy. Currently these are non-preferred agents. Recommendation made to add Emgality pen and syringe in this category. Discussion of the recommendation. Follow the Headache Society recommendations; including failure of two initial therapy items. AHS says 6 week trial first before trying add on therapy; items to fail are topiramate, valproate, SSRI, beta blocker, TCA and CCB. Committee would like to see two prophylactic agents for 6 weeks therapy of each agent, before getting Emgality. Amendment made to the recommendations to add Emgality with the PA step therapy. A recommendation was made, including a change to the current PDL for the group; it was unanimously approved including the criteria for approval. Also add to DUR's list to review.
 - b. Atypical Antipsychotics. New formulations Nuplazid, Aristada LA inject and Perseris. Recommend paliperidone as non-preferred. Discussion to add all agents to the PDL. Question is it really a cost issue between the oral paliperidone and Invega. Discussion; motion made to accept the recommendations with the addition of oral paliperidone. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - c. Opiate Dependence Treatments. New generics for Suboxone film and Narcan spray. New product is Lucemyra. Continue to monitor the cost effectiveness of the Suboxone film. Question: are any states covering Vivitrol?
 - d. Sedative-Hypnotics. Updated FDA warning for zolpidem. Discussion on zolpidem and patient gender. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - e. Skeletal Muscle Relaxants. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
3. Anti-Infective Agents
- a. Antibiotics
 - i. GI. No new relevant clinical information. Recommend adding Firvanq. A recommendation was made, including a change to the current PDL for the group; it was unanimously approved.
 - ii. Topical. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - iii. Vaginal. Nuessa has expanded age indication. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - iv. Cephalosporins. Compliance is good. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - v. Quinolones, Oral. FDA safety communication for this category. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - vi. Macrolides/Ketolides. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - vii.
 - b. Antifungal agents
 - i. Oral. New formulation of itraconazole, Tolsura. New indication for Vfend. No changes to the recommendations. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - ii. Topical. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
 - c. Antiviral Agents
 - i. Oral
 1. HSV. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.

2. Influenza. New product is Xofluza. Recommendations to add generic Tamiflu based on compliance; provider community not stocking brand, and urgency of treatment. A recommendation was made, including a change to the current PDL for the group; it was unanimously approved.
- d. Hepatitis C. No changes to the recommendations. A recommendation was made for no changes to the current PDL; it was unanimously approved.
- e. Topical. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
- f. GI Motility agents. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
- g. Methotrexate agents. No new relevant clinical information. A recommendation was made for no changes to the current PDL; it was unanimously approved.
- h. Ulcerative Colitis. Recommend adding Lialda as preferred. A recommendation was made, including a change to the current PDL for the group; it was unanimously approved.

2019 Meeting Schedule – 8:00 am

September 10th

December 17th

Adjournment

The meeting adjourned at 10:15 AM