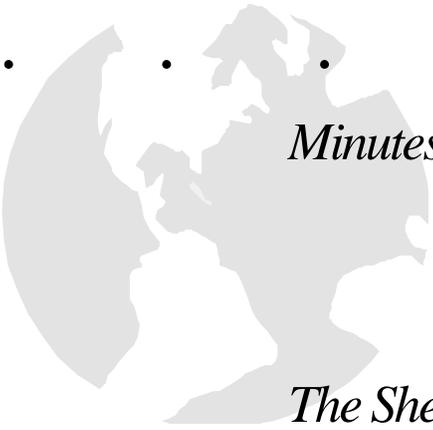




Maryland Pharmacy Program PDL P&T Meeting



Minutes from May 10, 2012

The Sheppard Pratt Conference Center



Maryland Pharmacy Program PDL P&T Meeting

Minutes- May 10, 2012

Attendees:

P&T Committee

Marie Mackowick (Chairperson); Lisa Hadley (Vice Chairperson); Brian Pinto; Helen Anderson; Winston Wong; Steven Daviss; Renee Riddix-Hilliard; Jenel Steele-Wyatt; Sharon Baucom; Mary Ellen Moran

DHMH Staff

Athos Alexandrou (Maryland Pharmacy Program Director); Dixit Shah (Maryland Pharmacy Program Deputy Director); Alex Taylor (Division Chief, Clinical Pharmacy Services); Paul Holly (Consultant Pharmacist to Maryland Pharmacy Program); Mark Davis, JD (Assistant Attorney General)

ACS

Karriem Farrakahan, PharmD

Provider Synergies/Magellan Medicaid Administration (PS/MMA)

Mary Roberts, RPh

Proceedings:

The public meeting of the PDL P&T Committee was called to order by the Chairperson, Dr. Mackowick, at 9:00 a.m. The meeting began with brief introductions of all the representatives including the P&T Committee members, DHMH, ACS, and PS/MMA. Dr. Mackowick announced the resignation of Gina McKnight-Smith and introduced Mary Roberts who is covering for PS/MMA pending a permanent replacement. The Committee then approved the minutes from the previous P&T Committee meeting held on November 3, 2011 with one modification to the paragraph at the bottom of page 4. This paragraph in the revised minutes shall read:

Mr. Taylor addressed one matter of Old Business from the previous P&T meeting. He corrected the statement made at the prior meeting in May 2011 that all TOP\$ states except Maryland posted their minutes on the web. Dr. Daviss remained fairly certain that he visited each State's website when he made that statement. After further discussion, it was determined that the statement made at the May 2011 P&T meeting by Dr. Daviss was accurate. Mr. Taylor reminded the Committee that Maryland does now post the minutes (back to 2010).

Dr. Mackowick then asked Mr. Taylor to provide a status update on the Medicaid Pharmacy Program. Mr. Taylor re-stated the importance of the Medicaid PDL which is in its ninth year and continues to save millions of dollars on prescription drugs thus allowing the State to manage costs without reducing covered services. The failing economy continues to significantly reduce Maryland's revenues and has increased the Medicaid Program enrollments simultaneously. The Committee was cautioned to work collectively to make recommendations that are safe, clinically appropriate and still fiscally responsible.

Mr. Taylor discussed the American Recovery and Reinvestment Act (ARRA) and its impact on Maryland Medicaid. As a result of ARRA, Maryland received federal funds to avert cutbacks resulting from the State's budget shortfall; however, funds from ARRA are no longer available. Maryland Medicaid is currently expecting a shortfall for Fiscal Year 2013 due to the Medicaid Program's rapid expansion. Governor O'Malley has called for at least one and possibly two special sessions of the Maryland legislature to pass a budget for FY 2013. Maryland is required by law to have a balanced budget.

Mr. Taylor re-iterated the mechanism to obtain a PDL prior authorization is less cumbersome than many other PA processes. Maryland Medicaid's PDL provides more options than many other states and the private sector. The PDL is also accessible through Epocrates. More importantly, prescribers are cooperating with the PDL and current compliance is over 92%.

The pharmacy hotline remains active averaging about 1092 calls each month with about 40% of them relating to the PDL. Mr. Taylor thanked the Committee for their dedication and commitment to serving the citizens of the State of Maryland.

Dr. Mackowick acknowledged that it was time for the public presentation period to begin. As customary, there is no question/answer period; pre-selected speakers have 5 minutes with a timer.

Name	Affiliation	Class/Drug of Interest
Michelle Cole	Actelion Pharmaceuticals	Tracleer and Ventavis
Arsalan Khan	Janssen	Xarelto, Nucynta, and Procrit
Adam Rzetelny	Acorda Therapeutics	Ampyra
Ruchir Parikh	Boehringer-Ingelheim	Tradjenta and Jentadueto
Joan Zhang	United Therapeutics	Tyvaso
Vik Patel	Vertex Pharmaceuticals	Incivek
Christopher Marrone	Eli Lilly	Effient

Charles Dipaula	Novo Nordisk	Norditropin
Kristie Raker		Levemir and Victoza
Name	Affiliation	Class/Drug of Interest
Thomas Weisman	Genentech	Pegasys and Copegus
Elizabeth Capacio	AstraZeneca	Brilinta and Crestor
Jonathan Weiner	Shire	Lialda
Maurice Cuffee	Bristol-Myers Squibb	Onglyza and Kombiglyze XR
Paul Miner	Gilead	Letairis and Cayston
Christiane Arsever	Merck	Januvia and Janumet
James Sheffield	EMD Serono	Rebif

Dr. Mackowick thanked the presenters for all their input. A presentation from Xerox, the claims processor, was delivered by Dr. Karriem Farrakhan. After providing a verbal report to the Committee members, he indicated that 977 new PDL PA requests were received for non-preferred drugs in the prior quarter (1st quarter 2012). The leading PA requests were for Cymbalta followed by the analgesic narcotics and the phosphate binders. Rounding out the top ten were: antipsychotics, anticonvulsants, sedative hypnotics, stimulants, inhaled glucocorticoids, antidepressant (others), and beta adrenergics. The top ten comprise approximately 88 percent of new PA requests.

There was no old business to review.

Dr. Mackowick stated that there were 29 classes that had no recommended changes from the existing PDL. Dr. Pinto had questions about the insulin class which were clarified and class was approved with no questions.

Immediately following were twenty classes with modified recommendations from the existing PDL and review of two classes with single drug reviews. The following table reflects the voting results for each of the affected therapeutic categories:

Class	Voting Result
Analgesics, Narcotics, Long-Acting	Maintain current Preferred agents: generics (fentanyl patch, methadone, morphine sulfate SR), Kadian
Androgenic Agents	Maintain current Preferred agents: Androderm, Androgel

Angiotensin Modulator Combinations	Maintain current preferred agents: amlodipine/benazepril, Azor, Exforge, Exforge HCT, Tribenzor, Valtorna
Class	Voting Result
Antibiotics, Inhaled	Maintain current preferred agent: Tobi
Anticoagulants	Maintain current preferred agents: warfarin, Fragmin, Lovenox
Antiemetics-Antivertigo Agents	Maintain current preferred products: generics (dimenhydrinate inj and OTC, meclizine Rx and OTC, metoclopramide oral and IV, ondansetron, ondansetron ODT, prochlorperazine, promethazine), Emend, Marinol, Metozolv, TransDerm-Scop
Antifungals, Oral	Maintain current Preferred agents: generics (fluconazole, ketoconazole, nystatin, terbinafine), Gris Peg
Antimigraine Agents	Maintain current Preferred agents: sumatriptan, Relpax
Antivirals, Topical	Maintain current Preferred agents: Abreva OTC, Denavir, Zovirax Ointment
Bladder Relaxants	Maintain current Preferred agents: generics (alfuzosin, doxazosin, finasteride, tamsulosin, terazosin)
Bone Resorption Inhibitors	Maintain current Preferred agents: alendronate, Miacalcin
Calcium Channel Blockers	Maintain current Preferred agents: generics (amlodipine, diltiazem, diltiazem CD and ER, felodipine, isradipine, nicardipine, nifedipine SR, verapamil, verapamil ER and SR)
Cephalosporins and Related Agents	Maintain current Preferred agents: generics (amoxicillin/clavulanate, cefaclor, cefaclor ER, cefadroxil, cefdinir, cefuroxime, cefprozil, cephalexin), Suprax
Colony Stimulating Factors	Maintain current Preferred agents: Neupogen

Erythropoietins	Maintain current Preferred agents: Aranesp, Procrit
Fluoroquinolones, Oral	Maintain current Preferred agents: generics (ciprofloxacin, levofloxacin)
Class	Voting Result
Growth Hormones	Maintain current Preferred agents: Genotropin, Norditropin, Nutropin, Nutropin AQ
Hypoglycemics, Insulin and Related Agents	Maintain current Preferred agents: Humalog, Humalog Mix, Humulin, Lantus, Novolin, Novolog, Novolog Mix
Hypoglycemics, Meglitinides	Maintain current Preferred agents: nateglinide, Prandin
Lipotropics, Other	Maintain current Preferred agents: generics (cholestyramine, gemfibrozil) Niacor, Niaspan, Tricor, Trilipix
Macrolides/Ketolide	Maintain current Preferred agents: generics (azithromycin, erythromycin base), E.E.S., Ery-Tab, EryPed, Erythrocin
PAH Agents, Oral	Maintain current Preferred agents: Adcirca, Letairis, Revatio, Tracleer, Ventavis
Platelet Aggregation Inhibitors	Maintain current Preferred agents: generics (dipyridamole, ticlopidine), Aggrenox, Plavix
Skeletal Muscle Relaxants	Maintain current Preferred agents: generics (baclofen, carisoprodol, carisoprodol compound, chlorzoxazone, cyclobenzaprine, dantrolene, methocarbamol, orphenadrine, orphenadrine compound, tizanidine tablets)
Tetracyclines	Maintain current Preferred agents: generics (doxycycline hyclate, doxycycline hyclate DR, doxycycline monohydrate, minocycline, tetracycline)
Ulcerative Colitis Agents	Maintain current Preferred agents: generics (balsalazide, sulfasalazine, sulfasalazine DR), Apriso, Asacol, Canasa

Class	Voting Result
Acne Agents, Topical	<p>REMOVE: 10-1, Afar, Avita, BenzaClin, Cerisa, Cleocin T, Epiduo</p> <p>DO NOT ADD: Sastid, Sulpho-Lac, Delos, Ovace</p> <p>Other Preferred Agents: generics (benzoyl peroxide – cleanser, gel, kit, medicated pad, towelette; clindamycin – foam, gel, lotion, medicated swab, solution; erythromycin – gel, medicated swab, solution; sulfacetamide/sulfur/urea; sulfacetamide/sulfur; tretinoin), Azelex, Desquam-X OTC, Differin, Panoxyl-8 OTC, Retin-A, SE BPO 7-5.5 Wash Kit, SSS 10-4, TL 4.25% BPO MX Cleanser OTC</p>
Analgesics, Narcotics, Short-Acting	<p>REMOVE: Roxicodone Solution, Trezix</p> <p>DO NOT ADD: butorphanol nasal spray, carisoprodol compound with codeine, Oxecta</p> <p>Other Preferred Agents: generics (apap w/codeine, asa w/codeine, butalbital/apap/codeine/caffeine, butalbital/apap/codeine, codeine, dihydrocodeine/apap/caffeine, dihydrocodeine/asa/caffeine, hydrocodone/apap, hydrocodone/ibuprofen, hydromorphone, morphine sulfate, oxycodone, oxycodone/apap, oxycodone/asa, pentazocine/apap, pentazocine/naloxone, tramadol, tramadol/apap), Roxicodone tablets, Zydone</p>
Angiotensin Modulators	<p>REMOVE: Benicar , Benicar HCT</p> <p>DO NOT ADD: eprosartan, Edarbyclor</p> <p>Other Preferred Agents: generics (benazepril, captopril, enalapril, fosinopril, lisinopril, losartan, quinapril – and diuretic combinations of all, ramipril), Diovan, Diovan HCT</p>
Antibiotics, GI	<p>REMOVE: metronidazole capsule, Tindamax, Vancocin</p> <p>DO NOT ADD: Neo-Fradin</p> <p>Other Preferred Agents: generics (metronidazole tablets, neomycin, vancomycin), Alinia</p>

Antibiotics, Topical	<p>ADD: triple antibiotic ointment, neomycin/polymyxin/pramoxine</p> <p>Other Preferred agents: generics (bacitracin OTC, bacitracin/polymyxin OTC, gentamicin, mupirocin)</p>
Antibiotics, Vaginal	<p>REMOVE: Cleocin Cream, Metrogel</p> <p>Other Preferred agents: generics (clindamycin vaginal, metronidazole vaginal), Cleocin Ovules, Vandazole Vaginal</p>
Antifungals, Topical	<p>REMOVE: Lamisil</p> <p>DO NOT ADD: Ketoconazole Foam, Pedripox-4</p> <p>Other Preferred Agents: generics (clotrimazole Rx and OTC, clotrimazole/betamethasone, econazole, ketoconazole cream and shampoo, miconazole OTC, nystatin, nystatin/triamcinolone, terbinafine OTC, tolnaftate OTC)</p>
Antiparasitics, Topical	<p>ADD: OTC lice egg remover, piperonyl/pyrethrins, piperonyl/pyrethrins/permethrin</p> <p>Other Preferred Agents: permethrin Rx and OTC, Eurax cream, Ovide</p>
Antivirals, Oral	<p>ADD: valacyclovir</p> <p>Other Preferred Agents: generics (acyclovir, amantadine, rimantadine), Valtrex</p>
Beta Blockers	<p>REMOVE: Innopral XL, Levatol</p> <p>DO NOT ADD: Dutoprolol</p> <p>Other Preferred Agents: generics (acebutolol, atenolol, atenolol/chlorthalidone, bisoprolol, bisoprolol/HCTZ, carvedilol, labetalol, metoprolol tartrate, metoprolol tartrate HCZ, metoprolol succinate XL, nadolol, nadolol/bendroflumethiazide, pindolol, propranolol, propranolol HCTZ, propranolol LA, sotalol, sotalol AF, timolol)</p>

BPH Agents	<p>ADD: alfuzosin</p> <p>REMOVE: Uroxatral</p> <p>Other Preferred Agents: generics (doxazosin, finasteride, tamsulosin, terazosin)</p>
Hepatitis C Agents	<p>ADD: Peg-Intron</p> <p>DO NOT ADD: Pegasys Proclick</p> <p>Other Preferred Agents: ribavirin, Pegasys, Incivek, Victrelis</p>
Hypoglycemics, Incretin Mimetics/Enhancers	<p>ADD: Januvia, Janumet, Jentadueto</p> <p>DO NOT ADD: Juvisync</p> <p>STATE TO SELECT: State should select one GLP-1 for inclusion in the PDL</p> <p>Other Preferred Agents: Kombiglyze XR, Onglyza, Symlin, Tradjenta</p>
Hypoglycemics, TZDs	<p>ADD: ActoPlusMet, Duetact</p> <p>REMOVE: Avandia</p> <p>Other Preferred Agents: Actos</p>
Immunosuppressives, Oral	<p>ADD: tacrolimus</p> <p>REMOVE: Cellcept, Prograf</p> <p>Other Preferred Agents: generics (azathioprine, cyclosporine modified, mycophenolate mofetil), Rapamune, Sandimmune</p>
Lipotropics, Statins	<p>ADD: atorvastatin</p> <p>REMOVE: Crestor, Lipitor</p> <p>DO NOT ADD: amlodipine/atorvastatin</p> <p>Other Preferred Agents: generics (lovastatin, pravastatin, simvastatin, fluvastatin), Simcor</p>

MS Agents	ADD: Rebif REMOVE: Ampyra Other Preferred Agents: Avonex, Betaseron, Copaxone
Pancreatic Enzymes	REMOVE: Pancrease Other Preferred Agents: pancrelipase, Creon, Zenpep
Phosphate Binders	ADD: Eliphos, Renvela DO NOT ADD: Magnebind, Phoslyra Other Preferred Agents: Calphron OTC, PhosLo, Renagel
Proton Pump Inhibitors	ADD: lansoprazole (all forms), pantoprazole, Protonix Solution Other Preferred Agents: omeprazole Rx and OTC

Single Drug Reviews	Voting Result
Anticonvulsants	DO NOT ADD: Onfi
NSAIDs	DO NOT ADD: Duexis

~ The State will continue to monitor the pricing of generic drug products (both new and existing) and continues to maintain autonomy to modify or adjust the PDL status of multi-source brands and/or generic drugs that may become necessary as a result of fluctuations in market conditions (e.g. changes in Federal rebates, supplemental rebates, etc.).

Following discussion of the classes for review, Dr. Pinto asked that the state consider an analysis of treatment using each of the products currently available for anticoagulant therapy, considering drug cost as well as associated monitoring costs.

Mr. Taylor thanked those members of the team who support the P&T process and make the meeting run smoothly.

The next meeting is scheduled for Thursday, November 8, 2012. With no further business, the meeting adjourned at 11:11 am.