



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

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday, April 7, 2015

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
Richard Wagner, MD

P & T Members Absent: Chaz Gross, NAMI
Matt Salisbury, MD
Kristina Ward, PharmD

Others Present: Ann Bennett (HP Enterprise Services)
Cathy Cordy, RPh (EOHHS)
Steve Espy, (HID)
Jerry Fingerut, MD (Xerox)
Karen Mariano, RPh (HP Enterprise Services)
Kathryn Novak, RPh (Magellan Medicaid Administration)
Ralph Racca, Administrator (EOHHS)

The meeting was called to order by the Chairperson once a quorum was in attendance - 8:20am.

The December meeting minutes were reviewed and by vote were unanimously accepted as presented.

Public testimony included the following speakers:

1. Kathy Gann, AstraZeneca, Farixga and Bydureon
2. Keith Miller, Janssen, Invokana
3. Rob Picone, NovoNordisk, Vitoza, Norditropin and Levimir
4. Robert Garis, Teva. Copaxone
5. Walter McLain, Pfizer, Genotropin
6. Uri Dreckshage, Genzyme, Aubragio and Lemtrada
7. Ray Lancaster, Gilead, Harvoni
8. Janet Thompson, Abbvie, Viekira
9. Amy Nunn, RI Public Health Institute & RI Hepatitis C Coalition, Harvoni and Viekira

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

1. Acne Agents, Topical. Two new products. Motion made to accept the recommendations; no discussion and unanimously approved.

2. Antiemetics/Antivertigo. New drug Akynzeo (ax & delayed Nausea associated with CA chemotx). . Motion made to accept the recommendations; no discussion and unanimously approved.
3. Antihyperuricemics this is a new category. Mitigare –colchicine, COLCRYS, probenecid Motion made to accept the recommendations; no discussion and unanimously approved.
4. Bone Resorption Suppression and Related Agents. Motion made to accept the recommendations; no discussion and unanimously approved.
5. Growth Hormone. New information, AQ line being discontinued. Leaving only Norditropin. Motion made to accept the recommendations; no discussion and unanimously approved.
6. Hypoglycemics
 - a. Alpha Glucosidase. Motion made to accept the recommendations; no discussion and unanimously approved.
 - b. Incretin Mimetics/Enhancers. Motion made to accept the recommendations; no discussion on the motion. One abstention and remaining members approve the motion.
 - c. Insulin and Related Agents. Question of review of new products mid-cycle. Can this be reviewed earlier? Yes, State can review whole therapeutic category earlier in the cycle. Motion made to accept the recommendations; no discussion on the motion. One abstention and remaining members approve the motion.
 - d. Meglitinides – No new information. Motion made to accept the recommendations; no discussion on the motion. One abstention and remaining members approve the motion.
 - e. Metformins – No changes to category. Motion made to accept the recommendations; no discussion and unanimously approved.
 - f. SGLT2 – ADA and AACE Guideline review - SGLT2 products are not first line therapy. Motion made to accept. Discussion on the motion. If this is added to the PDL, what do we expect to see for utilization? Expect it to be another product available to the prescribers. PA criteria are; not to be used as sole therapy. Amendment to recommendation; look for any other oral or injectable hypoglycemic agents, within the past 30 days. Point that this drug should not be used alone. Motion made to accept the recommendations; no further discussion. One abstention and remaining members approve the motion.
 - g. Sulfonylureas. Motion made to accept the recommendations; no discussion and unanimously approved.
 - h. TZD. FDA post marketing study. 10 year out & bladder CA. Motion made to accept the recommendations; no discussion and unanimously approved.
7. Immunomodulators, Topical. Motion made to accept the recommendations; no discussion and unanimously approved.
8. MS Agents. New agent Plegridy (peg interferon beta 1a); Gilenya, report of PML. Copaxone does have a 3 times a week product in comparison to the daily product. Motion made to accept the recommendations. Discussion on the motion. Amendment to the motion made: if a patient is on the non-preferred MS agent, and the patient is clinically stable/continues to walk, then the patient should be grandfathered on the non-preferred agent. The motion with the amendment is unanimously approved.
9. Pancreatic Enzymes. No new information. Motion made to accept the recommendations; no discussion and unanimously approved.
10. H. Pylori Agents. New category. Recommendation Prevpac. Motion made to accept the recommendations; no discussion and unanimously approved.
11. Proton Pump Inhibitors. No new information. Motion made to accept the recommendations; no discussion and unanimously approved.
12. Topical Antipsoriatics. – Taclonex, years of treatment expanded. Motion made to accept the recommendations; no discussion and unanimously approved.
13. Topical Sterioids. Motion made to accept the recommendations; no discussion and unanimously approved.
 - a. High Potency
 - b. Low Potency
 - c. Medium
 - d. Very High

14. Hepatitis C Agents. New information since the December 2014 meeting where Harvoni reviewed. New product Viekira. Products being discontinued: Victrelis and Peg Intron Redipen. Peg-Intron vial will still be available. AASLA and IDSA guidelines have been updated. Harvoni "Dear Doctor" letter released. Motion made to accept the recommendations. Discussion on the motion. What are other States doing? And experiencing? No States, until recently had open access. Some States had Sovaldi preferred. States looking at metavir scores, biopsies, centers of excellence looking at different scores, tests, degree of cirrhotic liver, levels of enzymes. Currently 7 States of Viekira sole, several States Harvoni alone, several states have both. Genotypes other than 1 are emerging in the US. Today's discussion is about treatment of 1a & 1b. EOHHS would like to include both Viekira and Harvoni. Question: are the MCOs following the FFS policy? Yes. Should include limited prescribers? It does. Motion to table this discussion until June Meeting.

Discussion to review bylaws at an upcoming meeting.

2015 Meeting Schedule – 8:00 am

June 9th

August 25th

December 1st

Adjournment

The meeting adjourned at 10:17AM.

DUR Board Follow-up.

1. Look at patients moving between FFS and MCO > hospitalizations, unexpected results.