NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PREFERRED DRUG LIST REVIEW PANEL MEETING MINUTES

Friday, January 10, 2014 9:00am – 1:00pm

The State Library Building
109 E. Jones Street
Raleigh, NC 27601

I. WELCOME AND INTRODUCTIONS

Dr. Lisa weeks opened the meeting at 9:00 a.m. on January 10, 2014. She welcomed everyone to the annual NC Medicaid and Health Choice Preferred Drug List Review Panel meeting, thanking them for their interest in the program. Dr. Weeks then provided an overview of the procedures we will follow during today's meeting.

For each drug class review, if there are speakers registered to speak about a drug, time would be allowed for the speakers to share their comments before the panel members discuss and make recommendations about the drug class being discussed. Speakers had to provide their name, affiliation and disclose any conflicts of interest. Speakers had to be mindful of the time limitations of this meeting. Dr. Weeks reserved the right to intervene in order to ensure the meeting continued to move forward in a timely manner. She stated she would provide a brief summary of the comments received through the DMA website during the 45-day public comment period and that the panel members received a copy of the public comments prior to the meeting. Dr. Weeks mentioned that comments received for drug classes that were not on the agenda would not be discussed as per approved guidelines and procedures, but the panel members did received them.

Dr. Weeks stated she would provide a brief description of the proposed recommendations for each drug class including information on market share. Panel members would then have an opportunity for discussion and then a vote of whether or not to approve the proposed decisions as presented or with changes would occur. Dr. Weeks informed the panel members to recuse themselves from voting on a drug class if they have any conflicts of interests.

PANEL MEMBER INTRODUCTIONS

1. Dr. Byron Hoffman, Representative for the North Carolina Chapter of the American College of Physicians
2. Dr. Robert (Chuck) Rich, Representative for the North Carolina Academy of Family Physicians
3. Dr. Stefanie Ferreri, Representative for the North Carolina Association of Pharmacists
4. Dr. Burt Johnson, Representative for the North Carolina Psychiatric Association
5. Dr. Lisa Weeks, Representative for the North Carolina Division of Medical Assistance
6. Dr. Beat Steiner, Representative for the Physician Advisory Group Pharmacy and Therapeutics Committee
7. Dr. Paul Bush, Representative for Hospital-Based Pharmacy
8. Dr. Theresa Flynn, Representative for the North Carolina Pediatric Society
9. Dr. Tom Wroth, Representative for Community Care of North Carolina
10. Dr. Cedric Bright, Representative for the Old North State Medical Society (was not introduced, but came during the Long Acting Narcotics discussion)
11. Dr. William Sheridan, Representative for Research-Based Pharmaceutical Companies (Panel member, but was unable to attend the meeting)

III. DRUG CLASS REVIEWS

ALZHEIMER'S AGENTS

- No registered speakers for this drug class.
- There were no comments received for this drug class.
- Generic Aricept is moving to preferred status while brand Aricept is moving to non-preferred status. Exelon solution is moving to non-preferred status but other formulations of Exelon are preferred. There is very low utilization on Exelon solution (less than 1% across class).
- There was no discussion by the panel.
- First and second motions were made to approve as presented.
- Vote: Nine in favor, Zero opposed

NSAIDs

- No registered speakers for this drug class.
- There was one comment about the NSAIDs drug class about preference for extended release indomethacin and liquid Mobic for use in the pediatric population as preferred options.
- Extended release formulations are moving to non-preferred status. All have low utilization (less than 1% in the class).
- Discussion on the comment about liquid Mobic being allowed for children under 12 without a prior authorization, (PA) form.
- A motion to approve the drug class as proposed with an exemption for liquid Mobic to be allowed without a PA was made and had a second motion.
- Vote: Nine in favor, Zero opposed

LONG ACTING NARCOTIC ANALGESICS

- There are two speakers registered for this drug class:
  1. Dr. Hans Hansen, Non Affiliated Practitioner (Nucynta ER) – Discussed patient safety with regards to Nucynta ER and the safety mechanism that Nucynta ER has in the product. Dr. Hansen wants the panel to make Nucynta ER preferred because it has less abuse potential and is less favored with regards to diversion.
  2. Dr. Megan Jones, PharmD, Janssen (Nucynta ER) – Discussed the product, its, indications, trials and diversion technology that Nucynta ER has.
- There were four comments about this drug class all supporting additional extended release formulations such as Opana ER, Nucynta Er and methadone as preferred.
- Opana ER is moving to non-preferred status but morphine ER, Kadian and fentanyl patch remains preferred. Opana ER represents about 27% of the market share for this drug class.
- Discussions on adding another long acting drug with diversion technology. The panel left the decision to DMA.
- A motion to approve the drug class as proposed with the exception of adding another long acting drug with diversion technology and had a second motion.
- Vote: Ten in favor, Zero opposed
- DMA reviewed Nucynta ER, Opana ER, and Oxycontin. Opana ER was the least costly to the state and this product will be moved to the preferred side.

ORALLY DISINTEGRATING/ORAL SPRAY SCHEDULE II NARCOTIC ANALGESICS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- Subsys was added to the non-preferred side as a new spray formulation of fentanyl.
- There was no discussion by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

SHORT ACTING SCHEDULE II NARCOTIC ANALGESICS

- There is one speaker for this drug class:
  1. Dr. Hans Hansen, Non-Affiliated Provider (Nucynta) - Discussed patient safety with regards to Nucynta and the safety mechanism that Nucynta ER has in the product. Dr. Hansen wants the panel to make Nucynta preferred because it has less abuse potential and is less favored with regards to diversion.
- There were three comments received during the public comment period requesting preferred status for Nucynta IR in patients with chronic pain and one comment requested preferred status of oxycodone concentrate.
- Oxycodone capsules and concentrate are moving to the non-preferred side and have less than 1% utilization across the drug class.
- Discussion on moving meperidine to non-preferred status. Discussion on acetaminophen safety also occurred.
- A motion to approve the drug class as proposed with the exception of moving meperidine to non-preferred status and had a second motion.
- Vote: Ten in favor, Zero opposed

SCHEDULE III-IV NARCOTIC ANALGESIC COMBINATIONS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- Proposal clarifies non-preferred brands and a couple high cost generic formulations with very low utilization.
- There was no discussion by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

SECOND GENERATION ANTICONVULSANTS

- No registered speakers for this drug class.
- There was one comment related to Lamictal ODT for patients with difficult swallowing. The prescriber would just need to indicate that on the request form and patient should be able to receive this medication for swallowing difficulty.
- Changes include moving generic ODT clonazepam to nonpreferred side and lamotrigine kit which are both high cost formulations. The proposal also includes moving generic Diastat to non-preferred status and moving the brand version to preferred status. These three drugs represent about 3% of the market share across all anticonvulsant representing. We are also proposing making gabapentin tablets non-preferred which is a less costly formulation of gabapentin when compared to the capsules. The market share for gabapentin capsules is 68.4% compared to 30.4% on the tablets. Remaining patients are on the solution. We are also proposing removal of the PA criteria for this drug class.
- Discussion about Diastat, a brand preferred over its equivalent generic and access since pharmacies would not carry the brand in stock and that pharmacies lose money when brands are preferred which will cause independents pharmacies to close and force the use of mail order. Dr. Weeks informed the panel that Medicaid is federally and state funded and with rebates, sometimes brand products are less expensive to the program than generics. She also informed the panel that North Carolina Medicaid has paid better than most other states Medicaid programs. She also informed them that brand products get credit as a generic which helps them get higher dispensing fees when they dispense a generic. A discussion was the held around pharmacies not carrying the brand product and the impact it would have on patients not getting their medications. A discussion about generic products in many cases cost as much as the brand in the retail pharmacy setting and that needed to be kept in mind.
- A motion to approve the drug class as proposed with DMA to track utilization and difficulties in patients obtaining Diastat
- Vote: Nine in favor, zero opposed, one abstain

CEPHALOSPORINS AND RELATED ANTIBIOTICS

- No registered speakers for this class.
- No comments were received during the public comment period.
- Brand Suprax chewable tablets and capsules have been added to the non-preferred side and both have very low utilization. Suprax tablets and suspension remain preferred.
- A question about asking if a pharmacy would have to call a provider to change between Suprax tablets and capsules and the answer was that they would not.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

NITROMIDAZOLE ANTIBIOTICS

- There is one registered speaker for this drug class:
  1. Michael Steidle, Salix Pharmaceuticals (Xifaxan) – Discussed Xifaxan and its unique indication of hepatic encephalopathy.
- No comments were received during the public comment period.
- Vancocin is moving to preferred status. Generic Tindamax had not been previously reviewed is non-preferred.
- A discussion about adding an exemption for Xifaxan for hepatic encephalopathy occurred
- First and second motions were made to approve as presented with an exemption for Xifaxan for hepatic encephalopathy.
- Vote: Ten in favor, Zero opposed

ORAL TETRACYCLINES

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- Generic Vibramycin suspension, a new to market generic, remains non-preferred.
- There was no discussion by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

ORAL ANTIFUNGALS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- Higher cost formulations of griseofulvin which are new to market have been added to the non-preferred side along with a brand drug called Onmel.
- A panel member asked if there was no tablet for griseofulvin, but it is on the PDL.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, zero opposed

ANTIHYPERKINESIS

- No registered speakers for this class.
- There was one comment received during the public comment period. The comment was received from the National Alliance on Mental Illness in North Carolina with concern about making changes to the preferred drug list that could impact people with mental illness and restricting access to mental health drugs.
- The recommendation is to move generic Adderall products to the non-preferred side and keeping the brand Adderall products preferred. In order to make generic Adderall products non-preferred, we must remove these products from the Preferred Drug List in accordance with Session Law. The cost to the provider is similar for the generic and brand products.
- There was no discussion by the panel.
- First and second motions were made to approve as presented.
- Vote: Nine in favor, zero opposed, one abstain

ANGIOTENSIN II RECEPTOR BLOCKERS

- No registered speakers for this class.
- No comments were received during the public comment period.
- We are adding generic Atacand to the non-preferred side. This generic came to the market after our last review session and no status change is recommended.
- A panel member asked why the generic for Diovan was not on the PDL and it was noted the product came out after this review cycle.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

- No registered speakers for this class.
- No comments were received during the public comment period.
- We are adding generic Atacand HCT and generic Diovan HCT to the non-preferred side. These generics also came out after our last review session as new to market generics. No changes to their statuses are recommended at this time.
- Market share for Diovan HCT at 3% and the generic at 1% was asked for and given
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

BETA BLOCKERS

- No registered speakers for this class.
- There was one comment received during the public comment period. The comment was from a pharmacist who expressed concern with preferring a brand product over a generic product.
- The proposal is to move generic Toprol XL to non-preferred status and move brand Toprol XL to preferred status. The generic version has about 20.7% market share with the brand having less than 1% market share in the drug class.
- A discussion about pharmacies not understanding the rebate system and that their costs are higher for brand product, even though it saves the state money.
- A motion to approve the drug class as proposed with DMA to track utilization and difficulties in patients obtaining Toprol XL.
- Vote: Nine in favor, zero opposed, one abstain

CHOLESTEROL LOWERING AGENTS

- No registered speakers for this class.
- There was one comment received during the public comment period regarding the Juxtapid PA criteria. The comment was from a physician at Duke about the importance of having this medication available to individuals with homozygous familial hypercholesterolemia.
- The recommendation is to add two brands to the non-preferred side and to add prior authorization criteria to a new medication called Juxtapid. Juxtapid is a new oral specialty medication for patients with homozygous familial hypercholesterolemia. This medication has a REMS program associated with its use which requires close monitoring of liver function. This medication was originally placed with the triglyceride lowering agents but has been moved to the cholesterol lowering agents.
- There was an explanation about the PA criteria of Juxtapid.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The proposed change to this drug class is to add generic Nimotop to the non-preferred side. This generic has not been reviewed before and has very low utilization.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- Cardizem LA tablets (24 hour formulation) would be preferred over diltiazem ER capsules and Matzim (diltiazem) LA tablets (both 24 hour formulations). Movement of several high cost generic extended release formulations of diltiazem to non-preferred side. These represent about 10% market share. Most of the market share in this class is with generic amlodipine (72%).
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

SYMPATHOLYTICS AND COMBINATIONS

- No registered speakers for this drug class.
- No comments were received for this drug class.
- This is a new drug class for the Preferred Drug List. Agents with the highest market share are preferred (clonidine (83%) and guanfacine (11.9%). Generic transdermal patch is non-preferred and the brand is preferred.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

TRIGLYCERIDE LOWERING AGENTS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The proposed change is addition of brand Vascepa to the non-preferred side. As mentioned previously, Juxtapid will be moved to the triglyceride lowering drug class.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Nine in favor, zero opposed, one abstain

ANTIMIGRAINE AGENTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The proposed changes to this drug class include moving brand Maxalt MLT to the non-preferred side. Maxalt MLT has 32.4 % market share for this class. The majority of patients are using generic sumatriptan products (about 51.6% market share). New to market generic versions of Maxalt and Zomig are proposed to remain non-preferred
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The changes recommended for this drug class include include adding three new to market drugs (since our last review) to the non-preferred side (no status change) and adding brand Sinemet CR to the non-preferred (the generic version is preferred).
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

MULTIPLE SCLEROSIS AGENTS

- There is one speaker registered for this drug class:
  1. Dr. Leigh Holcomb, PhD, Genzyme (Aubagio) – Discussed Aubagio data
- There were three comments received during the public comment period. Comments were questioning appropriateness of requiring a trial of an injectable medication prior to an oral medication and there being no alternative to Ampyra. There was also a comment about the net cost of all Rebif NDCs being identical.
- The changes include addition of two new brands to the non-preferred side. Rebif Rebidose was posted as non-preferred but Magellan clarified that this should be preferred. This is in line with the comment received.
- Discussion on a study that showed Aubagio is not superior to other products and that it has a hepatic toxicity warning. Clarification of how the prior approval process occurs within DMA to the panel members occurred.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

INSULIN PRODUCTS

- There is one registered speaker for this drug class:
  1. Dr. Don Iacobelilis, PharmD, Eli Lilly (Humalog) – Discussed Humalog and need for improved access due to it being on hospital formularies, importance of insulin choice, and additional pen choice allows for another option to increase adherence and choice.
- There were four comments related to this drug class. Three comments were in support of preferring Levemir. One comment provided information on Humalog Kwikpen products.
- Novolin products are moving to non-preferred side; equivalent Humulin products remain preferred. Humalog cartridge moving to non-preferred and Novolog cartridge moving to preferred. Both have less than 1% market so low utilization. Agents from each pharmacokinetic category remain available as preferred products and convenience products are also available in each category as available
- A discussion that the product is not superior to the preferred product by Novartis. A question of market share of pens was asked. The market share was less than 1% for the Humalog Quick Pen. A question about how North Carolina compares to other state with regards to pens versus vial. It is DMA's understanding that North Carolina far exceeds other states utilization of pens. **A discussion occurred after DDP-IV class was voted on to allow Levemir Quick Pen to be exempt for pregnant women and this had a first and second motion and was approved.**
- First and second motions were made to approve as presented.
- Vote: Nine in favor, Zero opposed - one member absent for discussion.

DPP-IV INHIBITORS AND COMBINATIONS

- There is one registered speaker to speaker on two products in this drug class:
  1. Dr. Manan Shah, Bristol-Myers Squibb (Onglyza and Kombiglyze XR) – discussed informatics research on both medications showing savings with these products showed increased savings versus Januvia.
- There were nine comments received for this drug class. Six comments were in support of keeping Onglyza and Kombiglyze preferred agents. The three additional comments were from Takeda providing additional information on Oseni, Nesina and Kazano.
- The proposed changes include moving Onglyza and Kombiglyze to non-preferred status. Market share for these agents 12.7% and 3.7%, respectively. The majority of market share is with Jaumet and Januvia.
- The panel asked about superiority data of Onglyza and Kombiglyze XR versus Januvia and they were referred to the cost data. It was discussed that they are less effective than GLP-1. A discussion about possibly making GLP-1 must be tried first before DPP-IV Inhibitors. Medically this could make sense, but it was discussed that GLP-1 are all injectable.
- First and second motions were made to approve as presented with the note that DMA would look at the possibility of adding GLP-1 as a pre-requisite to obtaining a DPP-IV medication. In addition a 6 month waiting period of implementation of these changes would be implemented.
- Vote: Ten in favor, Zero opposed

SODIUM GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR

- There are two speakers registered for this drug class:
  1. Dr. Steve Vacalis, DO; Non Affiliated Practitioner (Invokana) – Discussed the benefits of Invokana in his patients and why this product needs to be preferred based on its A1C reductions.
  2. Dr. Phillip Wiegand, PharmD, Janssen (Invokana) – Discussed the
- No comments were received during the public comment period.
- The recommendation adds new to market brand Invokana to non-preferred side with trial and failure of metformin.
- Discussion on how the system works if metformin is used. If used Invokana will pay without a prior authorization. A second question about why this product would be non-preferred if it is the only one in the class. It was answered that DMA did this as a strategy for future products coming into this class, but that if the panel choose to make it preferred DMA would not be opposed to it. The panel chose to make Invokana preferred.
- First and second motions were made to approve as a preferred agent.
- Vote: Ten in favor, Zero opposed

THIAZOLIDINEDIONES

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The proposed changes include moving brand Actos and Avandia to non-preferred status and keeping generic Actos preferred. Generic Actos came to the market since our last review. Most of the market share has been with the brand but now that there is a generic available and it is preferred, the market share will move to the generic.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

THIAZOLIDINEDIONES – METFORMIN COMBINATIONS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The proposed changes include moving brand ActoPlus Met and Avandamet to non-preferred status and keeping generic ActoPlus Met preferred. This is a similar scenario to the previous drug class.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

THIAZOLIDINEDIONES – SULFONYLUREA COMBINATIONS

- No registered speakers for this drug class.
- No comments were received during the comment period.
- The proposed changes include moving brand Avandaryl to non-preferred status and keeping new-to-market generic Duetact non-preferred.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

H.PYLORI COMBINATIONS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The proposed change includes adding the new to market brand Omeclamox Pak to the non-preferred side.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

ANTIEMETIC-ANTIVERTIGO AGENTS

Due to the unique indication related to pregnancy for Diclegis, we would like to recommend an exemption for pregnancy for the use of this drug. It is a Category A drug used for pregnancy-induced nausea and vomiting.

- There is one speaker registered for this drug class:
  1. Eugene Kelley, Duchesnay (Diclegis) – Mr. Kelley gave back his time to speak since the panel agreed to this above exception.
- No comments were received during the public comment period.
- The proposed change is to move brand Marinol to preferred status and keep its generic equivalent as non-preferred. Neither of these products have high utilization.
- There were no discussions by the panel.
- First and second motions were made to approve as presented with the exemption of pregnancy for Diclegis.
- Vote: Ten in favor, Zero opposed

PANCREATIC ENZYMES

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendation adds three new brand drugs to the non-preferred side.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

PROTON PUMP INHIBITORS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation includes adding new to market generic Zegrid OTC to non-preferred side which is all OTC now.
- Discussion about the need for prescription for OTC omeprazole and the answer was a prescription was needed. A discussion about pharmacy knowledge that they could interchange the OTC product with the prescription product and DMA educating pharmacies on this outside of bulleting articles. It was noted that the Community Care of North Carolina, (CCNC), and Pharmacist could provide this education.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

SELECTIVE CONSTIPATION AGENTS

- There is one speaker registered for this drug class:
  1. Dr. Darrin Wohl, MD, Non-Affiliated Gastroenterologist (Linzess) – Discussed Linzess and the fact that it of the two products in the class it is the only product approved for men with IBS/C.
  2. Forest Laboratory Representative – discussed the product
- There was one comment received during the public comment period requesting Linzess to be a preferred drug.
- The recommendation is to add new to market brand Linzess to the non-preferred side.
- Discussion about adding an exception for men for Linzess, leaving it on the non-preferred side.
- First and second motions were made to approve as presented with adding the male exemption to Linzess.
- Vote: Nine in favor, Zero opposed, one panel member was absent for this discussion.

ULCERATIVE COLITIS AGENTS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendation is to add new to market brands Delzicol and Giazo to the non-preferred side.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

URINARY ANTISPASMODICS

- There is one speaker registered:
  1. Barbara Kassman, Astella (Myrbetriq) – Discussed the benefits of the product of Myrbetriq.
- There were four comments received during the public comment period. One comment supported Sanctura as a preferred agent for use in the elderly. One comment supported Vesicare and generic extended release oxybutynin as preferred options. The remaining two commentors also supported Vesicare as a preferred agent.
- The recommendation is to move generic flavoxate (Urispas) and brand Vesicare to the non-preferred side. Vesicare has about 39.8% market share with next most utilized in this class being oxybutynin (about 31%).

  After reviewing the comments regarding the need for another preferred option in this drug class and the large number of patients on Vesicare, we would like to receive input on keeping this medication preferred if the financial impact of this is not significant and if it makes sense clinically.

- A discussion by the panel about comparative effectiveness was discussed and the panel did not have an issue with it being used secondary to an antimuscarinic. A second discussion ensued about moving the highly used Vesicare to non-preferred and whether or not another option is needed on the preferred side. The panel discussed putting up a 6 month delay on changing Vesicare to the non-preferred side to give time for providers to adjust their prescribing. The panel would also like the class reviewed again from a clinical stance by P&T.
- First and second motions were made to approve as presented with a 6 month delay on moving Vesicare to the non-preferred side.
- Vote: Ten in favor, Zero opposed

INJECTABLE ANTICOAGULANTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation moves brand Arixtra to the non-preferred side leaving brand Fragmin and Lovenox as preferred. The preferred anticoagulants have similar indications to Arixtra except for in heparin induced thrombocytopenia and superficial vein thrombosis. Arixtra is preferred over other two agents in these conditions however our patients would access to through completion of the standard request form.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Nine in favor, Zero opposed, 1 Abstain

ORAL ANTICOAGULANTS

- There is one speaker registered to speak on this class:
  1. Dr. Manan Shah, MD, Bristol-Myers Squibb (Eliquis) – Discussed how Eliquis is on formulary at many hospitals and the continuity of care of these patients moving out of the hospital. Clinical comparison to warfarin, and medical cost reductions vs. warfarin.
- There were five comments received during the public comment requesting that Eliquis be preferred.
- The recommendation is to add brand Eliquis to the non-preferred side.
- Discussion by the panel included that the hospitals have other similar products on formulary also and that it is hard to infer cost savings as making one product superior to another. In addition the panel discussed the difficulty in comparing generic warfarin vs. Coumadin because the variability in effectiveness.
- First and second motions were made to approve as presented but with tracking of Eliquis for barriers to patient care.
- Vote: Ten in favor, Zero opposed

OPHTHALMIC ALLERGIC CONJUNCTIVITIS AGENTS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendation is to move brand Alrex to non-preferred status. Alrex has 1.7% market share. Most of our market share for this drug class is with Pataday (about 65%).
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- This is a new drug class to the Preferred Drug List. The only drug with high utilization that will be non-preferred is generic Tobradex but the brand equivalent is preferred.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Nine in favor, Zero opposed, 1 Abstain

OPHTHALMIC ANTI-INFLAMMATORIES

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendation for this drug class adds several agents previously not reviewed with very low utilization to the non-preferred side.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

It was noted that that the OPTHALMIC CARBONIC ANHYDRASE INHIBITORS class was posted showing Simbrinza as non-preferred, but that new data supplied by Magellan moved this product to a preferred status, thus there is no panel decision needed.

OPHTHALMIC PROSTAGLANDIN AGONISTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations add brand Rescula and the new to market generic version of Travatan to the non-preferred side.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

BONE RESORPTION SUPPRESSION AGENTS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendation is to add brand Binosto and the new generic version of Fosamax Solution.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

OTIC ANTIBIOTICS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendation is to add generic Cetraxal (a ciprofloxacin product) which was added to the market after our last review.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

OTIC ANTI-INFECTIVES AND ANESTHETICS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- This is a new drug class to the Preferred Drug List. The preferred agents selected are the most highly utilized in the drug class (about 96% collectively).
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

A 5 minute break occurred before the next class.

COPD AGENTS

- There is one registered speaker:
  Dr. Doug Lee, Non-Affiliated Practitioner (Tudorza Pressair) – Dr. Lee discussed Tudorza and its use in his patients. He stated the Gold Guidelines start with a LAMA or LABA for moderate to severe COPD and that the PDL forces patient to go backwards vs trying another LAMA like Tudorza.
- No comments were received during the public comment period.
- The recommendation adds new brand Tudorza Pressair to the non-preferred side.
- The panel discussed changing the requirements to trial and failure of Spiriva to obtain a non-preferred.
- First and second motions were made to approve as presented with changing the red writing above the non-preferred to trial and failure of Spiriva only needed to obtain a non-preferred.
- Vote: Ten in favor, Zero opposed

INTRANASAL RHINITIS AGENTS

- There is one registered speaker:
  1. Dr. Contessa Fincher, PhD, Teva Pharmaceuticals (QNasl) – discussed the benefits of QNasal a non-aqueous rhinitis agent.
- There were five comments received during the public comment period and all were in support of moving QNasl to preferred status.
- The recommendations include moving two brands and one generic product to the preferred side. It also includes add two new brands to the non-preferred side.
- It was noted by the panel that Nasacort AQ will be going OTC. There was a discussion that the panel did not see a problem with using Qnasl as a second line product. The panel also noted Oxytrol has gone OTC, but that it is only for women, but that it should be looked at by DMA as a cost savings measure.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

LEUKOTRIENE MODIFIERS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendations include moving two higher cost formulations of brand Singulair to the non-preferred side in addition to a new to market generic formulation of Singulair granules. These all have low utilization (less than 5% in the class).
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

LOW SEDATING ANTIHISTAMINES

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendations include moving brand Claritin to non-preferred with the equivalent generic products remaining preferred. The three products with largest market share (loratadine OTC, cetirizine OTC syrup and cetirizine OTC tablets are staying preferred. There is also a new generic for Clarinex that remains non-preferred and it has low utilization.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

LOW SEDATING ANTIHISTAMINE COMBINATIONS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- Two decongestant containing products, cetirizine-D OTC and loratadine-D OTC are moving to no-preferred status. These together have only 0.4% market share. The quantity limit remains the same.
- There were discussion on having all non-preferred and that since there is no cost savings to be preferred or non-preferred to make all products preferred
- First and second motions were made to approve all products to preferred
- Vote: Ten in favor, Zero opposed

TOPICAL ACNE AGENTS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The changes recommended include clindamycin gel, lotion and swabs moving to the non-preferred side (13% market share collectively). Erythromycin gel and solution are moving to the preferred side.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

TOPICAL ANDROGENIC AGENTS

- No registered speakers for this drug class.
- No comments were received for during the public comment period.
- The change to this drug class is moving Androderm to the non-preferred side. Androderm has about 10% of the market share compared to Androgel with about 87% and remaining preferred.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

TOPICAL ANTIBIOTICS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The change to this drug class is keep a new to market generic Bactroban cream on the non-preferred side.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

VAGINAL ANTIBIOTICS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- This is a new drug class added to the Preferred Drug List. The proposal adds generic vaginal metronidazole to the non-preferred side plus a branded product. The generic metronidazole has the highest market share around 78%. This is a scenario where the brand is less costly than the generic formulation.
- The panel discussed putting this change of the metronidazole vaginal products on a 3 month delay to educate pharmacists and wholesalers on getting the Metrogel Brand in stock
- First and second motions were made to approve as presented with a 3 month delay on implementing this new class
- Vote: Nine in favor, zero opposed, one abstain

TOPICAL ANTIFUNGALS

- No registered speakers for this class.
- No comments were received during the public comment period.
- Generic ciclopirox (kit), clotrimazole/betamethasone lotion, ketoconazole foam and nystatin/TAC are moving to the non-preferred side. However, all of these have equivalent generic products on the preferred side but in a different dosage form except the nystatin/TAC product. The nystatin/TAC product is the cream and ointment formulations representing about 8.5% of the market share. The nystatin products have the highest share in this class (40.8%).
- There was a discussion by the board to look at OTC products and if it makes financial sense to add it to this class.
- First and second motions were made to approve as presented with looking at OTCs in the future
- Vote: Ten in favor, Zero opposed

TOPICAL ANTIPARASITICS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendation is to move Ovide to the non-preferred side. This move would make all malathion products non-preferred. Market share for Ovide is 14%. The majority of our market share is with permethrin (72%) and is consistent with AAP recommendations to use permethrin or pyrethrin products as first line.
- There was a discussion on resistance and allowing trial and failure of one vs. two preferreds. There was a discussion to look at OTC products and cost effectiveness. There was a discussion on allowing family members to bypass the preferreds if one family member failed a preferred product, but this is not possible for the system to allow this. A prior authorization form would allow this.
- First and second motions were made to approve as presented with only trial and failure of 1 preferred needed to obtain a non-preferred.
- Vote: Ten in favor, Zero opposed

TOPICAL ANTIVIRALS

- No registered speakers for this drug class.
- No comments were received during the public comment period.
- The recommendations keeps new to market generic Zovirax ointment as non-preferred along with a New brand product called Lidovir.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

TOPICAL PSORIASIS AGENTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include addition of a new brand called Sorilux and a higher cost generic version of Dovonex Cream when comparing to the brand product. There is low utilization on this generic (2.7%). The majority of our utilization is with the generic ointment (26%) and with the brand Dovonex Cream (39%).
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

We are going to review the topical steroids at one time if there are no issues with this approach.

TOPICAL LOW POTENCY STEROIDS

- No registered speakers for this class.
- No comments were received during the public comment period.
- I would like to point out that brand Derma Smoothe FS continues to be a preferred brand. It was removed during the posting period due to a system issue with the rebate indicator and we thought it was no longer cover. But the issue has been corrected and it continues to be a rebatable, preferred medication.

TOPICAL MEDIUM POTENCY STEROIDS

- No registered speakers for this class.
- No comments were received during the public comment period.

TOPICAL HIGH POTENCY STEROIDS

- No registered speakers for this class.
- No comments were received during the public comment period.

TOPICAL VERY HIGH POTENCY STEROIDS

- No registered speakers for this class.
- There were two comments received for this drug class which included a request for consistency among all formulations of a specific drug and another option for a high potency steroid.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

ESTROGEN COMBINATION AGENTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This is a new class to the Preferred Drug List. All agents are preferred and will allow collection of supplemental rebates.
- There were no discussions by the panel.
- First and second motions were made to approve as presented.
- Vote: Ten in favor, Zero opposed

ESTROGEN ORAL/TRANSDERMAL AGENTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This is a new class to the Preferred Drug List. The recommendation is keeping primarily generics as preferred with several brand options as well. Generic estradiol makes up about 33% of the market share. We are recommending that brand Premarin be non-preferred which comprises a market share of 44%
- The panel discussed a six month waiting period before moving Premarin Brand to non-preferred.
- First and second motions were made to approve as presented with a 6 month waiting period before moving Premarin Brand to non-preferred
- Vote: Ten in favor, Zero opposed

OPIOD DEPENDENCE

- No registered speakers for this class.
- No comments were received during the public comment period.
- Suboxone tablets are moving to the non-preferred side but will be removed from the market in a few months anyway. Suboxone film has the most market share at 73.4% and remains preferred.
- A discussion was asked about where the Lazarus Kit fit into this. It was noted that the kit is a device and not a drug and DMA is having trouble figuring out how to cover it since the device and drug are not in the same package.
- First and second motions were made to approve as presented with DMA to look into covering the Lazarus Kit.
- Vote: Ten in favor, Zero opposed

IMMUNOMODULATORS

- No registered speakers for this drug class.
- There was one comment received for this drug class requesting that some IV medications be covered on the list. However, these medications are covered under the medical side under the Physicians Drug Program.
- The recommendation includes adding the new to market brand Xeljanz to the non-preferred side.
- There was a discussion to add an exemption for Neonatal Onset – Multisystem Inflammatory Disease, (NOMID) for Kineret
- First and second motions were made to approve as presented with adding an exemption for NOMID for Kineret
- Vote: Ten in favor, Zero opposed

The meeting adjourned at 12:50 pm.