



Department of Medicaid

OHIO DEPARTMENT OF MEDICAID

Pharmacy & Therapeutics Committee

GoToMeeting

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January 13th, 2021

10:00 AM

MEETING MINUTES

Committee Members Present:

Scott Baran, RPh

Mary Ann Dzurec, PharmD

Suzanne Eastman, RPh, MS Vice Chair

Jennifer Gwilym, DO

Stephen Hersey, MD

Karen Jacobs, DO Chair

Nathan Samsa, DO, PharmD

Ohio Medicaid Staff Present:

Tracey Archibald, PharmD

Michelle Barger, PharmD

Sean Eckard, Pharm D

Contract Staff/Change Healthcare Staff Present:

Jill RK Griffith, BS, PharmD

Jacqueline Hedlund, MD

Steve Liles, PharmD

Gail Master, RPh

Philip Verret, PharmD

The Pharmacy & Therapeutics Committee had 72 attendees, most representing pharmaceutical manufacturers.

I. Call to Order

Dr. Jacobs called the meeting to order at 10:02 A.M.

II. Introductions

Scott Baran welcomed the Pharmacy & Therapeutics (P&T) Committee members and all guests in the audience. He also announced the resignation of Susan Baker from the P&T Committee.

The committee members each introduced themselves.

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III. **Approval of the September 30th, 2020 Meeting Minutes**

The minutes from the prior P&T meeting were reviewed and approved by the Committee.

IV. **Administrative Matters**

Conflict of interest statement was reviewed. All members have signed this statement this year.

V. **Department of Medicaid Update**

S. Baran announced that the Ohio Department of Medicaid (ODM) has been working to implement the “Pharmacists as Providers” initiative that reimburses pharmacists for clinical services provided to members. ODM will begin enrolling and reimbursing pharmacists in the next week. Through this program, pharmacists may receive payment for three clinical services: managing drug therapy under a consult agreement, administering immunizations, and administering certain other injectable medications.

Also, enrolled pharmacies can begin submitting claims for COVID-19 point-of-care testing. With the completion of this project, pharmacies are now able to perform COVID-19 testing via two mechanisms: a “swab and send” model in partnership with a clinical laboratory, or via rapid testing at the pharmacy.

S. Baran then announced that the Centers for Medicare and Medicaid Services (CMS) Federal Fiscal Year (FFY) 2019 Annual DUR Report has been submitted and a summary of the States responses have been posted to the [Medicaid.gov](https://www.medicaid.gov) website. This was the second year that Managed Care Plans submitted reports in addition to Fee-For-Service reports.

Next, every two years ODM conducts a Cost of Dispensing Survey. The survey is administered to ODM enrolled pharmacies and the final 2020 report has been posted on the Medicaid Pharmacy website.

Also, S. Baran announced Gainwell Technologies as the vendor for the agency’s Single Pharmacy Benefits Manager (SPBM). This news is the culmination of a 2019 Ohio Legislature directive for ODM to select and contract with a single PBM (SPBM) to improve management and administration of pharmacy benefits for managed care members.

Lastly, S. Baran announced that the format of the Unified Preferred Drug List (UPDL) has been updated. This new format is now viewable on ODM’s website.



VI. Drug Manufacturer Presentations

- a. Shikha Polega, Pharm. D. representing Zogenix Fintepla (fenfluramine)
b. John Deason, Pharm. D., MBA representing Neurocrine Biosciences Ongentys (opicapone)
c. Aimee Metzner, Pharm D., AAHIVP representing ViiV Healthcare Rukobia ER (fostemasavir)
d. Domenic Mantella, Pharm. D., MBA representing Novartis Kesimpta (ofatumumab)
e. Lisa C. Willshaw, Pharm. D., representing AstraZeneca Breztri Aerosphere (budesonide, glycopyrrolate and formoterol)

VII. Unified Preferred Drug List (PDL) Proposal

a. Central Nervous System (CNS) Agents, Anticonvulsants: Fintepla (fenfluramine HCl Solution), Zogenix, Inc.

Dr. Hedlund provided a clinical overview of Fintepla. ODM recommended Fintepla as "Non-Preferred, PA Required". The committee voted and recommended the proposed category as shown below:

Table with 2 columns: PREFERRED and NON-PREFERRED. Lists various anticonvulsants under the heading 'Central Nervous System (CNS) Agents: Anticonvulsants'. Fintepla is highlighted in the NON-PREFERRED column.

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b. Central Nervous System (CNS) Agents, Multiple Sclerosis: Bafiertam (monomethyl fumarate capsule), Banner Life Sciences LLC and Kesimpta (ofatumumab injection), Novartis
Dr. Hedlund provided a clinical overview of Bafiertam and Kesimpta. ODM recommended Bafiertam and Kesimpta as “Non-Preferred, PA Required”. The committee voted and recommended the proposed category as shown below:

Central Nervous System (CNS) Agents: Multiple Sclerosis	
PREFERRED	NON-PREFERRED
Aubagio	Bafiertam
Avonex	Extavia
Betaseron	Glatopa
Copaxone ^{BVG}	Kesimpta
Dalfampridine	Mavenclad
Gilenya	Mayzent ^{QL}
Rebif	Plegridy
	Tecfidera ^{BVG}
	Vumerity
	Zeposia



c. Central Nervous System (CNS) Agents, Parkinson’s Agents: Ongentys (opicapone capsule), Neurocrine Biosciences, Inc.

Dr. Hedlund provided a clinical overview of Ongentys. ODM recommended Ongentys as “Non-Preferred, PA Required”. The committee voted and recommended the proposed category as shown below:

Central Nervous System (CNS) Agents: Parkinson's Agents	
PREFERRED	NON-PREFERRED
Amantadine	Apokyn
Carbidopa	Azilect
Carbidopa/Levodopa	Carbidopa/Levodopa Dispersible Tablets
Entacapone	Carbidopa/Levodopa/Entacapone
Pramipexole	Gocovri
Ropinirole	Inbrija
Selegiline	Kynmobi
Amantadine	Neupro
	Nouriaz
	Ongentys
	Osmolex ER
	Pramipexole ER
	Ropinirole ER
	Rytary
	Tolcapone
	Xadago
	Zelapar



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d. Endocrine Agents, Diabetes – Insulin: Semglee (insulin glargine injection), Mylan

Dr. Hedlund provided a clinical overview of Semglee. ODM recommended Semglee as “Non-Preferred, PA Required”. The committee voted and recommended the proposed category as shown below:

Endocrine Agents: Diabetes – Insulin	
PREFERRED	NON-PREFERRED
Humalog Mix 50/50, 75/25	Admelog
Humulin 70/30	Afrezza
Humulin R	Apidra
Insulin Aspart	Basaglar
Insulin Aspart Protamine/Insulin Aspart (Authorized Generic)	Fiasp
Insulin Lispro	Humulin N
Lantus	Lyumjev
Levemir	Novolin N
Novolin 70/30	Semglee
Novolin R	Toujeo
Tresiba ST	



e. Gastrointestinal Agents, Ulcerative Colitis Agents: Ortikos ER (budesonide capsule), Ferring Pharmaceuticals Inc.

Dr. Hedlund provided a clinical overview of Ortikos ER. ODM recommended Ortikos ER as “Non-Preferred, PA Required”. The committee voted and recommended the proposed category as shown below:

Gastrointestinal Agents: Ulcerative Colitis Agents	
PREFERRED	NON-PREFERRED
Balsalazide Disodium	Dipentum
Lialda ^{BVG}	Giazo
Mesalamine Dr Cap	Mesalamine DR Tab
Mesalamine Enema	Mesalamine Enema
Mesalamine ER	Mesalamine Supp
Pentasa	Ortikos ER
Sulfasalazine	Uceris



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f. Infectious Disease Agents, Antivirals – HIV: Rukobia ER (fostemsavir tablet), ViiV Healthcare Company

Dr. Hedlund provided a clinical overview of Rukobia ER. ODM recommended Rukobia ER as “Non-Preferred, PA Required”. The committee voted and recommended the proposed category as shown below:

Infectious Disease Agents: Antivirals – HIV	
PREFERRED	NON-PREFERRED
Abacavir Sulfate	Abacavir Susp
Abacavir/Lamivudine	Abacavir/Lamivudine/Zidovudine
Atazanavir Sulfate	Aptivus
Atripla ^{BVG}	Didanosine
Biktarvy	Edurant
Cimduo	Fuzeon
Complera	Intelligence
Delstrigo	Lamivudine
Descovy	Lamivudine/Zidovudine
Dovato	Lexiva
Efavirenz	Nevirapine
Emtriva ^{BVG}	Rukobia ER
Evotaz	Selzentry
Genvoya	Stavudine
Isentress	Stribild
Juluca	Symtuza
Kaletra	Tybost
Norvir	Viracept
Odefsey	Viread 250mg
Pifeltro	
Prezcobix	
Prezista	
Ritonavir	
Symfi ^{BVG}	
Symfi Lo ^{BVG}	
Temixys	
Tenofovir Disoproxil	
Tivicay	
Tivicay Pd	
Triumeq	
Truvada ^{BVG}	
Viread 150mg	
Viread Oral Powder	
Zidovudine	

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g. Respiratory Agents – Inhaled Agents: Airduo Digihaler (fluticasone and salmeterol), Teva Respiratory LLC, Armonair Digihaler (fluticasone propionate), Teva Respiratory LLC, and Breztri Aerosphere (budesonide, glycopyrrolate and formoterol), AstraZeneca Pharmaceuticals LP

Dr. Hedlund provided a clinical overview of Airduo Digihaler, Armonair Digihaler, and Breztri Aerosphere. ODM recommended Airduo Digihaler, Armonair Digihaler, and Breztri Aerosphere as “Non-Preferred, PA Required”. The committee voted and recommended the proposed category as shown below:

Respiratory Agents: Inhaled Agents	
PREFERRED	NON-PREFERRED
Albuterol HFA (authorized generic)	Advair HFA
Asmanex Twisthaler	Aerospan HFA
Atrovent HFA	Airduo Digihaler
Bevespi Aerosphere	Airduo Respiclick
Budesonide Nebulizer Solution ^{AR}	Armonair Digihaler
Combivent Respimat	Alvesco
Dulera	Anoro Ellipta
Flovent	Armonair Respiclick
Ipratropium	Arnuity Ellipta
Ipratropium/Albuterol Nebulizer Sol	Asmanex HFA
Proair Respiclick	Breztri
Pulmicort Flexhaler	Breo Ellipta
Salmeterol/Fluticasone (authorized generic)	Budesonide Nebulizer Sol
Serevent Diskus	Duaklir Pressair
Spiriva	Incruse Ellipta
Symbicort ^{BVG}	Levalbuterol Nebulizer Sol
	Lonhala Magnair
	Perforomist
	Proair Digihaler
	Qvar
	Stiolto
	Striverdi Respimat
	Trelegy Ellipta
	Tudorza
	Wixela Inhub
	Xopenex HFA
	Yupelri

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VIII. Next Meeting Dates

S. Baran announced the next meeting dates.

Wednesday, April 14th, 2021

Wednesday, July 14th, 2021

Wednesday, October 6th, 2021

IX. Other

The committee asked if the UPDL could also include subcategories that would be organized by mechanism of action and also asked if the Gastrointestinal Agents: Ulcerative Colitis Agents could be renamed to Gastrointestinal Agents: Inflammatory Bowel Agents.

The committee acknowledged and thanked Susan Baker for the years of service she provided to the Pharmacy & Therapeutics Committee.

X. Adjournment

Dr. Jacobs adjourned the meeting at 11:16 A.M.