Ohio
Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

OHIO DEPARTMENT OF MEDICAID (ODM)
Pharmacy & Therapeutics Committee
Ohio Department of Medicaid, 50 W. Town Street, Room C621 Columbus, OH
April 12, 2017
10:00 AM
MINUTES

Committee Members Present:
Susan Baker, CNP
Mary Ann Dzurec, PharmD
Jennifer Gwilym, DO
Jennifer Hauler, DO
Karen Jacobs, DO, Chair
Margaret Scott, RPh

Committee Members Not Present:
Suzanne Eastman, RPh
Sandra Hrometz PhD, RPh
Melissa Jefferis, MD

Contract Staff/Change Healthcare Staff Present:
Jeffrey Barkin, DO
Ben Link, PharmD
Gail Master, RPh

Also present were approximately 37 observers, most representing pharmaceutical manufacturers. Representatives of Change Healthcare in the audience were Chad Bissel, PharmD, MBA and Jill RK Griffith, BS, PharmD.

I. Call to Order

Karen Jacobs, DO, called the meeting to order at 10:08 AM

II. Introductions

Dr. Jacobs welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience. All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations.

III. Administrative Matters

a. Conflict of Interest Statements

Review of the annual conflict of interest policy was initiated by Ms. Scott. Committee members reviewed and signed their respective conflict of interest statements.

b. Ms. Scott announced that ODM pharmacist Mike Howcroft had retired.

v. Department of Medicaid Update

Ms. Scott reviewed changes to the Ohio Administrative Codes, which were effective April 1st. Changes include updates to payment methodology to pay based on product acquisition cost to pharmacies with a tiered professional dispensing fees based upon pharmacy volume as well as changes to refill intervals.

Ms. Scott provided information relating to the state biennial budget. As part of the Executive budget proposal, ODM has requested the ability for the P&T Committee to evaluate cost effectiveness as a part of their Preferred Drug List (PDL) evaluation and a single PDL across all Ohio Medicaid Managed Care and Fee-for-Service plans. With these changes, the P&T Committee will be able to consider cost of drugs within a PDL drug class, and the recommendations made by the Committee will impact all 3 million people covered by Medicaid.

Discussion was held relating to the Governor's initiatives on opioids including limiting days supply on acute opioid prescriptions. Additional discussion included the proposed requirement that prescribers include a diagnosis on all controlled substance prescriptions, which pharmacies will be required to submit to the Ohio Automated Rx Reporting System (OARRS).

Dr. Jacobs asked whether interested parties can oppose the single PDL. Ms. Scott indicated that there was no known current opposition to the single PDL but the budget bill won't be final until the end of June.

V. Approval of January 11th, 2017, Meeting Minutes

The minutes from the prior P&T meeting were approved. Dr. Gwilym moved to approve the minutes, seconded by Ms. Baker.

VI. Drug Class Announcements

Dr. Link announced that there were no drug class updates.

VI. Interested Party Presentations

No interested party presentations were made.

VII. Preferred Drug List (PDL) Proposal

a. Blood Formation, Coagulation and Thrombosis Agents: Oral Anticoagulants: Yosprala™ (aspirin/omeprazole)

Change Healthcare reviewed the clinical information of Yosprala™ and following a review of the information recommended Yosprala™ as non-preferred.
Votes were taken and the committee approved the proposed category, shown below.

APPROVAL CRITERIA:

1. Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:
   - Allergy to medications not requiring prior approval
   - Contraindication to all medications not requiring prior approval
   - History of unacceptable/toxic side effects to medications not requiring prior approval
2. Has the patient failed a therapeutic trial of two weeks with one medication not requiring prior approval?

BLOOD AGENTS: ORAL ANTICOAGULANTS

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ELIQUIS® (apixaban) PRADAXA® (dabigatran) WARFARIN (generic of Coumadin®) XARELTO® (rivaroxaban) *	SAVAYSA® (edoxaban)

* Note: Duration limit of 35 days applies to Xarelto 10mg tablets, see Heparin-Related Preparations for details

BLOOD AGENTS: PLATELET AGGREGATION INHIBITORS

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ASPIRIN BRILINTA® (ticagrelor) CLOPIDOGREL (generic of Plavix®) EFFIENT® (prasugrel) ~~WARFARIN (generic of Coumadin®)~~	DURLAZA® (aspirin ER capsule) YOSPRALA™ (aspirin/omeprazole) ZONTIVITY® (vorapaxar sulfate)

b. Endocrine Agents: Diabetes Adjunctive Therapy: Adlyxin™ (lixisenatide)

Shanna Price, MSN, CNP presented on behalf of Sanofi US. Change Healthcare reviewed the clinical information of Adlyxin™ and following a review of the information recommended Adlyxin™ as non-preferred. Change Healthcare also recommended that the trial of preferred agents be increased from one to two. Following a brief discussion regarding the cardiovascular data for Adlyxin™ votes were taken and the approved the proposed category, shown below.

LENGTH OF AUTHORIZATIONS: 6 months

All drugs in this class require step therapy: Patient must have a claim for an oral hypoglycemic or insulin in the previous 120 days. Refills require continued use of oral hypoglycemics and/or insulin.

1. Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:
   - Allergy to medications not requiring prior approval
   - Contraindication to or drug interaction with medications not requiring prior approval
   - History of unacceptable/toxic side effects to medications not requiring prior approval
   - Condition is difficult to control (i.e. prone to ketoacidosis, hypoglycemia)

2. The requested medication may be approved if there has been a therapeutic failure to at least ~~one~~ two medications within the same class not requiring prior authorization.

ENDOCRINE AGENTS: DIABETES – AMYLIN ANALOGS

STEP THERAPY REQUIRED "PREFERRED"	PA REQUIRED
SYMLIN® (pramlintide)	

ENDOCRINE AGENTS: DIABETES – INCRETIN MIMETICS

STEP THERAPY REQUIRED "PREFERRED"	PA REQUIRED
BYDUREON® (exenatide) BYETTA™ (exenatide) VICTOZA® (liraglutide)	ADLYXIN™ (lixisenatide) SOLIQUA™ 100/33 (insulin glarginie/lixisenatide) TANZEUM™ (albiglutide) TRULICITY® (dulaglutide)

c. Endocrine Agents: Diabetes Adjunctive Therapy: Soliqua™ 100/33 (insulin glargine/lixisenatide)

Shanna Price, MSN, CNP presented on behalf of Sanofi US. Change Healthcare reviewed the clinical information of Soliqua™ and following a review of the information recommended Soliqua™ as non-preferred. Votes were taken and the committee approved the proposed category, shown below.

LENGTH OF AUTHORIZATIONS: 6 months

All drugs in this class require step therapy: Patient must have a claim for an oral hypoglycemic or insulin in the previous 120 days. Refills require continued use of oral hypoglycemics and/or insulin.

1. Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:
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VIII. Other Business

Because of the proposal to have a single PDL for the entire Ohio Medicaid program, Dr. Link asked Committee members what demographic data about individuals of the Ohio Medicaid program would be useful for the Committee to make recommendations for the single PDL that would be effective in January 2018. Change Healthcare will provide demographic information at the 3rd quarter meeting to be prepared for the full PDL review at the 4th quarter meeting. Committee members expressed an interest in reviewing the top drugs by utilization and cost, number of individuals within age groups, with an analysis of the most common diagnoses and drugs within each age group, as well as information regarding number of prescriptions aligned to the current preferred and non-preferred status of medications.

IX. Next Meeting Dates:

Proposed meeting dates for the remainder of the year were discussed but not finalized.

X. Adjournment

Dr. Jacobs adjourned the meeting at 10:56 AM.

4/17/2017: Following the meeting, ODM accepted the Committee's recommendations.