Connecticut Medicaid P&T Meeting Minutes – December 2, 2010

The meeting started at 6:34 pm

Attendance

Present Members:  
Carl Sherter, MD  
Peggy Manning Memoli, Pharm D  
Eric Einstein, MD  
Charles Thompson, MD  
Manage Nissanka, MD  
Richard Carbray, Jr. RPh  
Emmett Sullivan, RPh  
Elizabeth Rodriguez, RN  
Stella Cretella  

DSS:  
Evelyn Dudley  
Jim Zakszewski, RPh  
Jason Gott, RPh  
Robert Zavoski, MD  

HP/Provider Synergies:  
Chris Andrews, Pharm D  
Joy DeNardo, RPh  
Ellen Arce, RPh  
Deborah Gallagher

Absent Members:  
Deborah Gallagher  
Lawrence Sobel, RPh  
Hilda Slivka, MD  
Ezra Griffith, MD  
Tsampika (Beka) Apostolidis

Opening remarks:  
Evelyn Dudley made the following announcements:  

- Connecticut has joined Provider Synergies’ multi-state initiative, TOP$ (The Optimal Preferred Drug List (PDL) SolutionSM). Chris Andrews will provide an overview of the program.

TOP$ Overview:  
Chris Andrews explained that TOP$ was initiated in 2005 and that Connecticut is the eighth state to join the program. The current group of states, CT, DE, ID, LA, MD, NE, PA and WI, cover about 4.5 million Medicaid recipients. 71 drug classes were reviewed in 2010 under the TOP$ program. These classes are reviewed in two to four P & T Committee meetings, depending upon the state’s choice, typically in the months prior to the January 1st and July 1st implementation dates. For example, for our first TOP$ review with a July, 1 2011 implementation date, the P & T Committee can either have one or two P & T Committee meeting(s) in May and/or June of 2011. Each state in the TOP$ program maintains its own PDL and has the ability to make its own decisions regarding each product, independent of the other states in the TOP$ program, in order to account for different practice settings, utilization and financial drivers in each state.

Approval of minutes:  
Committee members approved the meeting minutes from the September 2, 2010 meeting.
Public Presentations:
Michael Masamitsu, PharmD of Amgen addressed the committee regarding the use of Neupogen and Neulasta. Dawn Holcombe of the Connecticut Oncology Association addressed the committee regarding the use of the Neupogen and Neulasta. Patricia DeFusco, MD addressed the committee regarding the use of the Colony Stimulating Factors and Antiemetics for oncology patients. Ilja Hulinsky, MD addressed the committee regarding the use of the Androgenic Agents. Jeffery Olson, PharmD of Gilead addressed the committee regarding the use of Cayston. R. Frederic Knauft, MD addressed the committee regarding the use of the Inhaled Antibiotics, especially in regards to Cystic Fibrosis patients.

Propoxyphene:
The FDA has recommended that the manufacturer of Darvon (prooxyphene) and Darvocet (prooxyphene/acetaminophen), Xanodyne Pharmaceuticals Inc., cease distribution and remove their products from the U.S. market due to new clinical data that shows an increased risk of potentially serious or even fatal heart rhythm abnormalities. The committee agreed that these products could remain on the PDL at this time since providers will be switching patients to other alternatives and utilization should decrease as a result.

New Generics:
Chris Andrews informed the committee members regarding the following new generic products:
- The generics for Accolate (zafirlukast), Ambien CR (zolpidem CR), Diastat (diazepam rectal), Prevacid Solutab (lansoprazole) and Opana (oxymorphone) were recommended to be non-preferred products.
The Committee motioned to approve and accept Provider Synergies’ recommendations. The motion was passed unanimously.

Therapeutic Class Reviews:
Chris Andrews, from Provider Synergies, presented clinical data and financial analysis, as well as answered questions from committee members on the following thirteen therapeutic classes. Outcomes and votes are recorded below by class:

Androgenic Agents
Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He also noted that there has been no new significant information pertaining to this class. The recommendations for the Medicaid PDL are that Androderm and Androgel are preferred and Testim is non-preferred. Stella Cretella motioned to approve and accept Provider Synergies' recommendations as presented for the Medicaid PDL with Richard Carbray seconding. The motion was passed unanimously.

ON Medicaid PDL: Androderm, Androgel
OFF Medicaid PDL: Testim
**Antibiotics, Inhaled**
Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He also noted that Cayston is indicated to improve respiratory symptoms in patients with Cystic Fibrosis with *Pseudomonas aeruginosa*. The recommendations for the Medicaid PDL are that TOBI is preferred and Cayston is non-preferred. Dr. Thompson motioned to approve and accept Provider Synergies’ recommendations with the addition of Cayston as preferred for the Medicaid PDL with Elizabeth Rodriguez seconding. The motion was passed unanimously.

**ON Medicaid PDL:**  Cayston, TOBI  
**OFF Medicaid PDL:**  None

**Antiemetics**
Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He also noted that the 2010 National Comprehensive Cancer network (NCCN) Antiemesis guidelines state that oral antiemetics remain equally effective, safe, and more convenient than other routes of administration. The recommendations for the Medicaid PDL are that are Emend, Marinol and ondansetron tablets preferred and Anzemet, Cesamet, dronabinol, granisetron, Granisol, Kytril, ondansetron ODT and solution, Sancuso, Zofran ODT, solution and tablets, and Zuplenz are non-preferred. Dr. Thompson motioned to approve and accept Provider Synergies’ recommendations with the addition of ondansetron ODT and solution as preferred for the Medicaid PDL with Elizabeth Rodriguez seconding. The motion was passed unanimously.

**ON Medicaid PDL:**  Emend, Marinol, ondansetron ODT, solution and tablets  
**OFF Medicaid PDL:**  Anzemet, Cesamet, dronabinol, granisetron, Granisol, Kytril, Sancuso, Zofran ODT, solution and tablets, Zuplenz

**Antivirals, Topical**
Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He noted that Xerese, acyclovir/hydrocortisone, is indicated for the early treatment of recurrent herpes labialis to reduce the possibility of ulcerative cold sores and to decrease the lesion healing time in adults and children ages 12 and older. The recommendations for the Medicaid PDL are that Denavir and Zovirax ointment are preferred and Xerese and Zovirax cream are non-preferred. Stella Cretella motioned to approve and accept Provider Synergies’ recommendations for the Medicaid PDL with Richard Carbray seconding. The motion was passed unanimously.

**ON Medicaid PDL:**  Denavir, Zovirax ointment  
**OFF Medicaid PDL:**  Xerese, Zovirax cream
**Colony Stimulating Factors**

Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He also noted that the 2010 National Comprehensive Cancer network (NCCN) guidelines for myeloid growth factors note that there is a lack of comparative studies between agents in this class and that safety, tolerability and efficacy data appear similar between Neupogen and Neulasta. The recommendations for the Medicaid PDL are that Leukine and Neupogen are preferred and Neulasta is non-preferred. Dr. Thompson motioned to approve and accept Provider Synergies’ recommendations with the addition of Neulasta as preferred for the Medicaid PDL with Stella Cretella seconding. The motion was passed with a vote of 5 in favor and 4 against.

**ON Medicaid PDL:** Leukine, Neulasta, Neupogen

**OFF Medicaid PDL:** None

**H. Pylori Agents**

Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He also noted that there has been no new significant information pertaining to this class. The recommendations for the Medicaid PDL are that Helidac is preferred and Prevpac and Pylera are non-preferred. Dr. Einstein questioned why Prevpac, with a large market share, was not recommended to be preferred. Chris Andrews explained that Helidac in combination with a proton pump inhibitor would be a more cost-effective, yet equally effective treatment. Dr. Einstein motioned to approve and accept Provider Synergies’ recommendations for the Medicaid PDL as presented with Richard Carbray seconding. The motion was passed unanimously.

**ON Medicaid PDL:** Helidac

**OFF Medicaid PDL:** Prevpac, Pylera

**Ophthalmic Anti-Inflammatories**

Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He also noted that there has been no new significant information pertaining to this class. The recommendations for the Medicaid PDL are that dexamethasone, diclofenac, Flarex, fluorometholone, flurbiprofen, FML SOP, FML Forte, Lotemax, Maxidex, Pred Mild, and prednisolone are preferred and Acular LS, Acuvail, Ak-Dex, Bromday, Durezol, Econopred Plus, FML, ketorolac, ketorolac LS, Nevanac, Ocufer, Omnipred, Ozurdex, Pred Forte, Retisert, Triesence, Vexol, Voltaren, and Xibrom are non-preferred. Richard Carbray motioned to approve and accept Provider Synergies’ recommendations as presented for the Medicaid PDL with Dr. Einstein seconding. The motion was passed unanimously.

**ON Medicaid PDL:** dexamethasone, diclofenac, Flarex, fluorometholone, flurbiprofen, FML SOP, FML Forte, Lotemax, Maxidex, Pred Mild, prednisolone

**OFF Medicaid PDL:** Acular LS, Acuvail, Ak-Dex, Bromday, Durezol, Econopred Plus, FML, ketorolac, ketorolac LS, Nevanac, Ocufer, Omnipred, Ozurdex, Pred Forte, Retisert, Triesence, Vexol, Voltaren, Xibrom
**Pancreatic Enzymes**

Chris Andrews presented the evaluation and recommendation for this class. He noted that the FDA required manufacturers of pancreatic enzyme drug products to submit new drug applications by April 2009 with the intent of giving approval by April 2010. The current products being reviewed in this class are those that have received FDA approval. The recommended changes to this class for the Medicaid PDL would be the addition of Pancreaze and Zenpep and the removal of Pancrease MT, Pancrecarb MS, Ultrace and Viokase. Stella Cretella motioned to approve and accept Provider Synergies’ recommendations for the Medicaid PDL as presented with Dr. Thompson seconding. The motion was passed unanimously.

**ON Medicaid PDL:** Creon, Pancreaze, pancrelipase, Zenpep

**OFF Medicaid PDL:** Pancrease MT, Pancrecarb MS, Plaretase, Ultrace, Viokase

**Steroids, Topical – High Potency**

Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He noted that there has been no new significant information pertaining to this class. The recommendations for the Medicaid PDL are that betamethasone dipropionate, betamethasone valerate, fluocinonide, fluocinonide-E, fluocinonide emollient, and triamcinolone acetonide are preferred and amcinonide, Apexicon, Beta-Val, desoximetasone, diflorasone diacetate, Diprolene, Halog, Kenalog aerosol, Topicort, Triderm, and Vanos are non-preferred. Stella Cretella motioned to approve and accept Provider Synergies’ recommendations for the Medicaid PDL as presented with Dr. Thompson seconding. The motion was passed unanimously.

**ON Medicaid PDL:** betamethasone dipropionate, betamethasone valerate, fluocinonide, fluocinonide-E, fluocinonide emollient, triamcinolone acetonide

**OFF Medicaid PDL:** amcinonide, Apexicon, Beta-Val, desoximetasone, diflorasone diacetate, Diprolene, Halog, Kenalog aerosol, Topicort, Triderm, Vanos

**Steroids, Topical – Low Potency**

Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He noted that there has been no new significant information pertaining to this class. The recommendations for the Medicaid PDL are that aclometasone dipropionate, Capex shampoo, Derma-Smoothe FS, desonide, and hydrocortisone are preferred and Alovate, Ala-Cort, Ala-Scalp HP, Carmol HC, Cortalo, Desonate, Desonil + Plus, Desowen, Lokara, Nucort, Nuzon, Pediaderm HC/TA, Scalacort, Texacort, U-Cort, and Verdeso are non-preferred. Richard Carbray motioned to approve and accept Provider Synergies’ recommendations for the Medicaid PDL as presented with Dr. Nissanka seconding. The motion was passed unanimously.

**ON Medicaid PDL:** aclometasone dipropionate, Capex shampoo, Derma-Smoothe FS, desonide, hydrocortisone

**OFF Medicaid PDL:** Alovate, Ala-Cort, Ala-Scalp HP, Carmol HC, Cortalo, Desonate, Desonil + Plus, Desowen, Lokara, Nucort, Nuzon, Pediaderm HC/TA, Scalacort, Texacort, U-Cort, Verdeso
**Steroids, Topical – Medium Potency**

Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He noted that there has been no new significant information pertaining to this class. The recommendations for the Medicaid PDL are that fluocinolone acetonide, fluticasone propionate, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, and prednicarbate are preferred and Cloderm, Cordran, Cordran Tape, Cutivate, Dermatop, Elocon, Locoid, Luxiq, Momexin, Pandel, and Westcort are non-preferred. Dr. Einstein motioned to approve and accept Provider Synergies’ recommendations for the Medicaid PDL as presented with Emmett Sullivan seconding. The motion was passed unanimously.

**ON Medicaid PDL:** fluorocinolone acetonide, fluticasone propionate, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate

**OFF Medicaid PDL:** Cloderm, Cordran, Cordran Tape, Cutivate, Dermatop, Elocon, Locoid, Luxiq, Momexin, Pandel, Westcort

**Steroids, Topical – Very High Potency**

Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He noted that there has been no new significant information pertaining to this class. The recommendations for the Medicaid PDL are that clobetasol emollient, clobetasol propionate, and halobetasol propionate are preferred and Clobex, Cormax, Embeline, Halac, Halonate, Olux, Olux-E, Olux-Olux-E, Temovate, and Ultravate are non-preferred. Stella Cretella motioned to approve and accept Provider Synergies’ recommendations for the Medicaid PDL as presented with Emmett Sullivan seconding. The motion was passed unanimously.

**ON Medicaid PDL:** clobetasol emollient, clobetasol propionate, halobetasol propionate

**OFF Medicaid PDL:** Clobex, Cormax, Embeline, Halac, Halonate, Olux, Olux-E, Olux-Olux-E, Temovate, Ultravate

**Tetracyclines, Oral**

Chris Andrews presented the evaluation and recommendation for this class. He noted that this is a new class being added to the PDL. He noted that there has been no new significant information pertaining to this class. The recommendations for the Medicaid PDL are that doxycycline hyclate, doxycycline monohydrate, minocycline capsules, Nutridox, Oracea, Solodyne, tetracycline, and Vibramycin suspension are preferred and Adoxa, Avidoxy, demeclocycline, Doryx, doxycycline hyclate DR, Dynacin, Minocin, minocycline ER, minocycline tablets, Monodox, Periostat, Vibramycin capsules, and Vibra-Tabs are non-preferred. Stella Cretella motioned to approve and accept Provider Synergies’ recommendations for the Medicaid PDL as presented with Richard Carbray seconding. The motion was passed unanimously.

**ON Medicaid PDL:** doxycycline hyclate, doxycycline monohydrate, minocycline capsules, Nutridox, Oracea, Solodyne, tetracycline, Vibramycin suspension
**OFF Medicaid PDL:** Adoxa, Avidoxy, demeclocycline, Doryx, doxycycline hyclate DR, Dynacin, Minocin, minocycline ER, minocycline tablets, Monodox, Periostat, Vibramycin capsules, Vibra-Tabs

**Recommendations for next class reviews:**
Provider Synergies provided the TOP$ class review listing which is attached at the end of the minutes. A legislative change is required to eliminate the quarterly P & T Committee meeting requirement so a March, 2011 meeting will need to be held. There will not be any TOPS classes reviewed at the March meeting. Connecticut will not review the class of medications used to treat HIV/AIDS, since these products are exempt from the CT Medicaid PDL.

**Schedule next meeting:**
Committee members agreed on Thursday, March 3, 2011 for the next P & T meeting and subsequent tentative 2011 meeting dates are:
- Thursday, June 2, 2011
- Thursday, September 1, 2011
- Thursday, December 1, 2011

**Other Business:**
Dr. Thompson inquired about the results of the provider survey that was supposed to be distributed by the CT Medicaid Managed Care Council Consumer Access Subcommittee last year. We have not received any information on the survey results as of this time. Dr. Thompson will contact Christine Bianchi, one of the co-chairs for the subcommittee.
Stella Cretella inquired about Prior Authorization (PA) data that the committee requested. Joy DeNardo and Ellen Arce responded that the PA data was provided at the 6/3/10 meeting.

Meeting adjourned at 8:07pm
### MAY
- Acne agents, topical
- Analgesics, narcotics long
- Analgesics, narcotics short
- Androgenic agents
- Angiotensin modulator combinations
- Angiotensin modulators
- Antibiotics, GI
- Antibiotics, inhaled
- Antibiotics, topical
- Antibiotics, vaginal
- Anticoagulants
- Antiemetics/antivertigo agents
- Antifungals, oral
- Antifungals, topical
- Antimigraine agents
- Antiparastics, topical
- Antivirals, oral
- Antivirals, topical
- Beta-blockers
- Bladder relaxant preparations
- Bone resorption suppression and related agents
- BPH treatments
- Calcium channel blockers
- Cephalosporins and related antibiotics
- Colony stimulating factors
- Contraceptives, oral
- Diabetic supplies
- Erythropoiesis stimulating proteins
- Fluoroquinolones, oral
- Growth hormone
- H. pylori agents
- Hepatitis C agents
- HIV/AIDS
- Hypoglycemics, incretin mimetics/enhancers
- Hypoglycemics, insulin
- Hypoglycemics, meglitinides
- Hypoglycemics, T2D
- Immunosuppressants
- Lipotropics, other
- Lipotropics, statins
- Macrolides/ketolides
- Multiple sclerosis agents
- Opiate dependence
- PAH agents, oral
- Pancreatic enzymes
- Phosphate binders
- Platelet aggregation inhibitors
- Prenatal vitamins
- Proton pump inhibitors
- Skeletal muscle relaxants
- Tetracyclines, oral
- Ulcerative colitis agents

### NOVEMBER
- Alzheimer's agents
- Analgesics/anesthetics, topical
- Anticonvulsants
- Antidepressants, other
- Antidepressants, SSRIs
- Antihistamines, minimally sedating
- Antihyperuricemics, oral
- Antiparkinson's agents
- Antipsychotics
- Bile salts
- Botulinum toxins
- Bronchodilators, anticholinergic
- Bronchodilators, beta agonist
- Cough and cold, cold
- Cough and cold, non-narcotic
- Cytokine and CAM antagonists
- Epinephrine, self-injected
- Fibromyalgia agents
- Glucocorticoids, inhaled
- Immunomodulators, atopic dermatitis
- Intranasal rhinitis agents
- Leukotriene modifiers
- NSAIDs
- oncology agents, oral
- Ophthalmic antibiotics/steroid combinations
- Ophthalmic antibiotics
- Ophthalmic antiinflammatories
- Ophthalmics for allergic conjunctivitis
- Ophthalmics, glaucoma agents
- Otic antibiotics
- Otic anti-infectives
- Sedativehypnotics
- Smoking cessation
- Steroids, topical - high potency
- Steroids, topical – low potency
- Steroids, topical – medium potency
- Steroids, topical – very high potency
- Stimulants and related agents