Pharmacy and Therapeutics (P&T) Committee Meeting Record

Date: May 18, 2018

Time: 9:00 a.m. – 1:54 p.m. **Location:** Idaho Medicaid, 3232 Elder Street, Boise, Idaho, 83705, Conference Room D

Moderator: Mark Randleman, M.D.

Committee Members Present: Mark Randleman, MD; Tami Eide, PharmD; Andrei Rudyi, PharmD; Paul Driver, PharmD; Perry Brown, Jr., MD; David Calley, PharmD; Joseph Weatherly, MD; Jeffery Johnson, PA, PharmD; Brian Crownover, MD

Committee Members Absent: Alex Adams, PharmD.

Others Present: Sarah Martinez, PharmD, Magellan Health Services; Jane Gennrich, PharmD, Division of Medicaid; Chris Johnson, PharmD, Division of Medicaid; Keshia Schneider, Division of Medicaid; Mark England, PharmD, Magellan Medicaid Administration; Ashley Fretwell, Division of Medicaid.

AGENDA ITEMS	PRESENTER	OUTCOME/ACTIONS
CALL TO ORDER	*Mark Randleman, MD*	*Dr. Randleman called the meeting to order.*
Committee Business		
➢ *Roll Call*	*Mark Randleman, MD*	Dr. Randleman completed the roll call and welcomed the P&T Committee members.
➢ *Reading of Mission and Confidentiality Statements*	*Mark Randleman, MD*	Dr. Randleman read the Mission and Confidentiality Statements.
➢ *Approval of Minutes from April 20, 2018 Meeting*	*Mark Randleman, MD*	The April 20, 2018 minutes were reviewed. The minutes were approved.
Idaho Opioid Equivalent Dosing Project Update	*Mark England, PharmD Magellan Medicaid Administration*	**Idaho Opioid Equivalent Dosing Project** Dr. England updated the Committee on the ongoing Idaho Opioid Equivalent Dosing

		Project. He reported that IDHW Pharmacy continues to manage Opioid utilization by: • Quantity limits on all opioid drugs • Prior authorization on specific State Drug Classes and • Medication profile review and educational outreach to prescribers on outliers or patients of concern As of July 19, 2017, there has been a point of sale edit on all opioid prescriptions processed at the pharmacy to deny and require prior authorization when the cumulative morphine milligram equivalent (MME) of all opioids and all doses exceeds 90 mg per day. A Morphine Milligram Equivalent (MME) of 90 is now the recommended goal from the CDC. IDHW uses the CMS MME Calculator for this edit. It was noted that there are other MME calculators, all of which are similar. The CMS MME is programed into the Magellan system. *As various calculators are used by prescribers, the committee recommended that the conversion factors used in the CMS calculator be posted on the Pharmacy website for transparency and to align provider calculations with Medicaid's.* When the point of sale edit was implemented in July there were 3,669 members who were above 90 MME. Prior authorizations were entered for these members to allow providers time to transition these current patients to the recommended lower doses. These prior authorizations will expire July 20, 2018. Medicaid Pharmacy staff is anticipating an increased number of PAs as many doses have not changed in the last year. Dr. England reported on current status of opioid utilization. For the quarter ending 3/31/2018 there are 12,053 unique members receiving opioids. Of those 3,034 are receiving > 90 MME per day. In evaluating participants using multiple prescribers and pharmacies he showed that a high percentage are using less than 3 prescribers and/or pharmacies. He reported on the top 20 prescribed opioids, top opioid dispensing pharmacies and 20 participants with the highest daily MME. The total MME for those participants ranged from 1,275 – 4,320 MME daily. Dr. England showed graphically a steady decrease that has been seen in both the percentage of members on opioids and the percentage receiving greater than 90 MME per day. Both have decreased 18% since 1/1/2017.
Public Comment Period	*Mark Randleman, MD* *Keshia Schneider*	**<u>Public Comment Period</u>** No industry representatives were approved for testimony and there were no other individuals who desired to give public comment.

Drug Class Reviews and Committee Recommendations	*Sarah Martinez, PharmD* *Magellan Health Services*	**Drug Class Reviews and Committee Recommendations** Committee members were asked to base their recommendations for each drug class on the answers to the following questions: 1. Is there comparative evidence to support clinically significant differences in efficacy or effectiveness between agents? If yes, what are the differences? 2. Is there comparative evidence to support clinically significant differences in safety between agents? If yes, what are the differences? 3. Are there any agents that the committee feels strongly must be preferred or non-preferred? 4. Are there any recommendations for changes to PA requirements?
➢ *Antivirals, Oral*	*Sarah Martinez, PharmD*	**Antivirals, Oral** Dr. Martinez reported that the only new information in this drug class was that Tamiflu powder for oral suspension is now available generically as oseltamivir suspension. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Antivirals, Topical*	*Sarah Martinez, PharmD*	**Antivirals, Topical** Dr. Martinez reviewed utilization patterns and reported that there were no new products and no recent clinical information of significance in this class. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. The committee recommended that all products remain non-preferred as oral therapy has higher efficacy than topical therapy.
➢ *Antibiotics, Inhaled*	*Sarah Martinez, PharmD*	**Antibiotics, Inhaled** Dr. Martinez reviewed utilization patterns and reported that there were no new products and no recent clinical information of significance in this class. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. It was discussed that the Tobi Podhaler had a potential advantage of better adherence leading to better outcomes with the potential to decrease hospitalizations and overall healthcare cost as compared to the nebulizer.

➢ *Antibiotics, Topical*	*Sarah Martinez, PharmD*	**Antibiotics, Topical** Dr. Martinez reported on utilization which is almost entirely with the preferred mupirocin ointment. There are no new products and no recent clinical information of significance in this class. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Antibiotics, Vaginal*	*Sarah Martinez, PharmD*	**Antibiotics, Vaginal** Dr. Martinez reported that there were no new products and no recent clinical information of significance in this class. Utilization patterns were reviewed showing most of the use with the preferred agent metronidazole. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Cephalosporins and Related Agents*	*Sarah Martinez, PharmD*	**Cephalosporins and Related Agents** Dr. Martinez reported that Ceftin (cefuroxime) 125 mg/5 mL and 250 mg/5 mL suspensions have been discontinued. Daxbia (cephalexin) is a new formulation approved for community acquired pneumonia, acute otitis media, pharyngitis/tonsillitis, skin infection, UTI, sinusitis and impetigo. **Committee Recommendations** The committee discussed issues with getting a high enough dose of the amoxicillin component of Augmentin XR to treat certain infections. They recommended considering amoxicillin/ clavulanate XR as preferred for high dosing needs. The committee recommended that if there was a generically available cefuroxime suspension available that it be made preferred and if not then make a cefpodoxime suspension available as preferred.
➢ *Fluoroquinolones, Oral*	*Sarah Martinez, PharmD*	**Fluoroquinolones, Oral** Dr. Martinez reported on one new product, Baxdela (delafloxacin). It is indicated in adults both orally and IV for the treatment of acute bacterial skin and skin structure infections caused by susceptible bacteria, including MRSA. She discussed warnings and adverse drug reactions. It has been shown to be non-inferior to vancomycin plus aztreonam in susceptible infections but there are no comparative clinical data with other fluoroquinolones.

		She reported that the FDA has updated a previous Drug Safety Communication, stating that patient cases and findings from published studies currently do not support reports that fluoroquinolones may result in detachment of the retina, aortic aneurysm, and aortic dissection. The FDA continues to evaluate safety data. **Committee Recommendations** The committee discussed concerns with appropriate use, particularly overuse as a broad-spectrum agent in urinary tract infections. The committee recommended education to providers on the appropriate use of these agents.
➢ *Macrolides*	*Sarah Martinez, PharmD*	**Macrolides** Dr. Martinez reported no new products and no recent clinical information of significance in this class. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Tetracyclines*	*Sarah Martinez, PharmD*	**Tetracyclines** Dr. Martinez reported that there are two new products, Ximino ER (minocycline) and Targadox (doxycycline hyclate). Ximino ER (minocycline) is approved for the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 12 years and older. Targadox (doxycycline hyclate DR) is approved for prophylaxis of malaria due to *Plasmodium falciparum* in short-term travelers to areas with chloroquine and/or pyrimethamine-sulfadoxine resistant strains. **Committee Recommendations** The committee recommended that both new agents be prior authorized within their limited labeled indications.
➢ *Antibiotics, Gastrointestinal*	*Sarah Martinez, PharmD*	**Antibiotics, Gastrointestinal** Dr. Martinez reported that there is one new product, Solosec (secnidazole) in this class. It is indicated for the treatment of bacterial vaginosis in adult women. Dosing, administration, contraindications and common adverse reactions were discussed. Dr. Martinez reviewed updated guidelines on Clostridium difficile infection (CDI) treatment from the Infectious Disease Society of America and Society for Healthcare Epidemiology of America. Key revisions are to prefer a 10-day course of vancomycin or fidaxomicin over metronidazole for first-line therapy of mild/moderate CDI in adults. They recommend that fecal microbiota transplantation (FMT) should be considered for multiple recurrent CDIs in

		adults. **Committee Recommendations** The committee recommended that either vancomycin or fidaxomicin have preferred status as they are now the recommended agents to treat Clostridium difficile. They recommended also that metronidazole remain a preferred agent as it is the recommended first line agent for treatment for Clostridium difficile in children. The committee recommended not including Solosec as part of this drug class as its indication is not as a GI antibiotic.
➢ *Antifungals, Oral*	*Sarah Martinez, PharmD*	**Antifungals, Oral** Dr. Martinez reported no new products and no recent clinical information of significance in this class. Review of utilization patterns shows that current preferred agents are receiving the most use. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. They recommended that PA criteria include approval of griseofulvin for tinea infections without trial and failure of a preferred agent and that this information be included on the PDL document and the PA form.
➢ *Antifungals, Topical*	*Sarah Martinez, PharmD*	**Antifungals, Topical** Dr. Martinez reported on one new product, Loprox (ciclopirox 0.77%) approved to treat topical fungal infections. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. Specifically, they noted no advantage to the new Loprox product.
➢ *Antiparasitics, Topical*	*Sarah Martinez, PharmD*	**Antiparasitics, Topical** Dr. Martinez reported that there were no new products and no recent clinical information of significance in this class. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Immunosuppressants*	*Sarah Martinez, PharmD*	**Immunosuppressants** Dr. Martinez reported no new products and no recent clinical information of significance in this class. Review of utilization patterns show that most of the utilization is with our current

		preferred agents. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. They felt that the current preferred list provided good coverage and wide availability and similar coverage should be maintained.
➢ *Multiple Sclerosis Agents*	*Sarah Martinez, PharmD*	**Multiple Sclerosis Agents** Dr. Martinez reviewed one new product, Ocrevus (ocrelizumab). It is indicated for the treatment of patients with relapsing (RM) or primary progressive forms of MS (PPMS). It is the first medication approved for the treatment of PPMS. Dr. Martinez reviewed dosing, administration, warnings, adverse reactions and clinical studies leading to approval. Double blind studies were done with interferon β-1a for relapsing MS. A double-blind placebo controlled trial was done for primary progressive MS. She reported that a single case of progressive multifocal leukoencephalopathy (PML) had been reported during use of Ocrevus, complicated by use of Tysabri in the past by the patient. She also reported that Copaxone 40 mg/mL syringe is now available generically as glatiramer. Abbvie/Biogen has voluntarily globally withdrawn Zinbryta following 7 European reports of serious inflammatory encephalitis and meningoencephalitis. Gilenya is now approved for treatment of relapsing forms of MS in patients ≥ 10 (formerly ≥ 18 years). **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. They concluded that Ocrevus was a niche drug that may be appropriate for certain patients, but did not expect wide range utilization.
➢ *Hypoglycemics, Metformins*	*Sarah Martinez, PharmD*	**Hypoglycemics, Metformins** Dr. Martinez reported no new products in this class. Almost 100% of the usage is for the two preferred agents. Dr. Martinez also gave an update on the American Diabetes Association (ADA) 2018 release of Standards of Medical Care in Diabetes which updates treatment guidelines to include incorporation of medications with known cardiovascular benefit after lifestyle management and metformin. She also discussed three recommendations by the American College of Physicians (ACP). They recommend a moderate blood glucose goal for most patients with Type 2 diabetes equating to a goal HbA1c level between 7% and 8%. They also recommend that clinicians should consider de-intensifying pharmacologic therapy in patients who achieve HbA1c

		levels < 6.5%. And finally, they recommend that clinician's treatment goals in patients with life expectancy < 10 years due to advanced age (≥ 80 years) should be to minimize hyperglycemia symptoms and avoid a HbA1c target level because the harms outweigh the benefits. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Hypoglycemics, Incretin Mimetics/Enhancers*	*Sarah Martinez, PharmD*	**Hypoglycemics, Incretin Mimetics/Enhancers** Dr. Martinez reported four new products, Steglujan (ertugliflozin/sitagliptin), Qtern (dapagliflozin/saxagliptin), Bydureon Bcise (exenatide), and Ozempic (semaglutide). Steglujan (ertugliflozin/sitagliptin) is approved as adjunct to diet and exercise to improve glycemic control in adults with type 2 Diabetes when treatment with both ertugliflozin and sitagliptin is appropriate. Dr. Martinez reviewed dosing and adverse effects as well as the clinical studies comparing the efficacy and safety. Qtern (dapagliflozin/saxagliptin) is approved as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes with inadequate control on dapagliflozin alone or who are already taking both products individually. Bydureon BCise (exenatide) is a continuous-release microsphere suspended in MCT-oil designed to provide consistent therapeutic levels of exenatide. It is administered subcutaneously once-weekly and it is important that it is shaken vigorously for at least 15 seconds prior to administration. Ozempic (semaglutide) is approved as adjunct to diet and exercise to improve glycemic control in adults with Type 2 diabetes mellitus. In clinical trials it demonstrated significant reductions in HBA1c compared with sitagliptin and exenatide extended-release. Dr. Martinez also noted that Victoza is now approved to reduce risk of major adverse cardiovascular events, heart attack, stroke & CV death in adults with Type 2 diabetes & established CVD and that GSK will discontinue manufacturing of Tanzeum. **Committee Recommendations** The committee concluded that there were differences between the agents. They recommended considering ease of use and simplicity of pen devices when choosing preferred injectable incretin mimetics. The committee also recommended preferring agents

		that have proven cardiovascular outcome data such as Victoza.
➢ *Hypoglycemics, Insulin*	*Sarah Martinez, PharmD*	**Hypoglycemics, Insulin** Dr. Martinez reported three new products in this class, Humalog Junior KwikPen (insulin lispro), Fiasp (insulin aspart), and Admelog (insulin lispro). • Humalog Junior KwikPen 3mL prefilled pen delivers half-unit dosing. • Fiasp (insulin aspart) is formulated with niacinamide to increase absorption speed and L-arginine for stability. Comparisons with Novalog showed differences in 1-hour post prandial glucose, but not two-hour post-prandial glucose or mean HbA1c. • Admelog (insulin lispro) was approved via the 505(b)(2) pathway and is the first "follow-on" biosimilar insulin for Humalog. Dr. Martinez noted that Tresiba (insulin degludec) is now indicated for treatment of patients ≥ 1 year (previously only adults). She also reviewed studies of insulin degludec with insulin glargine which found fewer symptomatic hypoglycemic events with insulin degludec. **Committee Recommendations** The committee concluded that the evidence did support some differences in efficacy, effectiveness or safety between the agents. Tresiba has less hypoglycemia than insulin glargine, but Fiasp has no advantage over current agents.
➢ *Hypoglycemics, SGLT2 Inhibitors*	*Sarah Martinez, PharmD*	**Hypoglycemics, SGLT2 Inhibitors** Dr. Martinez reviewed two new products, Steglatro (ertugliflozin) and Stegluromet (ertugliflozin/metformin), for this class. Stegluromet is approved in adults with type 2 diabetes who are not adequately controlled on a regimen containing ertugliflozin or metformin, or in patients who are currently being treated with both. Dr. Martinez reported that a Boxed Warning for lower limb amputation has been added to the product labeling for canagliflozin (Invokana, Invokamet, and Invokamet XR). She reported that a new analysis of the EMPA-REG OUTCOME trial data reported a reduction in risk of cardiovascular death in type-2 diabetes patients treated with empagliflozin compared to placebo, regardless of baseline HbA1c level. In addition, risk reduction was maintained regardless of whether glycemic control was improved after initiation of empagliflozin therapy. She also reported on the results of CANVAS and CANVAS-R studies which showed that canagliflozin reduced cardiovascular events by 14% and rate of renal decline by 40%. The rate of the primary outcome and the composite outcome were lower with

		canagliflozin than with placebo. But an increased risk of amputations (primarily toe or metatarsal) was seen with canagliflozin use. **Committee Recommendations** The committee concluded that there were differences in effectiveness in that empagliflozin had proven more positive cardiovascular outcomes. There were also differences in safety outcomes based on the risk of amputation with canagliflozin.
➢ *Hypoglycemics, TZD*	*Sarah Martinez, PharmD*	**Hypoglycemics, TZD** Dr. Martinez reported no new products and no recent clinical information of significance in this class. **Committee Recommendations** The committee concluded that the TZD class as a whole was less effective and less safe than other diabetes drug classes. They suggested prior authorization criteria with step edits that would make these second line drugs. **General Diabetes Treatment Discussion** There was a general discussion by the committee for diabetes drugs across all classes to prefer agents with positive cardiovascular benefit and mortality and morbidity superiority. They stressed looking less at surrogate markers and encouraged working with DERP to evaluate evidence based on long-term overall benefit.
➢ *Hereditary Angioedema Agents*	*Sarah Martinez, PharmD*	**Hereditary Angioedema Agents** Dr. Martinez reviewed one new product, Haegarda, indicated for routine prophylaxis to prevent HAE attacks in adolescent and adult patients. Cinryze, the only other product approved for prophylaxis must be given as a home IV infusion, whereas Haegarda can be self-administered subcutaneously. Idaho Medicaid's Therapeutic Criteria for treatment for Hereditary Angioedema was reviewed. **Committee Recommendations** The committee recommended that Haegarda be the preferred prophylactic agent. The Therapeutic Guidelines were approved.
Update on Methadone Use	*Chris Johnson, PharmD* *Idaho Medicaid*	**Update on Methadone Use** Dr. Johnson discussed issues concerning the use of methadone as a pain medication including high rate of deaths versus utilization compared to other opioids; historical preferred status in most state Medicaid programs because of low cost; and the non-linear pharmacokinetics leading to disproportionate increases in adverse effects compared to dose increase magnitude.

		Dr. Johnson reported that Idaho Medicaid removed Methadone from preferred status in 2015. In January 2016 Idaho Medicaid implemented methadone prior authorization and requested that providers taper current patients off of methadone. The pharmacy program began case management of all methadone patients at that time. Dr. Johnson reviewed graphical representations of changes in methadone utilization since interventions and case management began in 4th quarter 2015. • Total unique prescribers decreased from 226 to 64. • Total unique patients decreased from 306 to 77. • Total claims per quarter decreased from 931 to 201. Monthly claims decreased from 324 to 71. • Only 12% of claims are over 40mg/day in Q1 2018, down from 30%. It was noted that some decreased utilization is due to patients paying cash for methadone. Idaho Medicaid will continue case management to taper patients down to acceptable morphine daily equivalents of methadone or an alternative opioid.
Department Identified Issues with Buprenorphine	*Jane Gennrich, PharmD* *Idaho Medicaid*	**Buprenorphine Monotherapy** Dr. Gennrich discussed issues with using buprenorphine versus buprenorphine plus naloxone in the treatment of opioid use disorder. Because buprenorphine has opioid effects it is easy to misuse and divert for its opioid effects. Naloxone is added to buprenorphine to decrease likelihood of misuse of the tablets when crushed and injected, as the naloxone will cause opioid withdrawal symptoms. Buprenorphine without naloxone is only recommended for use in treatment of opioid use disorder in pregnant women. Dr. Gennrich reviewed data from an Idaho Medicaid DUR study presented in January 2018 for utilization of buprenorphine or buprenorphine/naloxone use between July and September 2017. Combination therapy was used in 302 (71%) of patients and monotherapy in 123 (29%). The following interventions will be implemented to ensure appropriate opioid dependence treatment while minimizing inappropriate use and diversion of buprenorphine only dosage forms. • New buprenorphine patients and patients new to Medicaid, will be required to use the preferred product, buprenorphine/naloxone (Suboxone film). • Requests to switch from combination therapy to monotherapy due to side effects that the prescriber is presuming to be due to naloxone will be denied as clinical data does not support this claim. • Requests to switch from Suboxone film to another combination product will be

		considered on a case-by-case basis. • Exception: patients who are pregnant will be approved for monotherapy *only* throughout their pregnancy
	Tami Eide, PharmD *Idaho Medicaid*	**Buprenorphine MAT Therapy Psychotherapy Component** Dr. Eide discussed efforts the Department is beginning to ensure that Medication-assisted treatment (MAT) for substance use disorders meets SAMHSA standards and includes the use of medications in combination *with* counseling and behavioral therapies. Currently federal regulations require that physicians prescribing opioid agonists for opioid use disorder must attest to the fact that they have access to ancillary counseling services. Dr. Eide reviewed an in process DUR study evaluating psychosocial therapy in buprenorphine-based MAT recipients. The goals of the study are: • Evaluate whether patients receiving continuous buprenorphine-based MAT are receiving concurrent psychotherapy • If receiving therapy, is it appropriate? • If not receiving therapy coordinate with other Health and Welfare programs: o Medicaid – Office of Mental Health & Substance Abuse through Optum o Division of Behavioral Health For the DUR, all patients receiving buprenorphine products from January 2010 through September 2017 were evaluated. • 442 total patients receiving buprenorphine products *(excluded Beluca)* • 161 (36%) had a psychotherapy payment and 281 (64%) did not • 59% had a concurrent mental health disorder • Majority had high compliance of consistent filling of prescriptions • 12-Step groups and non-funded, voluntary self-help groups not included; they don't fall into the SAMHSA definition of behavioral therapy and could not be evaluated. **Committee Recommendations** The committee discussed what steps could be taken to mandate concurrent behavior therapy and how to help more providers obtain a DEA-X waiver. The committee discussed Idaho's access issues to mental health services as well as where to find a list of providers available for addiction therapy through Optum.

		The committee recommended garnering legislative support for funding to incentivize more mental health providers to work in Idaho.
➢ *Narcotic Analgesics, long-acting*	*Sarah Martinez, PharmD*	**Narcotic Analgesics, long-acting** Dr. Martinez reported two new products, Arymo ER and Morphabond ER. Both are extended release morphine products. Both contain abuse deterrent properties. She also announced that Butrans in now available generically as buprenorphine transdermal and that Endo has voluntarily removed Opana ER from the market. Dr. Martinez discussed a White Paper issued by the American Association of Oral & Maxillofacial Surgeons on acute and postoperative pain management. NSAIDs are recommended over opioids as first-line therapy to manage acute and post-operative pain. If an opioid is needed, the lowest dose for the shortest duration should be used and long-acting formulations should be avoided. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
➢ *Narcotic Analgesics, short-acting*	*Sarah Martinez, PharmD*	**Narcotic Analgesics, short-acting** Dr. Martinez reported no new products and no recent clinical information of significance in this class. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. The committee discussed implementing initial quantity limits to ≤ 7-day supply. Idaho Medicaid does not currently have the resources to allocate for implementation of this as an initiative with the other initiatives currently in process. As many physicians and pharmacies are already doing this because other insurance agencies are enforcing this limit, it may well become standard of practice without formal Medicaid implementation. Further discussion may occur in the future.
➢ *Opiate Dependence*	*Sarah Martinez, PharmD*	**Opiate Dependence** Dr. Martinez reported a new product, Sublocade (buprenorphine). Sublocade is a once-monthly, extended-release injection indicated for treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product. It is administered subcutaneously by a health care provider.

		Dr. Martinez announced that Bunavail is now indicated for induction of buprenorphine treatment for opioid dependence. It was previously only approved for the maintenance phase of treatment. She also noted that the Suboxone label has been revised regarding duration of therapy. There is no maximum recommended duration of maintenance treatment. Treatment should continue as long as it provides benefit and may continue indefinitely. Similarly, Zubsolv labeling revisions regarding induction dosing now specify it is indicated for patients dependent on heroin or other short-acting opioids, not for induction dosing for patients dependent on methadone or long-acting opioids. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. The committee recommended that Sublocade be prior authorized and only available as a 3rd tier option.
➢ *Skeletal Muscle Relaxants*	*Sarah Martinez, PharmD*	**Skeletal Muscle Relaxants** Dr. Martinez reported that there were no new products and no recent clinical information of significance in this class. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy or effectiveness. Safety-wise one member of the committee expressed concerns with the use of tizanidine due to hypotension risks.
➢ *Antimigraine Agents, Triptans*	*Sarah Martinez, PharmD*	**Antimigraine Agents, Triptans** Dr. Martinez reported that there were no new products in this class. She announced that Relpax is now available generically as eletriptan and that Sumavel DosePro will be discontinued. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents. They recommended that at least one orally disintegrating tablet, nasal product and injectable product be preferred.
➢ *Antiemetics/Antivertigo Agents*	*Sarah Martinez, PharmD*	**Antiemetics/Antivertigo Agents** Dr. Martinez reported two new products, Syndros (dronabinol oral solution) and Bonjesta (doxylamine/pyridoxine). She also reviewed the American Society of Clinical Oncology updated guidelines on the most effective antiemetic analgesics for antineoplastic agents or

		radiotherapy. She announced that Emend (fosaprepitant) is now approved in combination with other antiemetic agents for prevention of chemotherapy-induced nausea and vomiting in pediatric patients ≥ 6 months. It was previously approved only for adults. She also noted that Transderm-Scop is now available generically and Emend is available as a powder pack. **Committee Recommendations** The committee concluded that the evidence did not support differences in efficacy, effectiveness or safety between the agents.
Other Committee Business	*Tami Eide, PharmD*	**<u>Other Committee Business</u>** There is a physician vacancy on the P&T Committee. Please provide any recommendations to IDHW. The meeting adjourned at 1:58 PM. Next meeting will be on October 19, 2018.