

South Carolina  
**Department of Health and Human Services**  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**Pharmacy and Therapeutics (P&T) Committee Meeting**  
**November 1, 2017**  
**MINUTES**

**1. Call to Order**

A meeting of the P&T Committee convened at 4:15 p.m. on Wednesday, November 1, 2017.

**2. Welcome**

Edward Behling, MD, called the meeting to order and welcomed members, guests, and staff members.

Dr. Behling opened the meeting by stating that the P&T Committee meetings are held in compliance with the Freedom of Information Act's (FOIA) mandate that the public is notified when the public's business is being done, and that furthermore, the public has been notified that this facility is accessible to individuals with disabilities, and special accommodations could have been provided if requested in advance.

**3. Committee Members Present:**

Divya Ahuja, MD  
Philip Mubarak, MD  
Thomas Phillips, RPh

Tan Platt, MD  
Edward Behling, MD

Cheryl Hartvigsen, RPh  
Joni Bollinger, MD

**SC DHHS Staff:**

Jim Bradford, MD  
Bryan Amick, PharmD  
Constance Holloway, JD

**Magellan Medicaid Admin:**

Lisa Correll, PharmD  
Lori Ash

**4. Discussion Topics**

**A. Committee Meeting Minutes, Wednesday, September 6, 2017**

The draft minutes from the previous P&T Committee meeting were emailed to the members so that they could review the document prior to the meeting. The minutes were approved unanimously.

**B. Public Comment**

Company	Speaker	Drug/Class
Gilead	Amit Duggal	Vosevi/Hep C
AbbVie	Andrea Hume	Mavyret/Hep C
Merck	Rod Teat	Zepatier/Hep C

**C. Drug Classes for Review**

Lisa Correll led the discussion for the following drug classes:

*Classes for Re-Review*

Hepatitis C Therapy

The chart below represents the recommendations from the P & T Committee:

HEPATITIS C THERAPY	
Preferred	Non-Preferred
Eplclusa Mavyret‡ Vosevi‡	Daklinza Harvoni+ Technivie+ Sovaldi Viekira+ Zepatier+

‡ Indicates “Added as Preferred”

+ Indicates “Moved to Non-Preferred”

**5. Old Business**

None

**6. New Business**

Lisa presented new drugs to market. Bryan provided an overview of the SC Medicaid Pharmacy program. The program currently has 1.04 million beneficiaries. 64% of Medicaid beneficiaries are between the ages of 0 and 18 years of age. 65% of all children in SC are on Medicaid. Medicaid pays for 60% of all births in SC. Currently 74% of beneficiaries are in the Managed Care plans (MCOs). For the Fee-for-Service (FFS) population, 46% of spend is driven by the following top 5 drug classes:

- Hepatitis C - Note, this class is carved out.
- Anticonvulsants

- Stimulants for ADHD
- HIV/AIDS
- Antipsychotics

Bryan presented SC's Opioid Initiatives. Governor McMaster hosted an Opioid Summit in September 2017. In 2016 there were 550 deaths resulting from an overdose of prescription opioids which is a 7% increase from 2015. Heroin overdose deaths rose 14% from 2015 to 2016. Opioid prescription rates are decreasing in SC which is in line with the trend across the United States. In CY 2014 the prescription rate was 28.4% which has decreased to 22.1% in CY 2016. 8,000 Medicaid beneficiaries are currently diagnosed with Substance Use Disorder (SUD). As a result of the Governor Hailey's Prescription Drug Abuse Prevention Counsel, SC Medicaid had implemented an enhanced LockIn Program including revised criteria for inclusion in the program, including those in MCOs. Payer PDMP mandate was also implemented which has resulted in an increased use of PDMP by prescribers, a four-fold increase in registration and enrollment and a decrease in lower intensity opioid prescriptions.

Payer Centric Measures to Address Opioid Crisis include:

- Limit inappropriate payment for opioids
  - Redesign the pain management benefit
  - Ensure robust coverage of opioid alternatives
- Ensuring access to therapy services
  - Broadening Medication Assisted Therapy (MAT)
    - All MCOs must have an MAT option available without PA effective August 2017
    - Standard criteria across the class in early to mid 2018
  - Adding outpatient therapy programs as a Medicaid benefit
  - Innovative delivery models
    - ER initiation of MAT
    - Provision of MAT via Telehealth
  - More aggressive screening
    - Building an SBIRT (Screening, Brief Intervention & Referral to Treatment) model
- Partner with stakeholders to decrease incidence of opioid related overdose and/or death
  - Provider education via the RetroDUR process, both telephonic and in person

MCO Quality Improvement

Today's metrics include:

- Diabetes
- Pediatric Well Care
- Woman's Health

Plan to add another metric, Behavioral Health, which will be implemented over the next few years.

Further discussion on MAT will be brought back to the P&T Committee in 2018.

7. **Resolved Items**

Recommendations regarding PDL status for drugs in the following classes were approved for submission to DHHS.

*Classes for Re-Review*

Hepatitis C Therapy

8. **Closing Comments**

The next meeting will be held on Wednesday, May 2, 2018, at 4:00 p.m.

9. **Adjournment**

The meeting adjourned at 5:30 p.m.