

P&T Committee Minutes

Date: October 28, 2004

Chair: Michael Flaum, MD

Time: 9:45 a.m. to 12:20 p.m.

Location: Iowa State Capitol, Room 116, Des Moines, Iowa

Committee Members Present: Cheryl Clarke, R.Ph., CDM; William R. Doucette, Ph.D; Hayley L. Harvey, DDS, MS; Bradley J. Archer, MD; Michael A. Flaum, MD; Susan Purcell, R.Ph, CGP; and Priscilla Ruhe, MD

Iowa DHS Staff Present: Eugene Gessow, DHS Medicaid Director; Eileen Creager, DHS Bureau Chief; and Susan Parker, Pharm.D., DHS Pharmacy Consultant

IME Staff Present: Tim Clifford, MD; John Grotton, R.Ph.; Andi Dykstra, RN, CPHQ; Sandy Pranger, R.Ph.; and Julie Bueno, R.Ph.

Absent: Daniel W. Hart, Attorney General's Office; Thomas Kline, DO, Iowa Medicaid Medical Director

Dr. Flaum called the meeting to order.

There was no closed session; this is a continuation of yesterday's open session. Susan Parker reminded the committee to indicate the time they left home and the time they returned home on the expense forms, and also in the State of Iowa form to confine their name and address to small print to fit in the space allowed. There were no other comments.

- I. Dr. Flaum made the motion and Dr. Ruhe seconded the motion to approve the PDL recommendations regarding OP. Adrenergic Agents, OP. Antiallergics, OP. Antibiotics, OP. Anti-Inflammatory/Steroids to include Acular as a preferred agent, OP. Beta-Blockers, OP. Carbonic Anhydrase Inhibitors/Combo, OP. Cycloplegics, OP. Miotics-Direct Acting, OP. Miscellaneous to include the PA recommendation on Restasis and the trial would be a failure on a lubricant first, OP. NSAIDS, OP. Prostaglandins to include Lumigan as a preferred agent, OP. Quinolones to include Zymar as a preferred agent, and OP. Selective Alpha Adrenergic Agonists. All committee members were in favor and none opposed.

- II. Dr. Flaum asked for the public comment record written by Dr. S. Johnson regarding Evista. Susan Purcell made the motion and Mary Winegardner seconded the motion to approve the PDL recommendations regarding Osteoporosis to include the grandfathering of Didronel, Parkinsons – Anticholinergics, Parkinsons – COMT Inhibitors, Parkinsons – Selected Dopamin Agonists, Platelet Aggregation

- Inhibitors/Combo's Miscellaneous, and Platelet Aggregation Inhibitors. Dr. Ruhe recommended the DUR Commission evaluate Plavix utilization before making it a preferred agent. Plavix will remain a preferred agent at this point but the DUR Commission will evaluate its utilization. Dr. Clifford suggested looking at Plavix next year for savings. All committee members were in favor except Dr. Ruhe who opposed.
- III. Mary Winegardner made the motion and Dr. Harvey and Susan Purcell seconded the motion to approve the PDL recommendations regarding Progestins, Pulmonary Anti-Hypertensives with the recommendation to the DUR Commission place a PA for Tracleer and Flolan to verify the diagnosis of pulmonary hypertension, Purine Analog, Rheumatoid Arthritis to restructure the Rheumatoid Arthritis category to include making Arava a preferred agent, and RSV Prophylaxis. All committee members were in favor and none opposed.
- IV. Dr. Flaum made the motion and Dr. Archer seconded the motion to approve the PDL recommendations regarding Sedative/Hypnotics – Non-Benzodiazepines including the grandfathering of all existing users of Ambien with the quantity limit to be visited by the DUR Commission, Somatostatic Agents, Tetracyclines to include making Periostat capsules preferred over tablets and Declomycine the PA criteria would be to confirm SIDH, and Thyroid Hormones to include grandfathering all Synthroid patients. All committee members were in favor except Cheryl Clarke and Dr. Harvey who abstained.
- V. Dr. Ruhe made the motion and Dr. Doucette seconded the motion to approve the PDL recommendations regarding Topical – Antifungals (90% of savings coming from brand name Lotrisone), Topical – Corticosteroids, Topical – Acne Preparations, Topical – Antibiotic, Topical – Antineoplastics, Topical – Antipruritics, Topical – Antiseborrheics, Topical – Antiseptics/Disinfectants, Topical – Antivirals, Topical – Astringents/Protectants, Topical – Burn Products, Topical – Emollients, Topical – Enzymes/Keratolytics/Urea, Topical – Genital Warts, Topical – Immunomodulators, Topical – Local Anesthetics, Topical – Scabicides and Pediculicides, Topical – Steroid Local Anesthetics, and Topical – Wound/Decubitus Care to include Regranex where the PA criteria would be to confirm the diagnosis of diabetic ulcer and get a baseline measurement and then would give a 2-month PA approval. For renewal, the ulcer would need to shrink at least 30%. All committee members were in favor and none opposed.
- VI. Cheryl Clarke made the motion and Dr. Archer and Susan Purcell seconded the motion to approve the PDL recommendations regarding Urological – Miscellaneous to include Elmiron where the PA criteria would be to confirm the diagnosis of bladder pain or discomfort associated with Interstitial Cystitis (IC), Vaginal – Estrogens, Vaginal – Antifungals, Vaginal – Antibacterials, Vaginal – Contraceptives, Vaginal – Other, Vasopressins to include making DDAVP tablets preferred, Vitamins, and Weight Loss. All committee members were in favor and none opposed.

Cheryl Clarke made a motion that if the brand is preferred that the co-pay will need to be adjusted and Dr. Flaum seconded the motion. Mary Winegardner asked if the PDL takes the brand and generic co-pay out of the issue. Dr. Tim Clifford responded the state has more constraints and have co-pay differentials so the Medicaid member will have to help pay some of the drug costs. Also, Susan Parker's response is that the state has limitations depending on the cost of the drug. Susan Purcell asked if the co-pay issue have to be a legislative change. Susan Parker responded that the motion on the table would have to go through legislation. Dr. Clifford said the issue isn't brand versus generic. It's the best net price for the state. Eugene Gessow stated they would consider and look into this issue and make adjustments if needed. But more data analysis needs to be given and we will revisit this issue at a later date. Dr. Tim Clifford said he was conservative with the savings and he will get the data analysis to Gene Gessow, Eileen Creager, and Susan Parker at the next meeting. Cheryl Clarke restated the motion and the motion had been withdrawn until further data can be received. Eugene Gessow stressed that this is a very complex issue and that the purpose of Medicaid in a general view is that the member should participate in the cost and that if you are going to change this with adequate participation, this is not a simple issue.

Dr. Flaum asked what percentage of the Medicaid members are dual enrolled. The response from Eugene Gessow was 25% and that the biggest challenge to this committee is that you are going to get into the national pharmacy policy.

Dr. Ruhe asked for better estimates for planning time frames for the meetings. Dr. Clifford suggested we take care of the RDL at the December 2nd meeting and to cancel the December 3rd meeting, and then wait and schedule the next meeting around March.

Dr. Flaum wanted clarification on the mental health drugs, will they be included on the PDL versus the RDL, and we will need to be clear on this issue. Dr. Clifford said there are some sitting on both lists and Susan Parker mentioned there would be hard edits in place on POS.

Dr. Clifford summarized the categories on the RDL and gave cost saving estimates. He also stated that the December issue would include PDL clean-up issues, provider training update, RDL issues, RDL voting, and MH issues.

Eugene Gessow thanked all the committee members for their hard work and time.

Dr. Flaum motioned that the meeting be adjourned and Dr. Archer seconded it.

The meeting ended at 12:20 p.m. The next scheduled P&T Committee meeting is December 2nd.