Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: March 9, 2005

Chair: Michael A. Flaum, M.D.

Time: 9:35 a.m. to 3:27 p.m.

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

Committee Members Present: Bruce Alexander, R.Ph., Pharm.D., BCPP; Bradley J. Archer, M.D.; Michael A. Flaum, M.D.; Carole A. Frier, D.O.; Hayley L. Harvey, DDS, MS; Susan Purcell, R.Ph, CGP; Priscilla Ruhe, M.D.; and Mary Winegardner, PA-C, MPAS

Committee Members Absent: Matthew Osterhaus, R.Ph.

Iowa DHS Staff Present: Susan Parker, Pharm.D., Pharmacy Consultant; and Brad Horn, Attorney General's Office

Iowa Medicaid Enterprise (IME) Staff Present: Thomas Kline, D.O., Iowa Medicaid Medical Director; Tim Clifford, M.D.; John Grotton, R.Ph.; Sandy Pranger, R.Ph.; Chad Bissell, R.Ph., Pharm.D.; and Melissa Biddle, Administrative Coordinator

Chairperson Michael Flaum called the meeting to order.

I. Michael Flaum asked that each committee member, DHS staff, and IME staff introduce themselves to the public.

II. The December 8th and 9th open session minutes and December 22nd teleconference minutes were reviewed. Dr. Ruhe made the motion to approve the minutes. Mary Winegardner seconded the motion. All committee members approved with none opposing or abstaining.

III. Updates on Legislation: Dr. Flaum gave a summary of his speech to the Department of Health and Human Services on the Mental Health Subcommittee. Susan Parker summarized the RFI regarding second generation psychotropics and gave a projection that the state would save $1.2M in State and Federal dollars for calendar year 2007 and up to $11.97M in State and Federal dollars up through calendar year 2012. Susan Parker also called attention to pending legislation as it relates to the DUR Commission, House File 2262, and read from the House File, "However, drugs prescribed for mental illness, with the exception of drugs and drug compounds that do not have a significant variation in a therapeutic profile or side effect profile within a therapeutic class, shall not be subject to prior authorization."

IV. PDL Update: Dr. Clifford said that the process of getting the contracts signed by the manufacturers is still ongoing. Everything is still running smoothly and the

transition from year one to year two went without a hitch with the possible exception of Medicare Part D, which generated a higher volume of calls not related to Medicaid. Medicare Part D took effect January 1st, but the real affect won't be evident until April 6th. This is when the Medicare Part D PDPs grace period ends, and most will turn their edits back on. It was reported that there has been minimal disruption in the PDL in the first two months of Medicare Part D. The decrease in PA volume has prompted Iowa to join the Sovereign States Drug Consortium (SSDC). The overall PA approval rate is still 60-65%. Dr. Clifford referenced the Prior Authorization Statistics Report by PDL Category with Year To Date Totals. It was pointed out that there have been some shortages and rationing of CFC inhalers.

V. PA Criteria: the latest PA criteria has been posted to the website.

VI. The public speakers were:

SPEAKER	SUBJECT
Tim Butler from Sepracor, Inc.	Xopenex HFA
Dennis Jacobson from Schering-Plough	Vytorin
Tina Hisel from GlaxoSmithKline	Avandaryl

Jason Beal from Bristol-Myers Squibb was on the list but did not wish to speak.

Motion to go into closed session was made by Susan Purcell at and seconded by Dr. Harvey. The motion passed with unanimous approval. The meeting went into Closed Session at 10:12 am.

Open session resumed by Susan Purcell at 1:12 pm. Brad Horn did not attend the afternoon meeting, and Dr. Flaum arrived late at 1:25.

VII. Cough and Cold Recommendations: The DUR suggests that coverage of the cough and cold categories should be limited to 5 categories instead of 20. This will save 0.4 to 0.5 million dollars per year. Heavily utilized products will be favored, as there aren't many rebates involved. Bruce Alexander explained that the DUR examined the ACCP and WHO guidelines to make their recommendations. He went on to say that the other 15 categories were considered not medically necessary per referenced literature. Dr. Frier questioned why bezonatate was left off the DUR recommended list. Bruce Alexander referenced the ACCP and WHO guidelines for explanation. Dr. Archer expressed concern of the omission of the PSE/CPM/methscopolamine combination product due to the high utilization of this drug on the market share report. Bruce Alexander explained the rationale as to why that class was left off; mainly because antihistamines can be prescribed separately. Dr. Ruhe made the motion to approve the DUR recommended categories, and Susan Purcell seconded. It was approved, with only Dr. Flaum abstaining, as he had missed most of the discussion. Then Dr. Flaum made a motion to approve the DUR recommended cough and cold preferred product list as preferred cough and cold products and make all other medications in all other categories non-preferred. Dr. Ruhe seconded. The motion passed with unanimous approval.

VIII. PDL Changes: Dr. Clifford recommended that Nevanac and Xibrom remain non-preferred because of pending offers. No actions were taken on these drugs. It was also recommended that a DUR messaging edit be placed on Vytorin to prompt pharmacists to dispense Vytorin when the system recognizes a patient to be on stable doses of Zocor and Zetia. Dr. Frier made the motion that Amaryl, Arava, and Pletal will become non-preferred, and that was seconded by Susan Purcell. Dr. Carole Frier made the motion to make Retrovir non-recommended, and that was seconded by Mary Winegardner. Both of these motions passed with unanimous approval. Dr. Ruhe made the motion that Polythylene Glycol (PEG) will be preferred for the first 60 days of use in a 12 month period, and then non-preferred, so that it will be restricted to short-term use as per label instruction. Mary Winegardner seconded, and the motion passed with unanimous approval. The P&T Committee agreed with placing a DUR messaging edit for Vytorin that will deny the claim if a member is on the 2 separate drugs (Zocor and Zetia). The POS system edit will give a message to the pharmacies to use Vytorin because it is more cost effective.

IX. Newly Released Generic Drugs: Levafloxacin, Ondansetron, Oxybutynin ER, Terbinafine, and Topiramate were removed from the list as Dr. Clifford pointed out that these products have not been brought to market yet as earlier anticipated. Dr. Frier made the motion that Glimepiride and Leflunomide will be preferred, and Zidovudine will be recommended. Mary Winegardner seconded. Dr. Frier also motined that Azithromycin, Ceftriaxone, Gatifloxacin, Mupirocin Ointment, and Zonisamide will be non-preferred. Dr. Archer seconded. Both motions were approved unanimously.

X. Newly Released Drugs: Dr. Flaum made a motion to make Aczone, Angeliq, and Exjade non-preferred, Avandaryl preferred, and Arranon Injection recommended. Mary Winegardner seconded, and it passed with no objections. Then Mary Winegardner made a motion to make Glumetza, Increlex, and iPlex non-preferred, and Flexbumin preferred. Sue Purcell seconded that motion, and it also passed with no objections. Dr. Frier made a motion to make Levemir preferred, allowing stores to override claims for previously established members currently on Lantus. This agreement is contingent on signing the contract with Novartis in less than 40 days and allowing a 90-day transition period for members on Lantus to switch to Levemir. Dr. Ruhe seconded that motion, and it passed unanimously. Susan Purcell motioned to change the status of Lantus to non-preferred. This was seconded by Dr. Frier and the motion passed with no objections. Mary Winegardner was not present for this vote. Finally, Dr. Harvey made a motion to make Orencia, Proquin XR, and Synera non-preferred, and Nexavar recommended. That was seconded by Dr. Ruhe, and it also passed with no objections. Dr. Archer and Mary Winegardner were not present for this vote.

XI. New Dosage Forms and Strengths: Dr. Flaum made a motion to make Axid Oral Solution, Citalopram ODT, Mobic Oral Suspension, and Tramadol Extended Release non-preferred, Clozapine 200 mg preferred, and Kaletra tablets recommended. Mary Winegardner seconded, and the motion passed with unanimous approval. Dr. Clifford presented an offer extended by the manufacturer of the Xopenex HFA inhaler, and explained the current spot shortages of Albuterol CFC inhalers and the cost impact to

Medicaid if other HFA products that are currently non-preferred on the PDL are dispensed in the event of Albuterol CFC shortages. Then Dr. Ruhe made a motion to make Xopenex HFA the only preferred short-acting rescue inhaler, making Maxair and Foradil inhalers non-preferred, contingent on a pending contractual agreement and providing a pharmacy override for dispensing the Albuterol CFC inhaler for 90 days after implementation of Xopenex HFA as preferred drug. That motion was seconded by Mary Winegardner, and it passed with no objections.

XII. Keppra: It was decided that existing patients would be grandfathered, but new patients will require prior authorization, effective May 1st if the contract is not signed by March 23rd, 2006. Dr. Ruhe made a motion to approve this, Susan Purcell seconded, and it passed, with only Dr. Flaum opposing. Dr. Flaum suggested a friendly amendment to the motion offering the manufacturer until April 15th 2006 to sign their contract; if the contract was still unsigned at that point, Keppra would become non-preferred on the PDL effective May 15th 2006. No action was taken on the friendly amendment.

XIII. Endo Pharmaceuticals Contract: Dr. Flaum made the motion that the status of the Endo Pharmaceutical's generic Oxycodone ER on the PDL be changed such that Endo Pharmaceutical's brand would not be considered an exclusive generic. Dr. Archer seconded. The motion to approve any manufacturer's generic Oxycodone ER product as preferred passed with no objections.

XIV. Dr. Harvey asked Dr. Clifford about cost information regarding Aminocaproic Acid. Dr. Clifford reported that this product is rarely used in an outpatient setting, and the average prescription is for three days and costs $72/day.

A motion was made by Dr. Flaum to adjourn the meeting. Bruce Alexander seconded the motion. All in attendance approved the motion. The meeting adjourned at 3:27 p.m. The next scheduled meeting will be June 8, 2006.