Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: June 14, 2007

Chair: Michael A. Flaum, M.D. (Vice-Chairperson Sue Purcell presided in his absence)

Time: 9:37 a.m. to 12:08 p.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Bruce Alexander, R.Ph., Pharm.D., BCPP; Matthew Osterhaus, R.Ph; Carole A. Frier, D.O.; Priscilla Ruhe, M.D.; Mary Winegardner, PA-C, MPAS; and Susan Purcell, R.Ph, CGP

Committee Members Absent: Bradley J. Archer, M.D.; Michael A. Flaum, M.D.; Hayley L. Harvey, DDS, MS

Iowa DHS Staff Present: Susan Parker, Pharm.D., Pharmacy Consultant

Iowa Medicaid Enterprise (IME) Staff Present: Tim Clifford, M.D.; John Grotton, R.Ph.; Sandy Pranger, R.Ph.; and Chad Bissell, R.Ph., Pharm.D.

Vice-Chairperson Sue Purcell called the meeting to order.

I. Sue Purcell asked that each committee member, DHS staff, and IME staff introduce themselves to the public. She then reminded the Committee that they needed to think about who was going to be chair and vice-chair in the upcoming year, and they would vote on it in September at the next meeting. Anyone interested should email Susan Parker.

II. The March 8th open session minutes were reviewed. Matt Osterhaus made the motion to approve the minutes. Priscilla Ruhe seconded the motion. The motion passed with no objections.

III. Legislation (Susan Parker): Only one piece of legislation really applies, more to DUR, but could impact decisions made by the P&T committee. The DUR is required to monitor the smoking cessation benefits and provide a report of utilization, client success, cost effectiveness, and recommendations for any changes in the benefit by January 15, 2008. That was in House File 909, so the DUR will be looking at that. The Department, as well as Quitline, will be providing statistics to them in regards to utilization, and Quitline will be following up on the success of the individual clients. There will not be feedback until at least August, when Quitline does their six month follow-ups.

IV. PDL (Dr. Clifford): The annual meeting is coming up, and the pool states will be sending letters out to the manufacturers in mid July letting them know about the negotiations in August and September. Utah has joined the pool and are just waiting on CMS approval. CMS has had to redefine AMP (Average Manufacturer Price), and the OBRA rebates have

changed substantially as a result. For the most part, it's been a change in the states' favor as the CMS rebates have increased substantially in the first quarter of 2007. The rebates have gone up fairly consistently on the single-source brands, but they've often gone down on multi-source brands. That will make pharmacists happy as the generics will become more attractive. So there will be fewer brands preferred over their generic counterparts in the future. One more quarter of data can confirm if this is a stable trend and can be discussed further at the September meeting.

V. PA Criteria/Pro-DUR Edits (Susan Parker): Susan reviewed the informational letter created as a result of the June 7th DUR meeting. There were some recommendations for edit changes; basically increasing the refill threshold tolerance to 85% for controlled substances, as well as products that contain tramadol or carisoprodol. (That edit is currently set at 75% for all drugs.) The DUR also recommends placing an age edit on antidementia products, restricting them to persons 40 years of age or older to prevent off-label use, as well as restricting the use of Aldara to patients 12 and older for the same reason. There were also changes to the PA criteria for Topical Tretinoin products and Sedative Hynotics/Nonbenzodiazepines. The remainder of the letter consisted of new quantity limit edits recommended by the DUR. Informational Letter 617, an addendum to Informational Letter 543 regarding the ending of "Pay and Chase," was sent out to the providers.

VI. The public speakers were:

SPEAKER	SUBJECT
Dr. Robert Calder from Merck	Janumet
Dr. Steven Simmons from GlaxoSmithKline	Coreg CR

At 10:11, motion to go to closed session was made by Mary Winegarder and seconded by Bruce Alexander. The motion passed with unanimous approval. Open session resumed at 10:35 pm.

VII. PDL Discussion and Deliberation (Dr. Clifford): Dr. Clifford read through the recommended changes to the PDL listed on Attachment 2. Ethynodiol Diacetate and Ethinl Estradiol Tab were recommended to change to preferred since the brand name product is no longer available. Pergolide, Permax, and Zelnorm will be removed from the PDL following their withdrawals from the market. Sertraline became preferred effective 4-23-07 when it became more cost effective than the brand name product Zoloft. Zoloft had been co-preferred since that date, but will now change to non-preferred after 60 days of notification of PDL changes. The committee voted to accept all of these recommendations. Sue Purcell made the motion, and Mary Winegardner seconded. It passed with no objections.

VIII. Oxycodone CR/Oxycontin: The generic versions of OxyContin have been available for some time. However, Purdue Pharma has sued the generic manufacturers and won their case in court. Since then, the generic products have either been withdrawn or put on a schedule to cease production. So far, supply has held up pretty well, but Purdue Pharma, as well as the manufacturers and wholesalers, say that is going to change before the end of this year. So the Committee needs to think about making preparations for this change. Right now on the PDL, the generic is preferred and the brand is non-preferred. The other thing to

keep in mind is that Purdue Pharma won their fight with the manufacturers, but not the one against the government, wherein they were accused of misrepresenting the drug's potential for abusiveness to professionals. Most state Medicaid programs have found that Oxycontin in particular is especially prone to abuse and have made it non-preferred, and sometimes its generic equivalent as well. In Maine, many Medicaid members started paying cash for their Oxycontin when it became non-preferred, spending hundreds or even thousands of dollars a month. Most states that make the Oxycontin non-preferred tend to do several other things at the same time: 1) make arrangements for cancer and hospice patients, 2) rewrite the prior authorization criteria to better identify recipients with addiction problems, possibly ask for random pill counts and drug tests, and 3) allow easier step access to another safer long-acting narcotic formulation such as Duragesic. Grandfathering the current users would be an option, except that there would be some members with drug abuse problems lumped in. Bruce Alexander said that the DUR committee has made an effort to promote Methadone. Then Sue Purcell made a motion to make Oxycodone CR preferred for cancer and hospice patients only. Chad Bissell thought maybe that needed to be reworded, specifically to include the brand Oxycontin. Dr. Clifford pointed out that cancer and hospice patients would make up only 1% of Oxycontin's 10% marketshare, and that the other 9% would be those with chronic pain who had failed on other narcotics. Sue Purcell started to withdraw her motion, but then Mary Winegardner said it was fine but that they needed to add on an amendment that all recipients other than cancer and hospice patients would need to go through the PA process and meet certain criteria. John Grotton said that with the way that the POS system works, making it preferred for certain diagnosis would not be possible without some sort of override. If the doctor wrote a cancer diagnosis on the prescription, then the pharmacist could use a code to make to claim pay. However, we would need to educate the doctors and pharmacists so this would work. Then Sue Purcell withdrew her previous motion. Mary Winegardner proposed a new motion stating that Oxycontin will remain non-preferred, except will be preferred for cancer pain patients and hospice enrolled patients. IME will be able to pre-qualify those patients based on their diagnosis codes, J-codes, and other medications in their profile, and will reevaluate their profile after one year to make sure they are still being treated for cancer pain. Matt Osterhaus seconded, and the motion passed with no objections.

IX. Newly Released Drugs (Dr. Clifford): Dr. Clifford read through the newly released drugs on Attachment 3 since Dr. Kline was absent. Benziq was recommended to be non-preferred as most people do fine with the other preferred benzoyl peroxide agents on the PDL. Brovana was recommended to be non-preferred, primarily because there is such a price premium and this population seems to do very well with the current products on the PDL. Desonate Gel was recommended to be non-preferred as there are other more cost effective options already on the PDL. Janumet was recommended to be non-preferred. Even though it is quite efficacious, it is not priced low enough to be a first line item. Lialda was recommended to be non-preferred as there are other more cost effective options. Tekturna was recommended to be non-preferred because of its prohibitive cost, and the fact that there are so many other more cost effective alternatives. Tykerb was recommended to be non-recommended on the RDL as we need to encourage physicians only to use this medication if the data supports it as it is very expensive. Carole Frier motioned to accept these recommendations, and Mary Winegardner seconded. The motion passed with no objections.

X. Newly Released Generics and New Dosage Forms: Dr. Clifford read through the recommendations on Attachment 4. Amlodipine was recommended to be non-preferred as the brand name product, Norvasc, is more cost effective. This will be readdressed at the November meeting. Ondansetron ODT, Oral Solution, and Tablets were all recommended to be non-preferred, because the supplemental rebate agreement with GlaxoSmithKline makes the brand Zofran much more cost effective. Oxandrolone would also be non-preferred because of its cost. Oxybutynin ER was recommended to be non-preferred, as the brand name is also non-preferred with the exception of children under 12 years old. Trandolapril was recommended to become non-preferred just like its brand name equivalent Mavik. Zolpidem, a generic of Ambien, was recommended to be preferred as it was less expensive than the brand. Coreg CR was recommended to be preferred because of the GlaxoSmithKline offer discussed in closed session. Matt Osterhaus made a motion to approve these recommendations, and Priscilla Ruhe seconded. The motion passed with none abstaining or opposing.

A motion was made by Bruce Alexander to adjourn the meeting. Matt Osterhaus seconded the motion. All in attendance approved the motion. The meeting adjourned at 12:08 p.m. The next scheduled meeting will be September 13, 2007.