Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: September 13, 2007

Chair: Susan Purcell, R.Ph.

Time: 9:47 a.m. to 12:25 p.m.

Location: Iowa Medicaid Enterprise, 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.; Susan Purcell, R.Ph, CGP; Hayley L. Harvey, DDS, MS; Dallas Sanders, PA-C; and Charles Wadle, D.O.

Committee Members Absent: None (There will be a ninth member who is yet to be named)

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

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.

Vice-Chairperson (later elected 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. (Hayley Harvey was not present then, but she introduced herself after she arrived at 10:04). The June 14th, 2007 open session minutes were reviewed. Matt Osterhaus made the motion to approve the minutes. Bruce Alexander seconded the motion. The motion passed with no objections.

II. Then the committee nominated candidates for a new chair and vice-chair. Matt Osterhaus nominated Sue Purcell as chairperson, and Priscilla Ruhe seconded. Matt Osterhaus then moved that the nominations cease. All members voted in favor of Sue Purcell as chair, though Sue Purcell, herself, abstained. Sue Purcell then nominated Matt Osterhaus as her vice-chair, and Bruce Alexander seconded. Bruce also moved that the nominations cease. This vote was unanimously in favor of Matt Osterhaus.

III. Susan Parker reminded the members that they needed to turn in their Conflict of Interest (COI) and Confidentiality Disclosure forms. She also referenced an article that was in the Des Moines Register and provided to the Committee members regarding drug manufacturers' gifts to doctors and the newly introduced legislation, "The Physician Payment Sunshine Act of 2007," that will require that information to be made available to the public online. It was recommended that they review the revised COI disclosure they were provided at the meeting and return it today or at the next meeting.

IV. Legislation (Susan Parker): Nothing presently applicable to the P&T committee meeting.

V. PDL (Dr. Clifford): GHS/Sovereign States Drug Consortium (SSDC) is in the process of conducting negotiations for the PDL for next year (2008). The bids have all been submitted, and reviewed internally. The four SSDC pool states, Iowa, Maine, Vermont, and Utah, were to discuss those bids on Monday, 9-17-07 and Tuesday, 9-18-07, after which acceptances, rejections, or counter-offers will be made to the manufacturers. The negotiations should be done by the first week of October, and the recommendations and potential deals will be brought to the next P&T meeting in November. Dr. Clifford reviewed the info in Report 1 (PA Statistics) and Report 2 (Market share). It was noted that the market share paid amounts were reported as pre-rebate dollars. Nicotine, with 1000 prior authorization requests so far this year, has provided by far the largest number of PAs, but he believes those numbers should come down after the newness of the Smoking Cessation program wears off in the coming months.

VI. PA Criteria/Pro-DUR Edits (Susan Parker): No changes since the last meeting.

VII. The public speakers were:

SPEAKER	SUBJECT
Michele Puyear, Pharm.D. from Novartis	Exforge
Margaret Murphy, Pharm.D. from AstraZeneca	Symbicort & Pulmicort Flexhaler
Ralph Rivera, Pharm.D. from Gilead Sciences	Letairis
Stefanie Gatica, ARNP	Veramyst
Dr. Robert Moran from Mercy Clinic	Veramyst
Melissa Szymczak from GlaxoSmithKline	Altabax
Mary Cardenas from GlaxoSmithKline	Veramyst

At 10:45, motion to go to closed session was made by Charles Wadle and seconded by Bruce Alexander. The motion passed with unanimous approval. Open session resumed at 11:35 pm.

VIII. PDL Discussion and Deliberation (Dr. Clifford): There were five drugs with a proposed PDL status change, listed on Attachment 2. Carisoprodol was recommended to change to non-preferred on the PDL as recommended by the DUR Commission because of abuse issues. Many other states have done this, as well. Fludrocortisone acetate was recommended to change to preferred because the brand, Florinef, is soon to be discontinued. Omacor will be changing to the name Lovaza, because of prescription fill mistakes that occurred since its previous name was very similar to Amicar (aminocaproic acid). Pemoline was recommended to be removed from the PDL as it is no longer being manufactured. Prosom will be removed from the PDL because the drug is to be discontinued. Bruce Alexander motioned to accept the above recommendations, and Priscilla Ruhe seconded. The committee then voted unanimously in favor of that motion. There were also five PDL categories recommended for more than one preferred drug trial. GI-Digestive Enzymes and Sedative/Hypnotics-Non-Benzo would both require two preferred drug trials, and GI-Proton Pump Inhibitors, Migraine-SSA (5HT) Tablets, and Muscle Relaxants would require three preferred drug trials. This should save the State around $200,000 on the Proton Pump Inhibitors alone, by keeping upwards of 95% of recipients on a preferred drug. Chuck Wadle motioned to accept those recommendations, and Carole Frier seconded. This was

another unanimous decision, though there was some deliberation and commentary before the vote was taken, concerning the added inconvenience to both prescribers and providers.

IX. Newly Released Drugs (Dr. Kline): Altabax was recommended to be non-preferred as there are other similar drugs that have a broader anti-bacterial spectrum that are also more cost effective. The recommendation for AzaSite to be non-preferred also followed this line of reasoning; there are other cheaper alternatives that are equally effective. Elestrin was recommended to be non-preferred due to the fact that there are other more cost effective options that can treat more menopause symptoms. Exforge, a combination of Amlodipine and Valsartan, was recommended to be preferred even though it's not intended as a first line therapy, because it contains both medications that are currently being effectively used in the treatment of hypertension. Letairis, Lybrel, Symbicort, and Veramyst Nasal Spray were all recommended to be non-preferred because of their high costs. On the contrary, Pataday is the same price as Patanol (preferred status) and contains the same ingredients, so it can be preferred. Matt Osterhaus made a motion to accept these recommendations, Bruce Alexander seconded, and the motion passed with no abstentions or objections.

X. Newly Released Generics and New Dosage Forms (Dr. Clifford): Amlodipine/Benazepril, Cefdinir, and Terbinafine were all recommended to be non-preferred on the PDL, as the State currently has contracts with the manufacturers of the conflicting brand names: Lotrel, Omnicef, and Lamisil, respectively. Moexipril, on the other hand, was recommended to be non-preferred along with the brand name Univasc, due to lack of cost effectiveness with both drugs. Pulmicort Inhaler, a new dosage form, was recommended to be non-preferred, at least in the interim period before the next meeting; bidding may change the recommendation later on. The other new dosage form, Seroquel XR, was recommended to be non-recommended, mainly because patients would have to take at least 2 forms to achieve the recommended dosage of 600 to 800 mg daily. Chuck Wadle motioned to accept these recommendations, and Bruce Alexander and Carole Frier seconded simultaneously. Hayley Harvey requested a discussion; she wanted to know if this motion included making the Pulmicort Flexhaler non-preferred on an interim basis. Dr. Clifford replied that it did. In the end, the committee voted unanimously to accept the proposed recommendations.

XI. Closing Thoughts: Bruce Alexander asked for more information on psychotropic utilization, such as the average net cost per day for the atypicals and antidepressants, at the next meeting. Matt Osterhaus and Carol Frier would like to see data comparing Actos and Avandia, and Dr. Clifford told them he would run each quarter of this year separately so the committee could see the progression. Matt Osterhaus then asked about the PA requirements for Lantus; Chad Bissell gave him the specifics of the PA criteria. GHS will run a PA statistics by drug report for the next meeting. Matt also wondered about the timeline for Oxycodone getting rid of the generic MAC (maximum allowable cost) price, and Susan Parker said that nothing would happen until CMS revised the FUL that was currently in place..

A motion was made by Carol Frier to adjourn the meeting. Bruce Alexander seconded the motion. All in attendance approved. The meeting adjourned at 12:25 p.m. The next scheduled meeting will be November 8, 2007 at the Clive Aquatic Center.