Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 8, 2007

Chair: Susan Purcell, R.Ph.

Time: 8:40 a.m. to 2:45 p.m.

Location: Clive Aquatic Center, Clive, Iowa

Committee Members Present: Bruce Alexander, R.Ph., Pharm.D., BCPP; 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: Matthew Osterhaus, R.Ph

Iowa DHS Staff Present: Susan Parker, Pharm.D., Pharmacy Consultant; Brad Horn, Assistant Attorney General

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

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; she arrived at 9:30). The September 13, 2007 open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes. Dr. Priscilla Ruhe seconded the motion. The motion passed with no objections.

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

III. PDL (Dr. Clifford): GHS concluded negotiations during the first week of October, 2007. There will be very few proposed changes to the PDL. The pool Iowa belongs to is in the process of adding several more members. Over the summer, Utah became the fourth pool state, and Wyoming and West Virginia may be joining in the future.

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

V. The public speakers were:

SPEAKER	SUBJECT
D. Aaron Davis from Genentech	Nutropin
Nancy Hui from Genentech	Raptiva
Dr. Michael Jacoby from Boehringer-Ingelheim	Aggrenox
Dr. Mark Puricelli from from Ortho McNeil	Topamax

Dr. Wendy Waldman from Ortho McNeil	Topamax
Dr. Kevin Moore from Mercy Campus	Altabax
Dr. Neil Horning from GlaxoSmithKline	Advair
Dr. Mark Puricelli from Ruan Neurology	Imitrex
Micki Sandquist from American Lung Association	Advair
Dan Ramsey from American Lung Association	Smoking Cessation products
Maureen Kubacki from Ortho Biotech	Procrit
Dennis West from Taro Pharma USA	Ovide
Sina Linman from Methodist Physician's Clinic	Ovide
John Earle from Actelion	Tracleer
Tony Hosey from Bristol-Myers Squibb	Reyataz
Dr. Robert Calder from Merck	Januvia and Janumet
Dr. Boris Stevenin from Novo Nordisk	Levemir
Linda Burkett from Novo Nordisk	Norditropin
Diana Noller from Sanofi-Aventis	Lantus
Marsha Collins from Sanofi-Aventis	Lantus
Stan Rane from Novartis	Exelon
Jodi Jensen from UCB Pharma	Neupro
Nancy Bell from Pfizer	Celebrex
Eric Dawson from King Pharmaceuticals	Skelaxin and Avinza
Cynthia Schmeichel from Centocor	Remicade
Jennifer Harbison, IA Academy Family Physicians	Chantix
Natalie Battles from Clean Air for Everyone	Chantix
Stacy Frelund from American Cancer Society	Chantix
Mike Barger, P-AC from Adel Family Practice	Byetta, Symlin, and Levemir
Doyle Monsma from Arthritis Foundation	Lyrica
Karly Ashlock from Epilepsy Foundation of Iowa	Lyrica
Paula Odefey from Montgomery County Memorial Hospital Diabetes Eduation Center	Lantus
Amy Blickensderfer from Amylin	Byetta and Symlin
David Moylins,National Multiple Sclerosis Society	All Multiple Sclerosis drugs
Alt Tumadi from Biogen	All Multiple Sclerosis drugs
Glenda Lewis from CV Therapeutics	Renexa

At 11:07, motion to go to closed session was made by Dr. Haley Harvey and seconded by Dr. Chuck Wadle. The motion passed with unanimous approval. A lunch break followed. Open session resumed at 1:14 pm.

VI. PDL Discussion and Deliberation (ACEI and Thiazide Combo's through Antiasthmatics): In the ACEI and Thiazide Combo's, quinapril-hydrochlorothiazide was recommended to be non-preferred until it was priced as a generic. In the Alzheimer category, the recommendation was to add both the Exelon capsules and patches as preferred. It was recommended to make the new form of Zyflo (Zyflo CR) non-preferred. With the brand/generic issue involving Tambocor and flecainide acetate, PDL status will be reversed, making Tambocor non-preferred. There was a proposition to add Symbicort as a preferred drug in the Antiasthmatic category. Because of the prohibitive qualities, it was also

recommended that the Perforomist Nebulizer be non-preferred. In the Nasal Steroids, Flonase will become non-preferred and the generic fluticasone preferred. Veramyst was also recommended to be preferred, and Nasacort AQ non-preferred. Also, there is an opportunity to add the Pulmicort Inhalers as preferred. Dr. Carole Frier motioned to accept the above proposed changes, and Dr. Priscilla Ruhe seconded. The motion passed with no objections or abstentions.

VII. PDL Discussion and Deliberation (Antihistamines Non-Sedating through Cholesterol Fibric Acid Derivatives): The next proposed change was in the Anticonvulsants category, to make Lyrica non-preferred. There is significant savings potential involved with this recommendation. Dr. Hayley Harvey motioned that Lyrica be non-preferred, with the stipulation that the DUR committee would create the PA criteria to be used for non-seizure situations. Bruce Alexander seconded, and the rest of the committee agreed. In the Antihistamines, new product Xyzal was recommended to be non-preferred, because most people are currently taking the preferred OTC loratadine, on top of which, there will be a generic of Zyrtec soon. Evoxac was recommended to be a non-preferred drug, and its generic equivalent pilocarpine preferred. In the Beta Blockers, the generic version of Toprol XL (metaprolol) still costs substantially more than the brand, so the generic will remain non-preferred at this point. However, the generic opponent to the popular Coreg, carvedilol, will be less expensive than the brand by the end of the year and thus will be preferred. Amoxiliin (trihydrate) 400mg/5ml suspension was recommended to be preferred in the Beta-Lactams category. Also, Augmentin 400/5mL suspension was recommended to become non-preferred and its generic, amoxicillin & k clavulanate 400-57 mg/5mL suspension, preferred as it is now more cost effective. Additionally, Sular was recommended to be non-preferred because of its high cost. Caduet will become non-preferred as well, as its price no longer reflects the generic component in its make-up. In Cephalosporins, Duricef and Ceftin were both recommended to be non-preferred. In the Cholesterol category, Triglide was recommended to become non-preferred due to its minimal marketshare numbers. Pravastatin 10mg tablet, also in the Cholesterol category, was recommended to become preferred. Dr. Carole Frier motioned to approve these proposed changes. Dallas Sanders seconded, and the motion passed unanimously.

VIII. PDL Discussion and Deliberation (Contraceptives through COX-II Inhibitors): With the redefinition of AMP, the brand names of some of the contraceptives have lost some rebate support and are now more expensive than the generic formulations. Therefore, Nordette, Ortho-Cyclen-28, Ortho Micronor, Ortho-Novum 7/7/7-28, and Ortho Tri-Cyclen will become non-preferred and their respective generic counterparts will now be preferred. Within the reconfigured class COX-II Inhibitors-Selective, there are two recommended changes: to make the generic meloxicam preferred and brand-name Celebrex non-preferred. This reflects a change in strategy in trying to reduce use of Celebrex even further. Bruce Alexander motioned to accept the proposed changes. Dr. Priscilla Ruhe seconded his motion, and it passed with no objections.

IX. PDL Discussion and Deliberation (Cyto-Megalovirus Agents through Dopamine Receptor Agents): There will be another brand/generic flip between Foscavir and foscarnet, making the brand Foscavir non-preferred and the generic preferred now that it is less expensive. In the Insulin class, Exubera will become non-preferred as it is being taken off the market.

Also, the new form of Lantus, Lantus Solostar, was recommended to be non-preferred just as Lantus is non-preferred. Then there was a discussion comparing Lantus to Levemir, but as Levemir was able to maintain an 80% marketshare, the committee ultimately decided not to change Levemir's sole preferred money-saving status. Byetta and Symlin were recommended to be non-preferred. Duetact was recommended to become preferred. In Direct Renin Inhibitors, Tekturna was recommended to be non-preferred. Then there was a conversation regarding Actos and Avandia reviewing utilization information the committee has requested at the previous meeting. Dr. Clifford said that TZD usage was trending downward, and he believes that physicians are exercising caution when writing prescriptions in this drug class. He did not recommend a PDL status change at this time. In the Dopamine Receptor Agonists, cabergoline, the generic of Dostinex, is recommended to remain non-preferred due the current price differential between the two. Dr. Carole Frier made a motion to accept these changes, and Priscilla Ruhe seconded. It passed unanimously.

X. PDL Discussion and Deliberation (Estrogen Patches through Narcotics): Up next was the new drug topical estrogen patch Divigel, which was recommended to be non-preferred due to its price and niche-like attributes. Robinul was recommended to become non-preferred and the generic glycopyrrolate preferred since it is now more cost effective. Azulfidine and Cytotec will be non-preferred, and sulfasalazine and misoprostol preferred following this same reasoning. Urso 250 was recommended to be non-preferred because other drugs in its class are more cost effective for the State. Pediapred and Orapred were recommended to change to a non-preferred status, since the generic prednisolone sodium phosphate is now less expensive than the brands. The generic clarithromycin versions if Biaxin 125/5ml and 250/5ml suspensions were recommended to be non-preferred and the brand version of the 187.5/5ml suspension would also be non-preferred to maximize savings. In the Multiple Sclerosis Agents, Copaxone, which has been non-preferred up to this point, has had the largest marketshare in the category with 29%, so it was recommended to change its status to preferred to reduce PA volume and change Betaseron to non-preferred. New dosage form Amrix, in the Muscle Relaxants, was suggested to be non-preferred since it is just another version of Flexeril. Then in the Narcotics, there is just a minor adjustment, adding the generic oxycodone 5mg tabs as preferred. Dr. Priscilla Ruhe motioned to accept these recommendations. Dr. Chucke Wadle seconded, and this motion passed as well unanimously.

XI. PDL Discussion and Deliberation (Narcotics-Long Acting): There have been offers received for both Kadian and Avinza. In the interest of keeping the brand Oxycontin non-preferred, the State needs as many other alternatives as possible, as long as they are not too expensive. Although making Kadian preferred and Avinza non-preferred would result in the maximum amount of savings. However, if the committee ultimately decided to make both drugs preferred, the result would be diverting as many prescriptions as possible away from Oxycontin. Dr. Priscilla Ruhe proposed this motion, and Dallas Sanders seconded. There were no abstentions or objections.

XII. PDL Discussion and Deliberation (Nicotine Replacement Therapy): The committee discussed the offer on Chantix that had been brought up earlier in the public comments. However, the only offer that was made was contingent upon every other product in the

manufacturer's portfolio being preferred as well. The State found this unacceptable. If Pfizer ever makes another offer for Chantix alone, then it might be worth reconsidering adding it onto the PDL. This is under continual review by the DUR Committee to determine safety and efficacy for potential addition to the Iowa Medicaid program for coverage. There was no status change in the category at this time, and therefore no vote from the committee.

XIII. PDL Discussion and Deliberation (Opthalmic Antiallergics-Antihistamines through Phosphate Binders): Elestat was recommended to become non-preferred as it only holds a 10% marketshare in its category. Conversely, Optivar will become preferred in its place. This switch provides the opportunity for possible significant savings if some members can be rerouted to this drug instead of Pataday. Also, FML Liquifilm and Pred Forte will become non-preferred and their generic equivalents, fluorometholone ophthalmic suspension and prednisolone acetate ophthalmic suspension, will become preferred since they are now more cost effective than the brands. Quixin was recommended to be added as preferred, and Ocuflox as non-preferred, in the Opthalmic Quinilones category. In the Parkinson's class, there was an offer received for Neupro, but it would still be twice the cost of Mirapex. Plus, there is no data to support its superiority to the other available drugs on the PDL. Therefore, the recommendation at this point is to leave Neupro as non-preferred. In the Phophate Binders, the Renagel 800mg tab is disproportionately more expensive than the 400mg tab, so it was recommended to make the 400mg preferred and the 800mg non-preferred. Sue Purcell made a motion to accept these recommendations, and Dr. Priscilla Ruhe seconded. It passed unanimously.

XIV. PDL Discussion and Deliberation (Platelet Aggregate Inhibitors): Plavix is being mis-utilized, particularly in patients that only have TIA as a risk factor. So it was recommended to possibly require prior authorization for new starters of Plavix, making sure patients really have at least one good indication for Plavix usage. However, this needs to be done in a way that is manageable for the Prior Authorization unit. Also, it might be possible to increase Aggrenox use relative to Plavix. Therefore, Aggrenox was recommended to remain preferred in an attempt to persuade physicians to choose it more often. Dallas Sanders made a motion that Aggrenox and Plavix both be preferred, with a request that the DUR committee review Plavix for possible prior authorization criteria and run the numbers for new starters. Dr. Priscilla Ruhe and Bruce Alexander both seconded simultaneously, and the motion passed with no abstentions or objections.

XV. PDL Discussion and Deliberation (Pulmonary Anti-Hypertensives Endothelin Receptor Antagonists through the RDL): In this new Endolthelin Receptor Antagonist sub-class, the recommendation is to accept the Tracleer offer. There is already a PA requirement in place for this class to confirm the diagnosis, but this would make Tracleer preferred over Letairis following this mandatory prior authorization process. This presents a substantial cost savings opportunity. In Tetracyclines, Sumycin was recommended to be non-recommended. In the Topical Corticosteroids category, diflorasone diacetate cream and diflorasone diacetate emollient base cream can be added in as preferred. Also, Elocon lotion and cream were recommended to be preferred. However, the generic mometasone furoate ointment is now less expensive than the brand Elocon ointment, so the generic will now be preferred and the brand non-preferred. Ovide was recommended to continue to be non-preferred, as there were not enough failures on permethrin to suggest a change was needed as several

public speakers had implied; the cost differential is much too high. Lidamantle, Retin-A, Pyridium Plus, and Metrogel Vaginal will all be trading status with their respective generics, lidocaine-hydrocortisone acetate, tretoin, phanazopyridine-butabarbital-hyoscyamine, and metronidazole, with the generics now preferred because they have become less expensive. Seroquel XR was recommended not to have any preferential status, because there is still a premium attached to it and there is not any significant clinical advantage when compared to the immediate release; it was recommended that the member have a trial of the immediate release form prior to approval of the extended release form. There would be a Pro-DUR edit placed on the XR form to enforce this requirement. In Anxiolytics-Benzodiazepines, Tranxene T 3.75mg tab was recommended to be non-preferred. All of the drugs in the Anxiolytics – Long Acting class, including Xanax XR and all four tablet strengths of Alprazolam ER, were recommended to be non-preferred because of their high cost. New drug Vyvanse, a long-acting amphetamine, provides a good opportunity to reduce Strattera's marketshare. Vyvanse was created to be less prone to addiction, which would make it a good alternative for children not doing well with Strattera, and could produce significant savings for the State. The Kogenate FS Injections were recommended to be non-recommended, since the price was increased with the new formulation. Reyataz was recommended to be non-recommended. However, the POS system can be programmed to check the recipient's drug file to see if they have recently filled their ritonavir prescription. If so, a claim for Reyataz will pay without a prior authorization. This is just to ensure that the drug is being used in the manner it was intended. Dr. Priscilla Ruhe made a motion to accept these recommendations, and to ask that the DUR committee review Reyataz for clinical prior authorization requirements. Dr. Chuck Wadle seconded this motion, and it passed unanimously.

A motion was made by Bruce Alexander to adjourn the meeting. Dr. Chuck Wadle seconded the motion. All in attendance approved. The meeting adjourned at 2:45 p.m. The next scheduled meeting will be March 13, 2008 in State Capitol Room 116.