**Iowa Medicaid Pharmaceutical and Therapeutics Committee**
**Minutes**

**Date:** March 13, 2008

**Chair:** Susan Purcell, R.Ph.

**Time:** 9:35 a.m. to 11:14 a.m.

**Location:** Clive Aquatic Center, Clive, Iowa

**Committee Members Present:** Bruce Alexander, R.Ph., Pharm.D., BCPP; Priscilla Ruhe, M.D.; Susan Purcell, R.Ph, CGP; Hayley L. Harvey, DDS, MS; Dallas Sanders, PA-C; Mary Larew, M.D.; and Charles Wadle, D.O.

**Committee Members Absent:** Matthew Osterhaus, R.Ph; and Carole A. Frier, D.O.

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

**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.

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. The November 8, 2007 open session minutes were reviewed. Dr. Kline noted that he had been listed as present at that meeting in error. Priscilla Ruhe made the motion to approve the minutes. Haley Harvey seconded the motion. The motion passed with no objections.

II. Legislation Updates (Susan Parker): The House is working on legislation relating to disclosure of relationships with pharmaceutical manufacturers, which would apply to the P&T Committee. However, this will not actually have much of an impact on current procedures as Committee members are already filling out conflict of interest disclosures. Secondly, the budget for the Department of Human Services, as submitted to the Legislature, will include some changes for the Preferred Drug List. This change is included in Senate Study Bill 3216, which is the DHS appropriations bill. It states that the Department shall implement cost-saving initiatives, including: implementing a surcharge for claims filed on paper when electronic filing is available, including claims for behavioral health drugs on the Preferred Drug List, revising the state maximum allowable cost for generic drugs by eliminating brand name drugs from the calculation, and collecting a supplemental rebate on diabetic supplies.

III. PDL (Dr. Clifford): The proposed PDL changes revolve mainly around re-adjusting brand and generic status due to the State resetting MAC prices. There will also be some generic

equivalents of significant brand names, in particular Risperdal, coming out soon. The PDL is doing well so far in meeting its cost savings targets. There will be pool renegotiations this summer, but the PDL is expected to remain stable. The percentage of drugs that do not require a prior authorization will continue to increase as with the past couple of years. Prior authorization requests have gone up in volume since the addition of Chantix coverage, but the average determination time is still right around one hour.

IV. PA Criteria/Pro-DUR Edits (Susan Parker): Susan Parker reviewed the DUR Commission recommendations and Informational Letters sent since the last P&T meeting. These included the DUR recommendations from their November 7th meeting, regarding PA criteria for biological agents, wherein it was stated that Enbrel, Humira, and Raptiva would be preferred (though still require prior authorization), and payment for non-preferred medications authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent. Informational Letter 659, notifying providers of changes to the PDL, was also mentioned. On December 4th, the DUR Commission concluded that prior authorization, as well as documentation of medical necessity, is required for concurrent therapy with long-acting injectable and oral antipsychotics of the same chemical entity after 12 weeks of concomitant therapy. Informational Letter 668, effective February 1, 2008, detailed changes to the smoking cessation program now expanded to include coverage for IowaCare members, and the corresponding PA process and criteria. Informational Letter 678 was also targeted to IowaCare providers, providing more specific billing instructions for counseling office visits and the Chantix PA process. Informational Letter 679 covered those same topics, but was revised slightly to apply to all Iowa Medicaid providers and not just those that provided for IowaCare members. On February 6th, the DUR Commission submitted the outcomes from discussion on immune serums and Chantix, as well as PA criteria for Lyrica and modifications to criteria for Synagis and Sedative/Hypnotics-Non-Benzodiazepines. Lastly, the outcomes from the March 5th DUR meeting were reviewed, including Reyataz and Platelet Aggregate Inhibitors, which were referred to the DUR from the P&T Committee. The DUR Commission believed that atazanavir was being utilized appropriately (in combination with ritonavir), and did not want to institute any barriers to therapy as the P&T had suggested. The P&T committee had also asked DUR to evaluate Plavix and Aggrenox marketshare for inappropriate use, but as both drugs are considered appropriate therapy in patients with TIA or stroke by the American Heart Association guidelines, they decided it was unnecessary to take action on this issue. In addition, at this same meeting, they made recommendations for new PA criteria for extended-release formulations of Chantix, as well as modifications to criteria for Non-Parenteral Vasopressin Derivatives of Posterior Pituitary Hormone Products-desmopressin, Amylino Mimetics (Symlin), and Incretin Mimetics (Byetta).

V. P&T Manual: Susan Parker asked the committee to review changes and updates to the P&T handbook, including committee bylaws. Bruce Alexander motioned to accept the changes to Tab 2, and Dr. Priscilla Ruhe seconded. The motion passed with unanimous approval.

VI. Drug Rebate Issues (Brad Horn): There have been some instances involving unpaid supplemental rebates, specifically because some of the manufacturers are insisting on resolving old disputes before they attempt to resolve and pay on the new invoices. The committee may want to adjust the PDL if there continue to be issues with unpaid rebates on

preferred drugs. The manufacturers and the State need to mutually agree on a better process. Dr. Clifford commented that the current invoices are examined for possible disputes before they are mailed out to the manufacturers, and this should diminish the amount of future disputes. That being said, cleaning up past disputes has been extremely time-consuming for the State staff. This topic will hopefully be on the upcoming SSDC agenda so that the pool states may approach this problem from a unified position.

VII. There were no public speakers.

At 10:10, motion to go to closed session was made by Dallas Sanders and seconded by Hayley Harvey. The motion passed with unanimous approval. Open session resumed at 10:55 am.

VIII. PDL Discussion and Deliberation (Dr. Clifford): Acthar HP and Aldactazide 25/25mg were both recommended to change to non-preferred on the PDL as they are no longer cost effective choices. Augmentin 200-28.5mg Suspension was recommended to change to non-preferred, and Amoxil Clavulanate 200-28.5mg Suspension to preferred since it became more cost effective. Betaseron was recommended to change from draft preferred to preferred. Brimonidine Ophthalmic Solution 0.2% was recommended to change to preferred since it became more cost effective. Cefzil 250mg Suspension was recommended to change to non-preferred, and Cefprozil 250mg Suspension to preferred since it became more cost effective. Cleocin T 1% Lotion was recommended to change to non-preferred, and Clindamycin Phosphate Lotion 1% to preferred since it became more cost effective. Cleocin T 1% Solution, DesOwen 0.05% Ointment, and Diprolene 0.05% Ointment were recommended to change to non-preferred as they are no longer cost effective. Dostinex was recommended to be removed from the PDL because the manufacturer discontinued production of the drug, and then cabergoline would become preferred. Erygel was recommended to change to non-preferred as it is no longer cost effective. Ethmozine and Exubera were recommended to be removed from the PDL because the manufacturers discontinued production of the drugs. Garamycin Ophthalmic Ointment was recommended to change to non-preferred as it is no longer cost effective. Glucagon Emergency Kit was recommended to become non-preferred, and GlucoGen Hypo Kit become preferred since it became more cost effective. Haldol 0.5mg and 1mg were recommended to be removed from the PDL because the manufacturer discontinued them. Haldol Lactate Concentrate was recommended to change to non-preferred, since the generic became available and is more cost effective. Hepsera was recommended to change to preferred due to current American Association for the Study of Liver Diseases (AASLD) guidelines. Inderal LA was recommended to change to non-preferred for cost-effectiveness. Kayexalate was recommended to change status to non-preferred as it is no longer cost effective. Lamisil 250mg was recommended to change status to non-preferred, and Terbinafine 250mg to preferred with conditions since it became more cost effective. LO-Ovral was recommended to change to non-preferred, and Norgestrel and Ethinyl Estradiol 0.3mg-30mcg to preferred since they became more cost effective. Metrocream 0.75% was recommended to change to non-preferred, and Metronidazole Cream 0.75% to preferred with conditions since it became more cost effective. Penicillin G 250mg was recommended to change to non-preferred as it is no longer cost effective. Phenergan 12.5mg Suppositories were recommended to change to non-preferred as it is no longer cost effective. Quinapril was recommended to change to

preferred since it became more cost effective. Rocephin was recommended to change to non-preferred, and Ceftriaxone to preferred since it became more cost effective. Terconazole 0.4% Vaginal Cream was recommended to change to preferred since it became more cost effective. Tizanidine 2mg was recommended to change to preferred since it became more cost effective; comparable to the price of the 4mg version (which is currently preferred). Toprol XL was recommended to change to non-preferred, and Metoprolol Succinate ER to preferred since it became more cost effective. Tyzeka was recommended to change status to non-preferred due to current AASLD guidelines. Ultravate Cream 0.05% was recommended to change to non-preferred, and Halobetasol Propionate Cream 0.05% to preferred since it became more cost effective. Urso 300mg was recommended to change to non-preferred as it is no longer cost effective. Zemplar was recommended to change to preferred as it has become a cost effective choice. Bruce Alexander motioned to accept these proposed PDL changes, and Dr. Mary Larew seconded. The motion passed with unanimous approval.

IX. Newly Released Drugs (Dr. Kline): Azor, Bystolic, Calomist, and Combigan were recommended to be non-preferred on the PDL because none of them are cost effective comparable to other available choices. However, there are currently negotiations taking place regarding Combigan, so it may soon be more cost neutral, and could be added onto the PDL in the future. Chantix was recommended to become preferred with conditions, which were supplied by the DUR Commission. Isentress, in the HIV category, was recommended to be added as a recommended drug on the RDL, with a recommended Pro-DUR edit to verify treatment experienced concurrent use with 2 or more drugs, failure of at least 3 classes (NNRTI, NRTI, and PI) due to resistance, and no concurrent use with rifampin. Sue Purcell motioned to accept these recommendations, adding a condition that if Combigan becomes cost neutral comparable to the separate active ingredients, and its manufacturer offers a 3-year commitment before the next meeting, it could become preferred at that time. Dallas Sanders seconded, and the motion passed unanimously.

X. Newly Released Generics and New Dosage Forms (Dr. Clifford): Balsalazide, Ciclopirox, Famciclovir, Glipizide/Metformin, Granisetron, and Ramipril were all recommended to be added as non-preferred drugs on the PDL as they are not cost effective options. Ipatropium/Albuterol Solution, Moexipril/HCTZ, and Oxcarbazepine were also recommended to be non-preferred due to the existing contracts on DuoNeb, Uniretic, and Trileptal respectively. Pantropazole was recommended to be non-preferred, as it is much more expensive than Protonix, which is preferred with conditions. Propranolol CR was recommended to be preferred, because it is far less expensive than Inderal LA as it has been priced by its new manufacturer. The new dosage forms Extina Foam and Flector Patch were both recommended to be non-preferred as they are not cost effective relative to their other dosage forms. Pulmicort 1mg Respules were recommended to be preferred for children under 8 years of age similarly to other strengths. Sanctura XR and Zemplar Capsules were both recommended to be preferred because of supplemental rebate contracts making them cost effecitve. Hayley Harvey moved to accept these recommendations, and Dr. Priscilla Ruhe seconded. The motion passed with no objections or abstentions.

A motion was made by Bruce Alexander to adjourn the meeting. Dr. Mary Larew seconded the motion. All in attendance approved. The meeting adjourned at 11:14 a.m. The next scheduled meeting will be June 12, 2008 in State Capitol Room 116.