Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: March 12, 2009

Chair: Susan Purcell, R.Ph.

Time: 9:43 a.m. to 12:09 p.m.

Location: Des Moines Botanical Center (Willow Room), Des Moines, Iowa

Committee Members Present: Bruce Alexander, R.Ph., Pharm.D., BCPP; Matthew Osterhaus, R.Ph.; Priscilla Ruhe, M.D.; Susan Purcell, R.Ph, CGP; Hayley L. Harvey, DDS, MS; Mary Larew, M.D.; and Charles Wadle, D.O.

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.; Erin Halverson, R.Ph.; 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 13, 2009 open session minutes were reviewed. Matt Osterhaus made the motion to approve the minutes, with a correction to page 3. Bruce Alexander seconded the motion. The motion passed with no objections.

II. Legislative Report – Diabetic Review: The committee was given the final version of the letter regarding the diabetic PDL class that was sent to the legislature in December.

III. PDL (Dr. Clifford): Generic utilization is increasing, and comprised more than 68% of prescriptions for calendar year 2008. With the new generics coming out soon, it should go over 70%.

IV. PA Criteria/Pro-DUR Edits (Susan Parker): Susan Parker reviewed the letter sent to the DUR Commission on behalf of the P&T Committee following the November meeting. This letter asked the commission to review existing PA criteria for Byetta. She also mentioned Informational Letter 768, which announced the PDL changes that had been voted on at the November P&T meeting and changes in PA criteria for Extended Release Formulations, Growth Hormones, Serotonin 5-HT1-receptor Agonists, and Zyvox, as well as new criteria for Vusion Ointment. In addition, this informational letter explained a new POS tablet splitting edit for Lexapro and new ProDUR quantity limits on Glucagen, Lexapro 5mg, and Lexapro 10mg.

V. Drug Rebate Issues: The State has been collecting rebates for 40-45% of every dollar spent on dispensed medications each quarter. The PDL construction, supplemental rebates, and the Deficit Reduction Act all contribute to this.

VI. The public speakers were:

SPEAKER	SUBJECT
Theodore Young from Eisai, Inc	Banzel
Gianna Rigoni from Abbott Labs	Trilipex
Robert Borders from GlaxoSmithKline	Promacta

At 10:13, motion to go to closed session was made by Priscilla Ruhe and seconded by Hayley Harvey. The motion passed with unanimous approval. Open session resumed at 11:05.

VII. PDL Discussion and Deliberation (Dr. Clifford): To maximize cost savings to the program, it was recommended to make the following drugs non-preferred on the PDL: Accuneb Solution 0.63mg/3ml, Altace, Amoxil 400mg/5ml suspension, Amoxil 500mg tablets, Atrovent Solution, Bactroban Ointment, Bleph 10 ophthalmic drops, Cefzil 250mg/5ml suspension, Ceftin tablets, Cogentin tablets, Diprosone Cream, Elimite, Elocon Cream, Humatin, Lotrisone cream, Prevpac, Prialt, Proamatine, Remeron tablets, Risperdal, Vistaril 50mg, Xodol, Zithromax 200mg/5ml suspension, Zithromax Z-Pak, Zmax, and Zonegran, for which existing users with seizure diagnosis would be grandfathered. DDAVP would be non-preferred with conditions. Based on this same reasoning, the following were recommended to become preferred on the PDL: Albuterol Sulfate Inhalation Solution 0.63mg/3ml, Ramipril, Mupirocin Ointment, Cefprozil 250mg/5ml suspension, Clarithromycin 500mg tablets, Desmopressin Acetate, Mometasone Furoate Cream, Ortho Micronor, Midodrine, Risperidone, Seasonale, Azithromycin 200mg/5mls suspension, and Zonisamide. Nitrostat Sublingual 0.4mg would also be preferred because of large CMS rebates. The following have been discontinued by the manufacturer, and were thus recommended to be removed from the PDL: Aygestin, Bicitra, Cipro Cystitis, Zyrtec, Compazine Injection 5mg/ml, Cortisporin Ophthalmic Suspension, Dextrostat, Eskalith, Eskalith CR, Kantrex, Lariam, LEVA-Pak, Prevacid Naprapak, Mucomyst, Nimotop, Ortho Novum 1/50, Relafen, Rocaltrol, Tri-Levlen, and Urispas. As a result of these removals, the following drugs would become preferred: Sodium Citrate and Citric Acid, OTC Cetirizine 5mg tablet, OTC Cetirizine 10mg tablet, OTC Cetirizine 1mg/ml solution, Prochlorperazine Injection 5mg/ml, Neomycin-Polymyxin-HC Ophthalmic Suspension, Mefloquine HCL, Calcitriol, Levonorgestrel-Ethinyl Estradiol, and Flavoxate. In addition, it was recommended to add Epinephrine Racemic Solution 2.25% (Racepinephrine) as preferred on the PDL for immediate access for the diagnosis of croup. PDL removal was recommended for Orencia since the drug requires intravenous infusion, as well as drug products that contain papain in a topical dosage form (Accuzyme, Allanfill, Allanzyme, Ethezyme, Gladase, Kovia, Panafil, Pap Urea, and Ziox Ointments) because no product currently has FDA approval. Reyataz was recommended to become recommended on the PDL because of updated guidelines by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents. Sorbitol will be removed from the PDL since there are no longer any rebatable NDC numbers available and because the drug is now available over the counter. Lastly, it was recommended to change the status of Toprol XL to preferred on the PDL in addition to the generic being preferred, since there has been inconsistency in the generic availability. Sue Purcell motioned to accept these recommendations, Priscilla Ruhe seconded, and the motion passed with no objections.

VIII. Newly Released Drugs (Dr. Kline): Alvesco, Banzel, and Durezol were all recommended to be non-preferred because of their high costs. Sue Purcell motioned to accept these recommendations, and Matt Osterhaus seconded the motion. The vote was unanimous. Dr. Larew motioned for new drugs Nplate and Promacta to be referred to the DUR commission for further clinical review and development of PA criteria. In the meantime, Promacta will be preferred with conditions and Nplate non-preferred. Bruce Alexander seconded this motion, and it passed with no objections.

IX. Newly Released Generic Drugs and New Dosage Forms: Newly released generics budesonide, divalproex er, dorzolamide, risperidone solution, levetiracetam, and venlafaxine er (which is actually a brand-name drug that adopted a generic name) were all recommended to be non-preferred as the brands are still currently more cost effective. Epoprostenol was recommended to be preferred with conditions as it is less expensive than Flolan, which will in turn become non-preferred with conditions. Sumatriptan was recommended to be non-preferred with conditions, as the brand Imitrex is more cost effective and there is a contract in place. Lastly, stavudine will be non-recommended, while the brand name Zerit will remain recommended. Hayley Harvey motioned to accept these recommendations, and Chuck Wadle seconded. The motion passed unanimously. In the new dosage forms, Astepro was recommended to be non-preferred with conditions just like Astelin, and Reprexain, Twinject, and Veripred were all recommended to be non-preferred to maintain cost effectiveness in their respective categories. Matt Osterhaus motioned to accept these recommendations, Bruce Alexander seconded, and the motion passed unanimously. Sue Purcell motioned to refer the other drug on the agenda, Trilipix, to the DUR commission. They will be asked to analyze the possible safety issues and current utilization of Tricor, statins, and combinations prior to recommending a PDL status for Trilipix. It will be non-preferred for now. Chuck Wadle seconded, and it passed with no objections. Chad Bissell will have the DUR analysts start pulling utilization data.

A motion was made by Mary Larew to adjourn the meeting. Priscilla Ruhe seconded the motion. All in attendance approved. The meeting adjourned at 12:09 p.m. The next scheduled meeting will be June 11, 2009.