Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: June 11, 2009

Chair: Susan Purcell, R.Ph.

Time: 9:37 a.m. to 12:07 p.m.

Location: Capitol Room 22, 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.; Charles Wadle, D.O.; and Carole Frier, 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.; 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, DHS staff, and IME staff member introduce themselves to the public. The March 12, 2009 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. PDL (Dr. Clifford): The SSDC drug pool is accepting bids. The initial bids were due to be submitted by June 12th. The states would review them the following week.

III. PA Criteria/Pro-DUR Edits (Susan Parker): The May 7th and June 4th letters to DHS from the DUR Commission outlined newly proposed PA criteria for Modified Formulations, Extended Release Formulations, ADD/ADHD/Narcolepsy, and Nonsteroidal Anti-Inflammatory Drugs.

IV. Drug Rebate Issues: Throughout the annual bidding process, manufacturers have been reminded that they need to be reasonably current on supplemental rebates. There have been numerous mergers and acquisitions in the last year; some of the manufacturers have had difficulties getting the new contracts turned around in a timely manner. Because of the Deficit Reduction Act and the PDL, the State continues to collect nearly 45% of initial expenditures back in rebates.

V. Legislation: None at this time.

VI. The public speakers were:

SPEAKER	SUBJECT
David Moore, M.D. – UCB, Allergan, & Abbott	Antiepileptic Drugs
Jodi Jensen from UCB Inc.	Vimpat
Nancy Bell from Pfizer	Toviaz
Gianna Rigoni from Abbott	Trilipix
Ann O'Brien from Sandoz	Omnitrope

At 10:15, motion to go to closed session was made by Chuck Wadle and seconded by Mary Larew. The motion passed with unanimous approval. Open session resumed at 11:16.

VII. PDL Discussion and Deliberation (Dr. Clifford): It was recommended to change the status of Cefaclor 250mg capsules to non-preferred (brand is already non-preferred) on the PDL to maximize cost savings to the program. It was recommended to change the status of Meperidine injection 50mg/ml and Meperidine injection100mg/ml to non-preferred on the PDL to maximize costs savings to the program, since the tablet dosage forms are already preferred. Effective May 8, 2009 **OTC** Polyethylene Glycol 3350 (PEG) Powder was added as preferred on the PDL for ages 0-12, non-preferred for ages 13-18 and not covered for ages 19 and above. It was recommended that the legend PEG products be removed since these products were designated as a non-payable DESI 5 code by CMS. It was recommended to remove Remicade from the PDL since it requires professional administration. It was recommended to change the status of Santyl from draft preferred to preferred on the PDL because of the FDA notification of removing unapproved drug products that contain papain in topical dosage forms. Priscilla Ruhe motioned to accept these recommendations, and Bruce Alexander seconded. The motion passed with no objections. There was also a discussion of Trilipix and its current status on the PDL (also discussed at the May 6, 2009 DUR meeting). The DUR Commission decided that Trilipix did not offer any clinical advantages. The P&T Committee concurred that it should remain non-preferred. The Attorney General's office would also be involved in any status change of Trilipix. Since it has been discontinued by the manufacturer, Grifulvin V Suspension was recommended to be removed from the PDL; the status of Griseofulvin Suspension 125mg/5ml would be changed to preferred with conditions. Ku-Zyme and Ku-Zyme HP will also be removed from the PDL since they have been discontinued by the manufacturer. Additionally, it was recommended to remove all Lipram products from the PDL since they have been discontinued by the manufacturer. It was recommended to remove Mycelex Troche from the PDL since it has been discontinued by the manufacturer, and change the status of Clotrimazole Troche to preferred with conditions. It was recommended to remove Raptiva from the PDL since the manufacturer withdrew the drug from the US market due to an increased risk for progressive multifocal leukoencephalopathty (PML). It was recommended to remove Stadol Nasal Spray from the PDL since it has been discontinued by the manufacturer (generic is still available with prior authorization). Bruce Alexander motioned to accept these recommendations, and Hayley Harvey seconded. The motion passed with no objections. It was recommended to change the status of Carbamazepine 100mg/5ml suspension to preferred on the PDL to maximize cost savings to the program. Tegretol 100mg/5ml suspension is already preferred on the PDL. It was recommended to change the status of Lamotrigine to preferred, and change the status of Lamictal to non-preferred on the PDL (grandfathering members with a diagnosis of seizure disorder) to maximize costs savings to the program. It was recommended to change the status of

Levetiracetam to preferred and Keppra to non-preferred on the PDL (grandfathering members with a diagnosis of seizure disorder) to maximize costs savings to the program. It was recommended to change the status of Venlafaxine tablets to preferred and Effexor tablets to non-preferred on the PDL to maximize costs savings to the program. It was recommended to change Rowasa 4 gram/60 enema to non-preferred since mesalamine 4 grams/60 ml enema is already preferred. Matt Osterhaus motioned to accept these recommendations, and Chuck Wadle seconded. The motion passed with no objections.

VIII. Newly Released Drugs (Dr. Kline): Afinitor was recommended to be recommended on the PDL as it has been proven to be effective. Degarelix was found to be at least as effective as Lupron in maintaining castrate levels of testosterone, and was thus recommended to be recommended. Kapidex was recommended to be non-preferred with conditions to maximize cost savings, and also because it does not have a pediatric indication like some of the other preferred drugs. Toviaz was statistically significantly more effective than Detrol LA for the endpoints of incontinence and severe urgency; it was recommended to be preferred on the PDL. Rapaflo, Vimpat, and Uloric were all recommended to be non-preferred to maximize cost savings for the program. The DUR Commission will create PA criteria for Uloric. Chuck Wadle motioned to accept these recommendations, and Mary Larew seconded. The motion passed unanimously. Dr. Frier requested that the percentage of the population receiving Anti-Spasmodic medications be brought to the next meeting.

IX. Newly Released Generic Drugs and New Dosage Forms: Amphetamine ER was recommended to be non-preferred with conditions because of a contract in place for Adderall XR. Likewise, Dorzolamide/Timolol was recommended to be non-preferred because of a contract for Cosopt. Topiramate will be non-preferred, just as Topamax is non-preferred, at least until its price is reduced. Aczone Gel was recommended to be non-preferred with conditions due to its high cost. Apriso was recommended to be non-preferred due to its pricing. Aralast NP will be non-preferred with conditions just like Aralast. Eliphos was recommended to be non-preferred. Exforge HCT was recommended to be preferred with conditions; its contract conditions will match those on the current Exforge contract. Gelnique and Gesticare were both recommended to be non-preferred. Gesticare DHA and Natelle Plus Pak with DHA were recommended to be non-preferred due to their high cost. Omnitrope was recommended to be non-preferred with conditions. Prandimet and Prefera-OB were both recommended to be non-preferred. Prezista 75mg and 150mg will be recommended. Ryzolt will be non-preferred. Sancuso will be non-preferred with conditions. Matt Osterhaus motioned to accept these recommendations, and Bruce Alexander seconded. The motion passed with no objections.

A motion was made by Bruce Alexander to adjourn the meeting. Chuck Wadle seconded the motion. All in attendance approved. The meeting adjourned at 12:07 p.m. The next scheduled meeting will be September 10, 2009.