Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 18, 2010

Chairperson: Matt Osterhaus, R.Ph.

Time: 8:55 a.m. to 1:52 p.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Bruce Alexander, R.Ph., Pharm.D., BCPP; Matthew Osterhaus, R.Ph.; Hayley L. Harvey, DDS, MS; Charles Wadle, D.O.; Mark Graber, M.D.; Sue Purcell, R.Ph., CGP; Carole Frier, D.O. and Rachel Ford, PA-C.

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

Iowa Medicaid Enterprise (IME) Staff Present: Tim Clifford, M.D.; John Grotton, R.Ph.; Sandy Pranger, R.Ph.; Erin Halverson, R.Ph.; Jason Kessler, M.D. and Melissa Biddle.

Chairperson Matt Osterhaus called the meeting to order.

I. Matt Osterhaus asked that each committee, DHS staff, and IME staff member introduce themselves to the public. The September 9, 2010 open session minutes were reviewed. Hayley Harvey made the motion to approve the minutes, with a couple of corrections. Bruce Alexander seconded the motion. The motion passed with no objections.

II. PDL (Dr. Clifford): Most supplemental rebate contracts for 2011 have been finished up. There are a couple of issues, however. The company that previously manufactured Enablex no longer owns that drug, and the new company in control did not sign a contract prior to the meeting. This will cause a PDL status change for this drug. A fair number of the other proposed PDL changes were brought on by the Healthcare Reform Bill, especially in regards to the line extension drugs. CMS did issue a letter on September 28th clarifying how much rebate they would be taking back. The clarifications actually work in the State's favor, reducing the amount of rebate from what was previously projected. There is also one potentially salvageable line extension drug that may be able to remain preferred, though CMS has yet to say which drugs will qualify for the aforementioned classification.

III. PA Criteria/Pro-DUR Edits (Susan Parker): Informational Letter 943 notified of changes to the PDL effective October 18, 2010, along with ProDUR quantity limits implemented on that same date, and Synagis coverage for the 2010-2011 RSV season. Informational Letter 909 notified providers that beginning in August 2010, provider payments, informational letters, and Medicaid provider general letters would be transmitted exclusively in an electronic format. Also, all provider payments will only be transmitted via Electronic Funds Transfer as of August 23, 2010. A DUR Commission recommendation letter dated October 7, 2010, outlined proposed prior authorization criteria changes for Extended Release Formulations, Biologicals

for Ankylosing Spondylitis, Biologicals for Inflammatory Bowel Disease, Biologicals for Plaque Psoriasis, and Lidocaine Patch. The refill tolerance will be changed to 85% for all drugs effective January 1, 2011. The DUR Commission is also looking into criteria for Vitamin D and multivitamins without fluoride as was suggested at the September P&T Meeting.

IV. Legislation: The effective date for implementation of the rules that came about from the changes that the legislature put in place last session in regards to the Mental Health Drugs will be January 1, 2011.

V. IME Updates (Dr. Kessler): The IowaCare expansion began on October 1st, bringing 20,000 Iowans into four Medical Home centers. Most issues thus far have been with non-covered medications and services. A task force is currently looking into the possibility of getting pharmacy benefits for these members, and working on establishing a more inclusive medical home program. There is a co-op effort with Magellan to look into psychotropic use in children ages 0-5, as well as use in foster care and intellectually disabled populations. Care Managers are using pharmacy information to look at psychotropic use, and share that information with providers. IDPH is working on finalizing the technical vendor contract for the state health information exchange network, and the Iowa Medicaid HIT plan has been conditionally approved by CMS, with a request for minor revisions due 11-19-10. A waiver prior authorization program has just been initiated, using criteria to evaluate the medical necessity of any requests over the median amount. There are two new newsletters for the IME: Medicaid Endeavors, and The Medical Director's Minute. Both can be accessed on the IME website. Additionally, Iowa is also part of a multi-state study to study and reduce hospital readmissions.

VI. The public speakers were:

SPEAKER	SUBJECT
Matthew Brown from IA Head & Neck Assoc., Alcon Labs	Ciprodex
Fran Gander from Novo Nordisk	Norditropin FlexPro, Nordiflex
Glenda Lewis from Gilead Sciences	Letairis, Ranexa
Karen Vandeputte from Astellas Pharma	Protopic
Chris Marrone from Eli Lilly and Company	Effient
Joanne Raymond from Novartis	TekAmlo
Theodore Young from Eisai Inc.	Aricept (23mg tab)
Michael Jones from GlaxoSmithKline	Avodart, Jalyn
Courtney Walker from Centocor Ortho Biotech	Remicade, Stelara, Simponi
Curt Griffith from UCB Pharma	Cimzia
Susan Raspa from Actelion Pharmaceuticals	Tracleer, Ventavis
Felecia Williams from Merck and Company	Januvia, Janumet
Shalley Gupta from Bristol-Myers Squibb	Onglyza
Teri Kramer from Taro Pharmaceuticals	Ovide
(written statement Dr. Laura Wildering, Creighton University)	Ovide
Ernest Pitting from Genentech	Pegasys
William Smith from Reckitt Benckiser	Suboxone Film

At 10:34, motion to go to closed session was made by Chuck Wadle and seconded by Mark Graber. The motion passed with unanimous approval. Open session resumed at 12:59.

VII. PDL Discussion and Deliberation (Dr. Clifford): To maximize cost savings to the program, Trandolapril and Disopyramide were recommended to change to preferred on the PDL, while Twinject, Norpace, Vospire ER, and Asmanex 30 110mcg will all become non-preferred. Lovenox 300mg/3ml will become non-preferred with conditions. Aricept ODT was recommended to be non-preferred with conditions as it is considered a line extension in the Healthcare Reform Bill. Mintezol and Gantrisin will be removed from the PDL since they have been discontinued by their respective manufacturers. Carole Frier motioned to accept the above recommendations, and Chuck Wadle seconded. The motion passed unanimously. To maximize cost savings to the program, Ondansetron Oral Solution and Tazorac were recommended to be non-preferred with conditions on the PDL, and Lodosyn, Enablex, Avodart (existing users temporarily grandfathered), and Proscar will be non-preferred, and Finasteride preferred. Additionally, for this same reason, Venlafaxine ER Tablets made by Upstate Pharma will be preferred, and all other non-contracted generics will be non-preferred. Keppra XR, Paxil CR, Detrol LA, and Sanctura XR are all considered line extension drugs in the Healthcare Reform Bill, so the following recommendations were made: change Keppra XR to non-preferred with conditions (grandfathering members with a diagnosis of seizure disorder), change Paxil CR to non-preferred with conditions (grandfather existing users), and change Detrol LA and Sanctura XR to non-preferred. Carole Frier motioned to accept these recommendations, and Bruce Alexander seconded. The motion passed unanimously. To maximize cost savings to the program, it was recommended to change Cardizem LA, Verelan 120mg SR, and Cedax to non-preferred. The following drugs have been discontinued by their manufacturers and will be removed from the PDL: Cefzil tablets and suspension, Aquatab DM, Aquatab C, Aquatab D, Andehist DM Syrup NR, and Toradol. It was recommended to change Cefprozil tablets and Cefprozil 125mg/5ml suspension to preferred, as the preferred brand (Cefzil) is no longer available. Additionally, it was recommended to change Lescol XL to non-preferred with conditions as it is considered a line extension in the Healthcare Reform Bill. Hayley Harvey motioned to accept these recommendations, and Sue Purcell seconded. The motion passed with all in favor. To maximize cost savings to the program, Onglyza and Eplerenone were recommended to change to preferred with conditions, while Inspra will be non-preferred with conditions. Additionally for this same reason, it was recommended to change Ciprodex to non-preferred and block 72 hours emergency fill. The committee members consulted the Marketshare report; Ciprodex had 6141 prescriptions in 9 months, Cipro HC had 722, and neomycin-polymyxin-HC had 4493. The net cost of the Cipro HC is in the range that had originally been talked about, and no public comments were received stating why Cipro HC couldn't be used. Dr. Clifford said that it would definitely be a much smaller niche for Ciprodex to reserve it through PA for kids with perforated TMs. Dr. Graber added that he didn't think there was any evidence that Cipro HC was not effective. Changing Belladonna Alkaloids & Opium Suppositories 16.2-30mg to non-preferred, Cimzia Kit to non-preferred with conditions, and Balsalazide to preferred will also help maximize cost savings to the program. Liposyn was recommended to become preferred as the preferred generic (fat emulsion) is not available. The following were recommended to be removed from the PDL as they have been discontinued by the manufacturer: Ogen, Decadron, Iplex, and Baytet. Maxalt MLT was listed on the agenda with a recommendation to change to non-preferred with conditions as it is considered a line extension in the Healthcare Reform Bill; however, this

recommendation was overturned and it will be kept preferred with conditions as pricing was later found to still be comparable. Sue Purcell motioned to accept these recommendations (leaving Maxalt MLT preferred with conditions), and Mark Graber seconded. The motion passed with none opposed. To maximize cost savings: Kadian 10mg, Avinza 45mg and 75mg, Boniva, and Renagel 800mg were recommended to become non-preferred, while Tracleer and Adderall XR (with existing users of both grandfathered) will be non-preferred with conditions, Renvela preferred, and Adcirca preferred with conditions. Panlor DC and Ansaid will be removed from the PDL since they have been discontinued by their respective manufacturers. Carole Frier motioned to accept these recommendations, and Sue Purcell seconded. The motion passed unanimously. It was recommended to change MetroLotion to non-preferred with conditions, and Metronidazole Lotion to preferred with conditions, to maximize cost savings to the program. Rosac, Diprosone, Synalar, and CaloMist will be removed from the PDL since they have been discontinued by their manufacturers. It was recommended to change Desoximetasone 0.25% Cream to preferred to maximize cost savings to the program. It was recommended to change Salex Shampoo to non-preferred and Salicylic Acid Shampoo to preferred to maximize cost savings to the program. It was recommended to change Elidel to non-preferred, with a referral to DUR for PA criteria to maximize cost savings to the program. It was recommended to change Protopic to non-preferred, with a referral to DUR for PA criteria to maximize cost savings to the program. It was recommended to change Xylocaine 4% Solution to non-preferred to maximize cost savings to the program. It was recommended to change Hiprex to preferred due to the preferred drug Urex not being available. Finally, it was recommended to change Urex to non-preferred due to the product being unavailable. Chuck Wadle motioned to accept this last group of recommendations, and Sue Purcell seconded. No members were opposed.

VIII. RDL Discussion and Deliberation (Dr. Clifford): It was recommended to change Arimidex to non-recommended to maximize cost savings to the program, and also to remove Taxol from the PDL since it has been discontinued by the manufacturer. Carole Frier motioned to accept these recommendations, and Bruce Alexander seconded. The motion passed with all in favor.

IX. Newly Released Drugs: Livalo and Natazia were both recommended to be non-preferred on the PDL. Mark Graber motioned to accept these recommendations, and Matt Osterhaus seconded. The decision was unanimous.

X. Newly Released Generic Drugs: Anastrozole was recommended to be recommended on the PDL. Clindamycin for Oral Solution, Diazepam Gel, Meropenem, Rivastigmine, Trospium, and Venlafaxine ER Capsule were all recommended to be non-preferred. Enoxaparin Injection, Omeprazole/Sodium Bicarbonate, and Pancrelipase 5000 units were all recommended to be non-preferred with conditions. Sue Purcell motioned to accept these recommendations, and Carole Frier seconded. The decision was unanimous.

XI. New Dosage Forms: BenzEFoam, Cambia Powder for Solution, Procentra Oral Solution, and Suboxone Film were all recommended to be non-preferred with conditions on the PDL. Norvir tablets will be non-recommended, and Xeomin will be non-preferred. Bruce Alexander motioned to accept these recommendations, and Chuck Wadle seconded. The decision was unanimous.

XII. New Drug Names/Combinations: Agriflu and Dulera were recommended to be preferred on the PDL. Tekamlo and Xerese Cream were recommended to be non-preferred. Tribenzor and Veltin were recommended to be non-preferred with conditions. Mark Graber motioned to accept these recommendations, and Sue Purcell seconded. The decision was unanimous.

XIII. New Strengths: Aricept 23mg and TobraDex ST were recommended to be non-preferred on the PDL. Lumigan 0.01% was recommended to be preferred. Zencia Wash was recommended to be non-preferred with conditions. Sue Purcell motioned to accept these recommendations, and Carole Frier seconded. The decision was unanimous. The Committee wishes to discuss acne medications at the next meeting.

XIV. Ciprodex: Matt Osterhaus brought up the fact that Ciprodex is indicated for ages down to 6 months, and Ciprodex HC only to one year. He wondered if POS programming could be done to not require PA for these age requirements. The generic would always be another option, but he believed this would help as well. Ciprodex will be preferred for children ages 6 months to one year, and non-preferred for all ages above that. Erin Halverson thought this could be dealt with through the PA department, but Matt Osterhaus thought there would be emergent needs for this drug that could not wait for PA approval. The Committee decided to amend their previous motion, and change Ciprodex to preferred for children ages 6 month to one year of age. Matt Osterhaus made the motion for this, and Sue Purcell seconded. The decision was unanimous.

A motion was made by Bruce Alexander to adjourn the meeting. Sue Purcell seconded the motion. All in attendance approved. The meeting adjourned at 1:52 p.m. The next scheduled meeting will be March 10, 2011.