Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: March 10, 2011

Chairperson: Matt Osterhaus, R.Ph.

Time: 9:52 a.m. to 12:37 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.; Hayley L. Harvey, DDS, MS; Charles Wadle, D.O.; Carole Frier, D.O. and Rachel Ford, PA-C.

Iowa DHS Staff Present: Susan Parker, Pharm.D., Pharmacy Consultant

Iowa Medicaid Enterprise (IME) Staff Present: Tim Clifford, M.D.; Sandy Pranger, R.Ph.; Erin Halverson, R.Ph.; 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 November 18, 2010 open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes. Chuck Wadle seconded the motion. The motion passed with no objections.

II. PDL (Dr. Clifford): CMS has still not identified which drugs will be classified as line extension drugs per the Healthcare Reform Bill. An update on this will be provided when information becomes available.

III. Drug Rebate Issues (Dr. Clifford): Due to the redefinition of Average Manufacturer Price, the State is receiving more rebate money on brand name medications, and older brands are getting progressively less expensive. New brands are more likely to have Healthcare Reform penalties.

IV. PA Criteria/Pro-DUR Edits (Susan Parker): Informational Letter 974 advised that claims for providers, with the provider identified as the "referring" or "prescribing" provider, who are on the Health and Human Services – Office of the Inspector General (HHS-OIG) exclusion list would be denied effective February 1, 2011. Informational Letter 970 addressed coverage of non-drug products through pharmacy point of sale (POS). Informational Letter 971 outlined Iowa Medicaid pharmacy program changes, which included PDL changes effective January 1, 2011, along with Synagis coverage for the 2010-2011 RSV Season, PA criteria changes, and the refill tolerance increase to 85% for all medications. A letter from the DUR Commission dated December 3, 2010, recommending prior authorization criteria changes for Biologicals for Arthritis, Modified Formulations, and NSAIDs was reviewed. This letter also reviewed newly proposed criteria for Ampyra, Xyrem, and Butrans. Additionally, a letter from the DUR Commission dated February 4, 2011, recommending new prior authorization criteria for Extended-Release $Alpha_2$ Agonists, was discussed.

V. Legislation: There were no updates.

VI. IME Updates: J-code issues can now be emailed to pcapricinginquiry@dhs.state.ia.us; this address is posted on both the Iowa Medicaid PDL and IME websites. The Sovereign States Drug Consortium (SSDC) had put out a RFP for a vendor for pool activities, and a decision has been made. GHS currently holds this contract. The new SSDC cycle will begin soon, with a letter to be sent out within the next few months. The Preferred Drug List (PDL) has been condensed to approximately half its previous size. There are also hyperlinks to most of the PA forms for non-preferred drugs that have PA criteria now, and well as the ability to hover over the comments for their descriptions.

VII. The public speakers were:

SPEAKER	SUBJECT
John Robinson from Boehringer-Ingelheim	Pradaxa
Jane Ruby from Reckitt Benckiser	Suboxone
Maureen Finnerty from Baxter BioScience	Glassia
Aleksandra Sundberg from Novartis	Gilenya, Amturnide
Ruth Neiman from Shionogi Pharma	Kapvay, Cuvposa
Sandra Dirks from Sunovion	Latuda
Todd Janus from Iowa Health Physicians and Clinics	Gilenya

At 10:59, motion to go to closed session was made by Bruce Alexander and seconded by Carole Frier. The motion passed with unanimous approval. Open session resumed at 11:54.

VIII. PDL Discussion: The Committee had a discussion regarding amending the age edit of Ciprodex to be preferred for 6 months up to 4 years of age (current age edit is 6 months up to 12 months of age), and how this would affect expenditures. They reviewed the utilization data; changing the age edit would increase the net cost of the drug class substantially. Therefore, no change was made to the current Ciprodex PDL status. The Committee was informed that the DUR Commission would be discussing updating the PA criteria for acne medications. Also, the Committee had a discussion regarding Stromectol utilization, as there has been a gradual increase in usage over the past five years, disproportionate to the increase in the Medicaid population. In terms of cost, pre-rebate Stromectol ranges from $12-13 in the younger age groups where it's used primarily for head lice, which is comparable to permethrin's cost. This isn't a financial issue, therefore, but potentially a clinical issue for the DUR Commission to review. Stromectol will remain preferred on the PDL. The Committee had a discussion regarding colchicine's removal from the market, and the possible impact on Colcrys' marketshare due to this. The members were provided with a breakdown of past colchicine utilization in order to better gage what would happen with Colcrys and the criteria currently in place for it. Over 80% of the utilization was for dosages consistent with prophylactic use of the medication. To further buttress that, 46% of the members on colchicine were also using allopurinol in the same time frame. Sandy Pranger added that the DUR Commission had decided at their last meeting to allow 3 tablets per 60 days without prior authorization to allow for acute attacks of gout.

IX. PDL Discussion and Deliberation: To maximize cost savings to the program, it was recommended that Asmanex 7 110mcg, Bactroban cream, clonidine transdermal patch, Ertaczo, and Ovace wash be changed to non-preferred on the PDL. (Mupirocin ointment and Catapres TTS will remain preferred.) For this same reason, it was recommended to change Pancreaze and topical metronidazole gel to preferred with conditions and Metrogel to non-preferred with conditions. Additionally, it was recommended to change the status of cefepime to preferred and remove Maxipime as it has been discontinued by the manufacturer. Hayley Harvey motioned to accept the above recommendations, and Bruce Alexander seconded. The vote was unanimous. Suboxone sublingual tablets were recommended to change to non-preferred with conditions, as the contract requirement had not been completed by the manufacturer. Bruce Alexander motioned to accept this recommendation, and Rachel Ford seconded. On the agenda, Transderm Scop had been listed as recommended to change to non-preferred to maximize cost savings to the program. However, the committee members did not feel there was enough utilization of the drug to justify this status change, and it will remain preferred.

X. PDL Changes due to State MAC or FUL additions or deletions: It was recommended to change pantoprazole to preferred with conditions and Protonix to non-preferred with conditions to maximize cost savings to the program. It was also recommended to change pramipexole to preferred and Mirapex to non-preferred to maximize cost savings to the program. Chuck Wadle motioned to accept these recommendations, and Hayley Harvey seconded. The motion passed with all in favor.

XI. Drugs Removed from the PDL: It was recommended to remove the following from the PDL since they have been discontinued by the manufacturer: Agenerase, Akineton, Aldomet, Aldoril, Alupent Inhaler, Amikin, Ancef, Anexsia, Apresoline, Aqua-Mephyton, Aristocort A, Atarax, Atrovent Inhaler, Autoplex T, Aventyl, B&O Supprette, Bayhep B, Bioclate, Blenoxane, Blocadren, Capoten, Capozide, Cartrol, Ceclor, Cortane-B, Cortisporin Ophthalmic Ointment, Cyclocort, Cystospaz, Cytosar-U, Dalmane, Darvon Compound, Debacterol, Desyrel, Diprosone, DisperMox, Dolobid, Domeboro, Doxepin Cream, Duricef, Dynabac, Econopred Plus, Elavil, Elixophyllin-GG, Enduronyl Forte, Eryc, Erygel, Estrogel, Equagesic, Eulexin, Flexeril, Floxin, Fluoxymesterone, Fortovase, Gamimune N, Gammaplex, Geocillin, Gynodiol, Hivid, HMS Liquifilm, Humatin, Humulin L, Humulin U, Hydrocortone, Hytone, Hytrin, Ifex/Mesnex, Inapsine, Inderide, Inflamase Forte, Inflamase Mild, Intal, Kemadrin, Lactinol, Lanoxicaps, Levsinex, Lexxel, Lidex-E, Limbitrol DS, Livostin, Lodine XL, Loniten, Lorabid, Lorcet-HD, Lozol, Lunelle, Mandelamine, Miltown, Minizide, Minocin, Moduretic, Monodox, Multi Lyte-20, Mycolog II, Mycostatin, Narcan, Naturetin, NegGram, Neutrexin, Nizoral Tablets, Nolvadex, Normodyne, Nubain, Operand Povidone/Iodine, Ophthetic, Oruvail, Ovrette, Pediatex-D, Peridex, Phenergan Suppositories, Platinol AQ, Poly-Histine, Polycitra, Polycitra-K, Polycitra-LC, Polygam S/D, Pravigard PAC, Prelone, Procainamide ER, Proloprim, Pronestyl, Proplex T, Protropin, Proventil, Qualaquin, Quibron, Quibron-T/SR, Rebetron, Relagard, Reminyl, Rescula, Roferon-A, Scopolamine Tablets, Selsun Shampoo, Sinequan, Soma Compound, Soma Compound/Codeine, Spectazole, Sudal 12, Sulfacet R, Sulfisoxazole, Sulfoxyl Regular, Sulfoxyl Strong, Sumycin, Symmetrel, Synalar, Tagamet, Tequin, Terramycin w/ Polymyxin B, Teslac, Thioguanine, Thorazine, Ticlid, Tilade, Tolinase, Tridesilon, Trinalin Repetabs, Trycet, Tubersol, Tympagesic, Urimax, Valium, Vanamide, Vancocin Injection, Vancocin HCL Iso-Osmotic, Velosef, Vepesid, Versed, Vopac, Zazole.

Bruce Alexander motioned to accept these recommendations, and Hayley Harvey seconded. The decision was unanimous.

XII. Newly Released Drugs: Beyaz was recommended to be non-preferred, as preferred alternatives are more cost effective. Hayley Harvey motioned to accept this recommendation, and Bruce Alexander seconded. The decision was unanimous. Gilenya was recommended to be non-preferred, and also be referred to the DUR Commission for development of PA criteria, at which point it would become non-preferred with conditions. Alternative injectable products are more cost effective. Gilenya may be considered for those with contraindications to the injectable products. Chuck Wadle motioned to accept this recommendation, and Bruce Alexander seconded. This sentiment was shared by all committee members. Lastacaft was recommended to be non-preferred, as preferred alternatives are more cost effective. Chuck Wadle motioned to accept this recommendation, and Hayley Harvey seconded. There were no members opposed. Latuda was recommended to be non-preferred, as preferred alternatives exist on the PDL that have similar clinical efficacy, are more cost effective, and have pediatric indications. Bruce Alexander motioned to accept this recommendation, and Rachel Ford seconded. The motion was unanimous. Lastly, Pradaxa was recommended to be non-preferred to maximize cost savings to the program. Diagnosis and preferred trial verification are needed prior to consideration. Bruce Alexander motioned to accept this recommendation, and Hayley Harvey seconded. All members were in favor of the motion.

XIII. Newly Released Generic Drugs: All following recommendations were made to maximize cost savings to the program. Donepezil, levofloxacin ophthalmic solution, phenelzine, and zafirlukast were all recommended to be non-preferred on the PDL. Gemcitabine was recommended to be non-recommended. Levocetirizine, oxymorphone, and zolpidem ER were all recommended to be non-preferred with conditions. Carole Frier motioned to accept these recommendations, and Rachel Ford seconded. All members were in favor.

XIV. New Dosage Forms: All following recommendations were made to maximize cost savings to the program. Atelvia and Cuvposa were both recommended to be non-preferred on the PDL. Butrans, Kapvay, Oleptro, Zolpimist, and Zuplenz were all recommended to be non-preferred with conditions. Emend IV Solution will be non-covered on POS; it will need to be billed as a J-code on a HCFA claim form, making the Medical Services department responsible for prior authorization requests. Chuck Wadle motioned to accept these recommendations, and Carole Frier seconded. All members were in favor.

XV. New Drug Names/Combinations and New Strengths: All following recommendations were made to maximize cost savings to the program. Amturnide, Bromday, Hizentra, and Lo Loestrin FE were all recommended to be non-preferred. Glassia, Veletri, and Dialyvite Supreme D were recommended to be non-preferred with conditions. Kombiglyze was recommended to be preferred with conditions. Hayley Harvey motioned to accept these recommendations, and Bruce Alexander seconded. All members were in favor.

A motion was made by Hayley Harvey to adjourn the meeting. Rachel Ford seconded the motion. All in attendance approved. The meeting adjourned at 12:37 p.m. The next scheduled meeting will be June 9, 2011.