Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: September 8, 2011

Chairperson Pro-Temp: Sue Purcell

Time: 9:36 a.m. to 12:51 p.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Bruce Alexander, R.Ph., Pharm.D., BCPP; Hayley L. Harvey, DDS, MS; Carole Frier, D.O.; Jolene Kelly, PA-C; Susan Purcell, R.Ph., CGP; Stephen Richards, D.O..; and CoraLynn Trewet, Pharm.D.

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

Iowa Medicaid Enterprise (IME) Staff Present: Tim Clifford, M.D.; Erin Halverson, R.Ph.; Megan Smith, Pharm.D.; and Melissa Biddle.

Chairperson pro-temp 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 June 9, 2011 open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes. Hayley Harvey seconded the motion. The motion passed with no objections (with new members and Sue Purcell abstaining as they had not attended the meeting).

II. Committee Elections: The elections of the new committee chairperson and vice-chairperson were postponed until the November meeting, as current Vice-Chairperson Chuck Wadle was not in attendance and this was the first meeting for three new members.

III. Conflict of Interest and Confidentiality Forms: The forms were collected and they are available from Susan Parker at sparker2@dhs.state.ia.us. Any changes to these forms prior to next September's renewal will need to be announced as well.

IV. By-law Review: It was recommended to change Article VI (Meetings), Subsection 5 (Quorum) of the P&T Committee By-laws to read: "A quorum of the P & T Committee is required to conduct business. That number is equal to a majority (5/9) of the voting members. No business can be transacted without a quorum, except to adjourn the meeting; if no question is raised, debate is allowed but no vote can be taken." Previously, 2/3 of the Committee had to be present to achieve a quorum. Carole Frier motioned to accept this change to the by-laws, and Bruce Alexander seconded. There were no objections.

V. PDL (Dr. Clifford): The annual manufacturer negotiations are finished, with the exception of a couple of Hepatitis C drugs. There are several generics coming out this next year for current large- marketshare brand names, which will bring substantial savings.

VI. Drug Rebate Issues: There still has been no clarification from CMS about what will constitute a line extension drug. However, the exact percentage of rebates that will be returned to the Federal Government is now known: 8% of all brand drugs going forward (with the exception of drugs with "best price" classification).

VII. PA Criteria/Pro-DUR Edits (Susan Parker): Informational Letter 1019 outlined changes to the PDL, as well as new PA criteria for Topical Immunomodulators and changes to existing criteria for: Proton Pump Inhibitors; Select Brand-Name Drugs; and Vitamins, Minerals, and Multiple Vitamins. The fax referral number for the new Quitline vendor and an updated ProDUR quantity limit list were included too. Informational Letter 1022 explained the new fifteen days supply limit on initial fills of select prescriptions. It also told of the increase to the dispensing fee, from $4.34 to $6.20, and the removal of coverage of the optional covered outpatient drugs (explained further in the Legislation section below). Informational Letter 1045 answered frequently asked questions regarding the two aforementioned informational letters. Committee members were also provided a copy of the complete Fifteen Day Initial Prescription Supply Limit List, and a copy of the transmittal letter from Governor Branstad in which he vetoed several items within House File 649, specifically sections 95-99, which would have reinstated the mental health drug exemption from the Medicaid Preferred Drug List retroactive to January 1, 2011. He felt these items harmed "a sound, clinically appropriate approach that has resulted in minimal impacts to Iowa Medicaid patients and providers, but that has provided valuable cost savings to a vital entitlement program". A letter from the DUR Commission dated August 4, 2011 recommended implementation of criteria for colchicine (Colcrys) and fingolimod (Gilenya).

VIII. Legislation: The following optional covered PDL drug categories will be removed from Iowa Medicaid coverage: Cough and Cold (excluding OTC payable pseudoephedrine products and dextromethorphan-guaifenesin syrup), and Weight Loss. A fifteen day supply limit on the initial fill of select prescriptions was implemented September 1, 2011. The medications selected are those with high side effect profiles, high discontinuation rates, or frequent dose adjustments. These changes will be implemented to ensure cost effectiveness without wasting or discarding un-used medications. Subsequent refills of these products are at the usual allowed days supply.

IX. IME Updates: Susan Parker acknowledged Sandy Pranger's resignation from Iowa Medicaid, and introduced Erin Halverson as the new Account Manager and Megan Smith as the new Clinical Pharmacy PA Manager. She also acknowledged the outgoing P&T Committee members: Mark Graber, Rachel Ford, Matt Osterhaus, and Mary Larew. The MMIS and POS re-procurement contracts are expected to be awarded in December, with a long (approximately 32-month) timeframe built in for design, development, and implementation, as the MMIS system is essentially being completely redone. The new contracts will not actually start until October of 2014 to allow for the interim transition.

X. The public speakers were:

SPEAKER	SUBJECT
Susan Thomas from Boehringer-Ingelheim	Tradjenta
James Russell from GlaxoSmithKline	Horizant
Kim Verhoef, a psychiatrist in Iowa	Viibryd

Margaret Murphy from Forest Research Institute	Daliresp
Michael Trigg from Merck	Victrelis
Kristen Crouch from Vertex	Sylatron, Incivek

At 10:46, motion to go to closed session was made by Bruce Alexander and seconded by CoraLynn Trewet. The motion passed with unanimous approval. Open session resumed at 12:11.

XI. PDL Discussion and Deliberation (Voting Block 1): All following recommendations were made to maximize cost savings to the program. All of these medications will become preferred on the PDL: Climara, Cortisporin Otic Solution, Diabeta, donepezil, Estrostep FE, levofloxacin, and levocarnitine 200mg/ml injection. All of these medications will become non-preferred on the PDL: clonidine injection, neomycin-polymyxin-hc (otic), Aricept, Levaquin, and Carnitor 200mg/ml injection. Brand-name Lorazepam Intensol and Lorcet Plus will become non-preferred with conditions. Pharmacies will be given 60 days to use their current stock of Levaquin and Lorazepam Intensol, after which point they can call the helpdesk to request an override if they still have leftover medication on their shelves. Bruce Alexander motioned to accept the above recommendations, and Carole Frier seconded. The decision was unanimous.

XII. PDL Discussion and Deliberation (Voting Block 2): All following recommendations were made to maximize cost savings to the program. All of these medications will become preferred on the PDL: Metrogel-Vaginal, norethindrone acetate & ethinyl estradiol-FE 1.5mg-30mcg & 1mg-20mcg, and sotalol hcl (atrial fibrillation/flutter). All of these medications will become non-preferred on the PDL: methylprednisolone 8mg, 16mg, & 32mg tablets, Nizoral Shampoo, Optivar, Betapace AF, and SPS. All of these medications will become non-preferred with conditions on the PDL: piroxicam, Restoril 7.5mg, and sumatriptan injection. Stephen Richards motioned to accept the above recommendations, and Hayley Harvey seconded. The decision was unanimous.

XIII. PDL Discussion and Deliberation (Voting Block 3): All following recommendations were made to maximize cost savings to the program. All of these medications will become preferred on the PDL: Tri-Norinyl 28, tropicamide ophthalmic solution, venlafaxine capsules, and Yaz. All of these medications will become non-preferred on the PDL: norethindrone-ethinyl estradiol tab 0.5-35/1-35/0.5-35 mg-mcg, and Mydriacyl. Hayley Harvey motioned to accept the above recommendations, and Bruce Alexander seconded. The decision was unanimous.

XIV. Drugs Removed from the PDL: Estraderm and Zymar will be removed from the PDL since they have been discontinued by the manufacturer. Although it wasn't necessary, the committee did vote to accept the removals (motion by CoraLynn Trewet, second by Carole Frier, with all in favor).

XV. RDL Discussion and Deliberation: Femara was recommended to change to non-recommended on the RDL to maximize cost savings, and letrozole will be recommended. Carole Frier motioned to accept the recommendations, and Bruce Alexander seconded. The decision was unanimous.

XVI. Newly Released Drugs: All following recommendations were made to maximize cost savings to the program. Stephen Richards motioned to make Daliresp non-preferred, with a referral to the DUR Commission for creation of prior authorization criteria, and to make Edurant non-recommended. Bruce Alexander seconded this motion, and it passed with no objections. Hayley Harvey motioned that Horizant be non-preferred with conditions and that Sylatron be non-recommended. Stephen Richards seconded, and the vote was unanimously in favor. CoraLynn Trewet motioned to make both Incivek and Victelis non-preferred, and that they both be referred to the DUR Commission for creation of prior authorization criteria. Bruce Alexander seconded this motion, and the decision was unanimous. Carole Frier motioned that Tradjenta be non-preferred with conditions, and Viibryd be non-preferred, with a referral to the DUR Commission for creation of prior authorization criteria. Stephen Richards seconded, and the motion passed with all in favor. Lastly, Hayley Harvey motioned to make Zytiga non-recommended, and CoraLynn Trewet seconded. This motion also passed with no objections.

XVII. Newly Released Generic Drugs: All following recommendations were made to maximize cost savings to the program. Cyclobenzaprine ER capsule and methylphenidate ER will be non-preferred with conditions. The following will all be non-preferred: budesonide, epinastine ophthalmic solution, methylergonovine, nitrofurantoin oral suspension, and traimcinolone acetonide (nasal). Carole Frier motioned to accept these recommendations, and Jolene Kelly seconded. All members were in favor.

XVIII. New Dosage Forms and Strengths: All following recommendations were made to maximize cost savings to the program. Phoslyra Oral Solution will be non-preferred, while Sprix Nasal Solution will be non-preferred with conditions, and Creon 3000 preferred with conditions. Stephen Richards motioned to accept these recommendations, and Bruce Alexander seconded. All members were in favor.

A motion was made by CoraLynn Trewet to adjourn the meeting. Bruce Alexander seconded the motion. All in attendance approved. The meeting adjourned at 12:51 p.m. The next scheduled meeting will be November 10, 2011.