Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 10, 2011

Chairperson: Charles Wadle, D.O.

Time: 8:33 a.m. to 1:58 p.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Charles Wadle, D.O.; Bruce Alexander, R.Ph., Pharm.D., BCPP; Hayley L. Harvey, DDS, MS (arrived during public comment, and left after the closed session); 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 Chuck Wadle called the meeting to order.

I. Chuck Wadle asked that each committee, DHS staff, and IME staff member introduce themselves to the public. The September 8, 2011 open session minutes were reviewed. Sue Purcell made the motion to approve the minutes. Bruce Alexander seconded the motion. The motion passed with no objections.

II. Committee Elections: Sue Purcell nominated Chuck Wadle as chairperson. Bruce Alexander seconded this, and all members were in favor (with the exception of Chuck Wadle, who agreed to accept in spite of his misgivings). Carole Frier then nominated Sue Purcell as Vice-Chairperson, and Bruce Alexander seconded. This vote was also unanimous (with the exception of Sue Purcell, who abstained).

III. PDL (Dr. Clifford): There will really only be 10 to 15 significant PDL changes, and the rest are just minor housekeeping issues, such as switching between brands and generics for cost savings. This is the smallest set of recommended changes at an annual review meeting since 2005. With all the generics that are coming out in the next year, 15-16% of the state's current drug budget will be going generic soon.

IV. Drug Rebate Issues: CMS has been providing quarterly rebate updates, but has still not provided any further clarification on line extension drugs. In the meantime, medications believed to fall into this category, such as extended release formulations, will be avoided whenever possible.

V. PA Criteria/Pro-DUR Edits (Susan Parker): Informational Letter 1054 listed changes to the Preferred Drug List (PDL) and additions to the Specialty Drug List, all of which were effective October 24, 2011. It also explained new prior authorization criteria for Colcrys and Gilenya, as well as proper billing of Synagis and flu vaccines. Informational Letter 1071 outlined Synagis

coverage and the corresponding amended prior authorization (PA) criteria for the 2011-2012 RSV season. New criteria for Incivek and Victrelis, and changes to existing criteria for OxyContin and nicotine replacement therapy were also included. A letter from the DUR Commission dated October 7, 2011 recommended implementation of criteria for Hepatitis C Protease Inhibitors, along with changes to the criteria for Synagis, OxyContin, and nicotine replacement therapy.

VI. Legislation: A draft of the Average Wholesale Price (AWP) payment methodology replacement recommendation letter will be posted to the website; an email address and phone number will be provided for comments and suggestions. The final report is due to the legislature December 15, 2011. A Pharmacy stakeholder meeting was held on October 25, 2011 to discuss this as well.

VII. IME Updates: The MMIS and POS re-procurement contracts are tentatively expected to be awarded on December 21, 2011. Oral presentations have been given, and the proposals are currently under review. 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 2014 to allow for the interim transition.

VIII. The public speakers were:

SPEAKER	SUBJECT
Dr. Edward Bell from Drake University/Blank Children's	Ovide
Pete Hetherington, D.O. from Blank Children's Hospital	Ovide
Steve Whiten from Taro Pharmaceuticals	Ovide
Richard Wurdeman from AstraZeneca	Brilinta
Sandra Dirks from Sunovion Pharmaceuticals	Latuda
Ray Lancaster from Gilead Sciences	Ranexa
Derek Terada from Boehringer-Ingelheim	Pradaxa, Tradjenta
Dan Petty from Vertex Pharmaceuticals	Incivek
Todd Paulsen from Novo Nordisk	Levemir, Victoza
Michele Cole from Actelion Pharmaceuticals	Tracleer
Mark Villmann from Astellas Pharma	VESIcare, Protopic, Prograf
Wes Braden from United Therapeutics	Adcirca
Felicia Williams from Merck	Januvia
Pat Hunt from Shire Pharmaceuticals	Vyvanse, Intuniv
Curt Griffith from UCB Pharma	Cimzia
Naomi Pierce from UCB Pharma	Vimpat
Julie Porter from Novartis	Fanapt Pak, Focalin XR

At 10:21, motion to go to closed session was made by Hayley Harvey and seconded by Carole Frier. The motion passed with unanimous approval. Open session resumed at 1:07.

IX. PDL Discussion and Deliberation: All following recommendations were made to maximize cost savings to the program. All of these medications will become preferred on the PDL: Asmanex 30 110mcg, PegIntron, Latanoprost, Eliphos, and Veregen. All of these medications will become preferred with conditions: Byetta, Tradjenta, Victrelis, Incivek, Maxalt, Tracleer, and Adderall. All of these medications will become non-preferred on the PDL: Enalaprilat injection,

Pulmicort Flexhaler, Venlafaxine ER tablets, Fanapt Pak, LoSeasonique, Levemir insulin vials, clarithromycin 250mg and 500mg tablets, potassium chloride 8mEq and 10mEq capsules, nystatin cream, metronidazole vaginal gel, and Prenatal 19. All of these medications will become non-preferred with conditions: Azor, Pancreaze, Nicoderm Patches, Nicorette Gum, Committ Lozenges, and Revatio (existing users grandfathered). Vivaglobin, Zymar, and PhosLo will be removed from the PDL since they have been discontinued by the manufacturer. CoraLynn Trewet made the motion to grandfather existing users on Revatio, and Stephen Richards seconded. All members were in favor of this change. Stephen Richards then motioned to accept all other above recommendations, and Sue Purcell seconded. The decision was unanimous.

X. Newly Released Drugs: All following recommendations were made to maximize cost savings to the program. Sue Purcell motioned to make Brilinta non-preferred, and Jolene Kelly seconded. All members were in favor. This medication will likely be discussed again at the March meeting, as platelet agents and anti-coagulants are scheduled for review at that time, but will remain non-preferred in the interim. CoraLynn Trewet motioned that Xarelto's status on the PDL be preferred for post surgery DVT prophylaxis. Sue Purcell seconded, and the motion passed unanimously. Sue Purcell motioned that Zelboraf be non-recommended on the RDL. Bruce Alexander seconded, and the vote was unanimously in favor.

XI. Newly Released Generic Drugs: All following recommendations were made to maximize cost savings to the program. Sue Purcell motioned to make alfluzosin and bromfenac non-preferred on the PDL. Stephen Richards seconded the motion, and all members were in favor.

XII. New Dosage Forms: All following recommendations were made to maximize cost savings to the program. Stephen Richards motioned to make Gralise non-preferred with conditions, and to make Nucynta ER non-preferred. Sue Purcell seconded. All members were in favor.

XIII. New Drug Name/Combinations and New Strengths: All following recommendations were made to maximize cost savings to the program. Carole Frier motioned to make Complera non-recommended, and to make Focalin XR 25mg and 35mg preferred with conditions. CoraLynn Trewet seconded. All members were in favor.

XIV. Annual PDL Review: The Committee did not have any additional suggestions for changes to the existing PDL. However, Dr. Clifford anticipates the addition of more niche categories in the coming year, bringing the total number of categories to more than 300. Many of the new rarely used medications will also be extremely expensive, making control of them through PA criteria very important to reign in costs. Increasingly in the future, the State needs to be much better about integrating medical costs along with the drug cost analyses; if newer agents do have superior outcomes that can reduce medical costs, that needs to be taken into consideration and built into the cost models. Dr. Richards asked if specialty pharmacies were currently being utilized to help manage costs, and Dr. Clifford replied that they are not. He recommends soliciting more specialist input, as a lot of the medications being added will not be used by primary care physicians. The DUR Commission does this on a regular basis, so maybe efforts could be coordinated. Dr. Frier also commented that the by-laws state a mandatory minimum number of 9 committee members, but there is no maximum; she wondered if additional

specialists could be added to the committee rather than relying on guest speakers or written public comment for input on these lesser known medications.

A motion was made by Bruce Alexander to adjourn the meeting. Sue Purcell seconded the motion. All in attendance approved. The meeting adjourned at 1:58 p.m. The next scheduled meeting will be March 8, 2012.