Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 8, 2012

Chairperson: Charles Wadle, D.O.

Time: 8:30 a.m. to 1:55 p.m.

Location: Capitol Room 116, Des Moines, Iowa

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

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

Iowa Medicaid Enterprise (IME) Staff Present: Laureen Biczak, D.O.; Steve Liles, Pharm.D.; Jeffrey Barkin, M.D.; Erin Halverson, R.Ph.; Megan Smith, Pharm.D.; and Melissa Biddle.

Chairperson Charles 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 13, 2012 open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes. Jolene Kelly seconded the motion. The motion passed with no objections.

II. PDL and Drug Rebate Issues (Dr. Liles and Dr. Barkin): New financial models reflecting projected costs for the 2013 PDL, and corresponding supplemental contracts, modeled off of the draft Actual Acquisition Cost (AAC) pricing, will be presented in closed session. Dr. Barkin noted that all of the atypicals he uses in practice are now generically available, with the exception of Abilify. Abilify pill splitting has been a controversial issue, but it would make the drug more cost effective and actually create more open access than if the medication was made non-preferred with no pill splitting requirement. In trying to determine if asking patients to pill split would negatively impact compliance or adherence, GHS used the two validated techniques, medication possession ratio and gap refill time, comparing baseline stats to post-splitting, and found absolutely no change in compliance for three different time periods. Models explaining how this will positively impact access will be presented in closed session.

III. PA Criteria/Pro-DUR Edits/Legislation (Susan Parker): Informational Letter 1173 notified pharmacies of the AAC reimbursement changes and included a frequently asked questions section. Another informational letter will be going out soon as the AAC effective date has been postponed to February 1, 2013. Informational Letter 1174 notified providers of PDL changes effective October 22, 2012. On September 18th a notification was sent to providers when AccuNeb, which had been preferred, was discontinued; the generic formulation, albuterol 0.63mg/3ml, changed to preferred for members less than 2 years of age effective September 21, 2012. Providers also received a notification on September 12th when Montelukast became

preferred and Singulair non-preferred, and on October 31st when escitalopram tablets became preferred and Lexapro non-preferred. A letter from the DUR Commission dated October 5th recommended changes to the Zelboraf and Biologicals for Arthritis prior authorization criteria. A quantity limit of 240 tablets per 30 days was recommended for Zelboraf as well. In addition, the Commission recommended that two applications of the preferred pediculicide (permethrin lotion 1% or pyrethrins-piperonyl butoxide) be tried within 30 days before Natroba would be allowed to pay without prior authorization.

IV. IME Updates: A new POS system will go into effect in July of 2013 that will allow additional opportunities for more automated edits and increased efficiency in programming changes. There were issues with public comments not being received by the deadline, so the audience was reminded of the policies, specifically that information intended for the committee members must be received at least one week before the meeting. Susan Parker also reminded them that P&T members would not be presented any offers unless a signed contract was in hand before the meeting.

V. The public speakers were:

Name	Representing	Drug/Topic
Lyle Laird, Pharm.D., BCPP	Sunovion Pharmaceuticals	Latuda
Ndidi Yaucher, Pharm.D., MBA	Novartis	Fanapt and Gilenya
Wes Braden	United Therapeutics	Tyvaso
Nicole Griswold, Pharm.D., BCPS	Shire	Intuniv and Vyvanse
Tami Sova, Pharm.D. Curt Griffith, Pharm.D.	UCB	Neupro and Cimzia
Paul Miner, Pharm.D.	Gilead Sciences	Ranexa and Cayston
LaGenia Bailey, Pharm.D.	Bristol-Myers Squibb	Abilify
Marjike Hodgson	NAMI Iowa	Mental Health Medications
Teresa Bomhoff	NAMI Greater Des Moines	Mental Health Medications
Cassandra Lickert, M.D.	Actelion Pharmaceuticals	Tracleer
Joyce A. Vista-Wayne, M.D.	Pediatric psychiatrist in practice (no manufacturer affiliation)	Mental Health Medications
Jessica Cleereman	American Foundation for Suicide Prevention	Mental Health Medications
Christina Soltwedel	Abbott	Humira and Androgel
Amy Campos	Advocacy Strategies	Anticonvulsants
Barb Glass	NAMI	Antipsychotics

At 10:38, motion to go to closed session was made by Stephen Richards and seconded by Jerry Jochims. The motion passed with unanimous approval. Open session resumed at 1:23.

VI. PDL Discussion and Deliberation (Voting Block 1): All following recommendations were made to maximize cost savings to the program. Androgel, Combivent Respimat, ProAir HFA, and Coumadin will change to non-preferred. Existing users on Coumadin will be grandfathered. Testim and Foradil will become preferred. Albuterol sulfate 0.63mg/3ml will be preferred for members less than 2 years of age. Enoxaparin and fondaparinux will be preferred with conditions, while Lovenox and Arixtra will be non-preferred with conditions. AccuNeb will be

removed from the PDL as it has been discontinued by the manufacturer. Bruce Alexander motioned to accept the above recommendations, and Hayley Harvey seconded. The decision was unanimous.

VII. PDL Discussion and Deliberation (Voting Block 2): All following recommendations were made to maximize cost savings to the program. Felbatol, Neurontin 250mg/5ml Solution, Trileptal 300mg/5ml Suspension, Lexapro, Paxil 10mg/5ml Suspension, and Wellbutrin 75mg and 100mg tablets will change to non-preferred. Existing users on Felbatol, Neurontin 250mg/5ml Solution, and Trileptal 300mg/5ml Suspension with a seizure diagnosis will be grandfathered. Felbamate, Tegretol XR, gabapentin 250mg/5ml solution, oxcarbazepine 300mg/5ml suspension, escitalopram tablets, paroxetine 10mg/5ml suspension, bupropion 75mg and 100mg tablets, Astelin, and Patanase will become preferred. Emend and Clarinex will both be non-preferred with conditions. Jerry Jochims motioned to accept the above recommendations, and Bruce Alexander seconded. The decision was unanimous.

VIII. PDL Discussion and Deliberation (Voting Block 3): All following recommendations were made to maximize cost savings to the program. Bromocriptine will change to preferred. Parlodel, Parcopa, Stalevo, and Dovonex will change to non-preferred. Tazorac will be preferred with conditions. Bruce Alexander motioned to accept the above recommendations, and Jolene Kelly seconded. The decision was unanimous.

IX. PDL Discussion and Deliberation (Voting Block 4): All following recommendations were made to maximize cost savings to the program. It was recommended to require pill splitting for all strengths of Abilify, and require prior authorization for quantities above 15 tablets per 30 days. Existing users on a 20mg dose or more will be grandfathered. It was also recommended to require step therapy edits for atypical antipsychotics as follows: 1) preferred generic drugs, 2) preferred brand name drugs, and 3) non-preferred drugs. Jolene Kelly motioned to accept the above recommendations, and Bruce Alexander seconded. The decision was unanimous.

X. PDL Discussion and Deliberation (Voting Block 5): All following recommendations were made to maximize cost savings to the program. Latuda and ziprasidone will become preferred, while Geodon will change to non-preferred. Jolene Kelly motioned to accept the above recommendations, and Bruce Alexander seconded. The decision was unanimous.

XI. PDL Discussion and Deliberation (Voting Block 6): All following recommendations were made to maximize cost savings to the program. Vytorin, Lescol XL, and Levemir will change to preferred. Levonorgestrel and ethinyl estradiol (91 days) tablets 0.15-0.03mg will also become preferred as brand name Seasonale has been discontinued by the manufacturer. Advicor will be non-preferred. Januvia, Jentadueto, and Janumet will be preferred with conditions, and Humalog prefilled insulin pens will be non-preferred with conditions. Jerry Jochims motioned to accept the above recommendations, and Hayley Harvey seconded. The decision was unanimous. However, Carole Frier requested that Zetia and Vytorin undergo an evidence review at a future meeting to discuss whether they should be changed to non-preferred for lack of evidence supporting their effectiveness in lowering LDL levels.

XII. PDL Discussion and Deliberation (Voting Block 7): All following recommendations were made to maximize cost savings to the program. Valturna, sumatriptan nasal spray, naratriptan, Maxalt,

and Maxalt MLT will change to non-preferred with conditions. Imitrex nasal spray will remain preferred. Ciprodex will be preferred for members less than 8 years of age. Neomycin-polymyxin-hc otic, Pancreaze, and clindamycin 75mg/5ml solution will also be preferred. Cortisporin Otic, Cleocin Pediatric Solution 75mg/5ml, and Cubicin will change to non-preferred. Relpax will be preferred with conditions. Jolene Kelly motioned to accept the above recommendations, and Jerry Jochims seconded. The decision was unanimous.

XIII. PDL Discussion and Deliberation (Voting Block 8): All following recommendations were made to maximize cost savings to the program. Rebif and Betaseron were both recommended to change to non-preferred. Existing users on both will be grandfathered. Carole Frier motioned to accept the above recommendations, and Jolene Kelly seconded. The decision was unanimous. Suboxone had been recommended to change to preferred with conditions, but the signed contract was not returned by the deadline. It will be discussed at a future meeting.

XIV. PDL Discussion and Deliberation (Voting Block 9): All following recommendations were made to maximize cost savings to the program. Kadian, Lumigan, and Fosrenol will change to non-preferred. Existing users of Kadian will be grandfathered. Opana ER, Moxeza, and calcium acetate will change to preferred. Methylergonovine will also be preferred since brand name Methergine is not currently available. Jolene Kelly motioned to accept the above recommendations, and Jerry Jochims seconded. The decision was unanimous.

XV. PDL Discussion and Deliberation (Voting Block 10): All following recommendations were made to maximize cost savings to the program. Restoril 22.5mg, temazepam 22.5mg, Differin, Akne-Mycin, Benzamycin Pak, and MetroCream will change to non-preferred with conditions. Procentra, adapalene, BPO, benzoyl peroxide-erythromycin, clindamycin-benzoyl peroxide, metronidazole cream, and Metrogel will change to preferred with conditions. Jerry Jochims motioned to accept the above recommendations, and Bruce Alexander seconded. The decision was unanimous.

XVI. PDL Discussion and Deliberation (Voting Block 11): All following recommendations were made to maximize cost savings to the program. Alclometasone, Olux, Topicort, and hydrocortisone butyrate were recommended to change to preferred. Diprolene, clobetasol propionate, desoximetasone, Derma-Smoothe/FS, fluocinolone, and Halog will change to non-preferred. Clobetasol propionate emollient and the generic equivalent of Derma-Smoothe, fluocinolone acetonide oil, will both remain preferred. Jolene Kelly motioned to accept the above recommendations, and Hayley Harvey seconded. The decision was unanimous.

XVII. PDL Discussion and Deliberation (Voting Block 12): It was recommended to change malathion to preferred with conditions (requiring a step through two applications of a preferred permethrin product within the past 30 days) to maximize cost savings to the program. No manual PA will be required when the trial requirement is found in the member's pharmacy claims history. Jerry Jochims motioned to accept the above recommendations, and Hayley Harvey seconded. The decision was unanimous.

XVIII. RDL Discussion and Deliberation: All following recommendations were made to maximize cost savings to the program. Lamivudine/zidovudine and Nevirapine 200mg tablets will change to recommended. Combivir and Viramune 200mg tablets will change to non-recommended, with

a Selected Brand Name Drug PA required for both. Norvir tablets will change to non-recommended and require prior authorization. Norvir capsules will remain recommended. Bruce Alexander motioned to accept the above recommendations, and Jolene Kelly seconded. The decision was unanimous.

XIX. Newly Released Drugs: Dr. Biczak reviewed the clinical information that had been provided in the new drug monographs. All following recommendations were made to maximize cost savings to the program. Neupro was recommended to be non-preferred on the PDL. Jerry Jochims motioned to accept this recommendation. Jolene Kelly seconded, and the vote was unanimous. Stribild was recommended to be added to the RDL as non-recommended. Bruce Alexander motioned to accept this recommendation. Jolene Kelly seconded, and the vote was unanimous.

XX. Newly Released Generic Drugs: All following recommendations were made to maximize cost savings to the program. Pioglitazone, pioglitazone/metformin, and spinosad will all be non-preferred. Jerry Jochims motioned to accept the above recommendations. Bruce Alexander seconded the motion, and all members were in favor.

XXI. New Dosage Forms: All following recommendations were made to maximize cost savings to the program. Binosto and Rayos will both be non-preferred with conditions. Bruce Alexander motioned to accept these recommendations, and Jerry Jochims seconded. All members were in favor.

XXII. New Drug Names/Combinations: Omeclamox Pak will be non-preferred to maximize cost savings to the program. Hayley Harvey motioned to accept this recommendation, and Bruce Alexander seconded. All members were in favor.

XXIII. New Drug Strengths: All following recommendations were made to maximize cost savings to the program. Kadian 40mg, 70mg, 130mg, and 150mg will all be non-preferred. Viokace will also be non-preferred. Carole Frier motioned to accept these recommendations, and Jerry Jochims seconded. All members were in favor.

A motion was made by Jerry Jochims to adjourn the meeting. Carole Frier seconded the motion. All in attendance approved. The meeting adjourned at 1:55 p.m. The next scheduled meeting will be March 14, 2013.