Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: March 14, 2013

Chairperson: Charles Wadle, D.O.

Time: 9:30 a.m. to 11:55 a.m.

Location: Learning Resource Center, Fairmeadows Conference Room, West Des Moines, Iowa

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

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

Iowa Medicaid Enterprise (IME) Staff Present: 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 November 8, 2012 open session minutes were reviewed. Jolene Kelly made the motion to approve the minutes. Carole Frier seconded the motion. The motion passed with no objections.

II. PDL and Drug Rebate Issues (Dr. Liles and Dr. Barkin): Letters have been sent to the manufacturers with regards to the 2014 SSDC contract negotiations. There are no new issues to report.

III. PA Criteria/Pro-DUR Edits/Legislation (Susan Parker): Informational Letter 1191 notified providers of PDL changes effective January 1, 2013, along with new PA criteria for Zelboraf, changes to the criteria for Biologicals for Arthritis, and step therapy edits for Atypical Antipsychotics. Informational Letter 1195 notified providers of programming changes for Atypical Antipsychotics effective January 1, 2013, including Abilify quantity limits and step therapy edits for Atypical Antipsychotics, and also included frequently asked questions regarding these changes. Providers received faxed notification about the new tablet splitting requirement for Abilify. Informational Letter 1201 notified pharmacies of the AAC reimbursement changes effective February 1, 2013, and included a frequently asked questions section. A letter from the DUR Commission dated December 6th recommended implementing prior authorization criteria for Suboxone and Korlym, with a quantity limit of 120 tablets per 30 days for Korlym, and increasing the refill tolerance to 90% on both controlled and non-controlled substances. Informational Letter 1213 notified providers of the changes that resulted from these DUR Commission recommendations. A letter from the DUR Commission dated February 8th recommended changes to the prior authorization criteria for Xolair and ADHD/ADD/Narcolepsy medications, and the removal of the option of "other" on the Selected

Brand Name Drugs PA form. Providers also received notice regarding Periogard, Phos-Flur Gel, and Prevident being removed from coverage. The legislature has not yet made a decision with regards to the possible Medicaid expansion.

IV. IME Updates: Nothing additional at this time.

V. The public speakers were:

Name	Representing	Drug/Topic
William Bakker, Pharm.D.	Genzyme	Aubagio
Robert B. Moreland, Ph.D.	Astellas Pharma	Xtandi and Myrbetriq
Stephanie Macjewski	Pfizer	Xeljanz and Quillivant XR

At 9:54, motion to go to closed session was made by CoraLynn Trewet and seconded by Jerry Jochims. The motion passed with unanimous approval. Open session resumed at 11:00.

VI. Biologic Agents: All biologic agents have been condensed into one PDL category now, instead of being in multiple categories based on diagnosis, but there were no PDL status changes to any of the medications.

VII. Clinical review of Vytorin and Zetia: At the November meeting, 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 clinical outcomes. Per the prescribing information of both products, limitations of use include that the effect on CV morbidity and mortality have not been established (or with Vytorin, over and above that demonstrated with simvastatin monotherapy). After reviewing the prepared analysis, the committee agreed with the recommendation that these medications be referred to the DUR Commission for review and creation of prior authorization criteria (see motion below). Dr. Barkin suggested that multiple trials on statins with survival advantages should be required prior to approval of Vytorin or Zetia.

VIII. PDL Discussion and Deliberation (Voting Block 1): All following recommendations were made to maximize cost savings to the program. Acetic acid-aluminum acetate, alclometasone, Ammonul, amoxicillin & k clavulanate 250-125mg tablets and 250-62.5mg/5ml suspension, Augmentin 125mg/5ml and 250mg/5ml Suspension, betamethasone dipropionate cream, and Entocort will become non-preferred. Clindamycin-benzoyl peroxide will be non-preferred with conditions. Amoxicillin 200mg/5ml suspension, betamethasone dipropionate lotion, and budesonide oral capsules will be preferred, and Benzaclin preferred with conditions. Sue Purcell motioned to accept the above recommendations, along with the recommendation to refer Vytorin and Zetia to the DUR Commission for review. Jolene Kelly seconded, and the decision was unanimous.

IX. PDL Discussion and Deliberation (Voting Block 2): All following recommendations were made to maximize cost savings to the program. Cipro HC, clindamycin 75mg/5ml, Topicort, diflorasone, doxycycline hyclate, felbamate, fluticasone propionate cream and lotion, hydrocortisone butyrate, and hydrocortisone valerate cream will change to non-preferred. Cleocin 75mg/5ml, clobetasol propionate, desoximetasone, Diprolene lotion, doxycycline monohydrate 100mg, Felbatol, fluocinolone acetonide, and hydrocortisone 2.5% ointment will

become preferred. Differin Cream and Gel will be preferred with conditions. Adapalene will be non-preferred with conditions. Existing users on felbamate, with a seizure diagnosis, will be grandfathered. Additionally, Carol Frier asked that it be noted that while the committee had previously expressed sympathy and empathy to the provider and member communities, it is beyond their control to make all anti-epileptics that come in generic form available to everybody, as they cannot control what the pharmacies purchase and what products they have available at what point of service. Stephen Richards motioned to accept the above recommendations, and Hayley Harvey seconded. The decision was unanimous.

X. PDL Discussion and Deliberation (Voting Block 3): Jerry Jochims motioned to make irbesartan-hct preferred with conditions, Avalide non-preferred with conditions, and malathion non-preferred, to maximize cost savings to the program. CoraLynn Trewet seconded. The decision was unanimous.

XI. PDL Discussion and Deliberation (Voting Block 4): All following recommendations were made to maximize cost savings to the program. Metadate CD will be preferred with conditions. The non-authorized generic of Concerta, methylphenidate sa, will change to non-preferred with conditions, though the authorized generic distributed by Watson will remain preferred with conditions. Methylphenidate sr will become preferred with conditions, and Ritalin SR will be non-preferred with conditions. Stephen Richards motioned to accept the above recommendations, and Jolene Kelly seconded. The decision was unanimous. Jerry Jochims then motioned to add Ritalin as co-preferred with conditions, and Sue Purcell seconded. All members present were in agreement.

XII. PDL Discussion and Deliberation (Voting Block 5): All following recommendations were made to maximize cost savings to the program, unless otherwise noted. Metoprolol er, Olux, Olux-E, bromocriptine, Actos, and oxcarbazepine 300mg/5ml will change to non-preferred. Naglazyme will also change to non-preferred, to review diagnosis of use. Existing users on oxcarbazepine, with a seizure diagnosis, will be grandfathered. Metronidazole cream, metronidazole lotion, metronidazole gel, sodium sulfacetamide-sulfur (topical), and Vfend tablets will become non-preferred with conditions. Parlodel, pioglitazone, Trileptal 300mg/5ml Suspension, and Wellbutrin will become preferred. Paxil 10mg/5ml and Solu-Cortef will also be preferred, as their respective generics are no longer available. MetroCream, MetroLotion, and voriconazole will change to preferred with conditions. Natroba will also be preferred with conditions, requiring step therapy through 2 applications of a preferred permethrin product within the past 30 days; no manual PA will be required when the trial requirement is found in a member's claims history. Jerry Jochims motioned to accept the above recommendations, and Sue Purcell seconded. The decision was unanimous.

XIII. RDL Discussion and Deliberation: Carole Frier motioned to change Combivir to recommended and lamivudine/zidovudine to non-recommended to maximize cost savings to the program. CoraLynn Trewet seconded. The decision was unanimous.

XIV. Newly Released Drugs: All following recommendations were made to maximize cost savings to the program. Aubagio, Linzess, Myrbetriq, Tudorza, and Xeljanz will all be non-preferred. Bosulif, Stivarga, and Xtandi will be non-recommended. Sue Purcell motioned to accept these recommendations. Jerry Jochims seconded, and the vote was unanimous.

XV. Newly Released Generic Drugs, New Dosage Forms/Strengths: All following recommendations were made to maximize cost savings to the program. Abacavir will be non-recommended. Amlodipine/atorvastatin, cevimeline, entacapone, mupirocin cream, pioglitazone/glimepiride, Forfivo XL, Giazo, Ilevro, Pertyze, and Ultresa will be non-preferred. Candesartan hct, diclofenac/misoprostol, lamotrigine er, valsartan/hctz, Onmel, and Quillivant XR will be non-preferred with conditions. Rizatriptan and sildenafil will be preferred with conditions, and Auvi-Q will be preferred. Jerry Jochims motioned to accept the above recommendations. Stephen Richards seconded the motion, and all members were in favor.

XVI. Reduction in number of meetings: The members agreed to change to 3 meetings per year instead of 4. Members will be contacted via email to establish and confirm the new dates. August 22, 2013, November 21, 2013, and April 17, 2014 are currently tentative.

XVII. Next meeting preview: Dr. Barkin offered a preview of the specialty and oral oncology drugs that would be discussed at the next meeting.

XVIII. New business: Opiate pain medications, compounded medication ingredients, and the epilepsy task force report will be added to the next agenda, as requested by the committee members.

A motion was made by Jerry Jochims to adjourn the meeting. Sue Purcell seconded the motion. All in attendance approved. The meeting adjourned at 11:55 a.m. The next scheduled meeting is tentatively set for August 22, 2013.