

November 7, 2006

Dear Iowa Medicaid:

I am dismayed to find that it is somehow felt that the Medicaid population responds differently to medications than does the general population. This is the only logical conclusion I can draw from the behavior of the Medicaid drug review committee. Please review the letter which I utilized to correspond with you last year.

I challenge you to find a neurologist who disagrees that Topiramate is effective for migraine and seizures and suggest that the view of its effectiveness for both conditions to be allowed for Medicaid patients in a timely and unimpaired manner.

2005 Letter

It is a concern to me that we have Level 1 evidence for Topiramate's use in migraine headache but do not have it available to Medicaid patients as a preferred agent. I am sure that you are aware of the previous publication of both American and Canadian data (and European data) with regards to the effectiveness of Topiramate for migraine.

This drug has been a drug of choice for many neurologists, particularly treating patients with difficult to control migraine.

It is not at all incidental that Topiramate is also a profoundly beneficial anticonvulsant drug, and as you know has been approved for monotherapy for new onset partial seizures and primary generalized tonic/clonic seizures. Again, the information is Class 1 (best medical evidence).

It is therefore, with some distress that I must write to you that, unfortunately, the drug is not easily available for our Medicaid population.

The dosing regimens have been increasingly simplified and now generally requires modest to even low doses of Topiramate to achieve clinical control of many of the disorders mentioned above.

For these reasons and the reason that many patients have received substantial clinical benefit over a large period of years of use of this medication, I would strongly urge that it be placed back on the Medicaid formulary and at least be available as a primary agent where it is indicated by the FDA.

Unfortunately, placing barriers between the ability to obtain Topiramate and the patient obtaining the drug has, I am fearful, led to some patients not receiving medication when it is warranted, indicated, effective, as well as, strikingly safe.

(As you know, this drug does not have a known liver toxicity, does not have a toxicity for blood forming elements, does not tend to have significant difficulties with skin rash, and side-effects when they occur are relatively predictable, stereotyped, easily identified, and the drug dosage can usually be reduced with a concomitant reduction in side-effects).

I am sure you are additionally aware that this is the one indicated migraine agent that does not cause weight gain and, in fact, can potentially assist us with treatment of our many overweight patients.

I would add that this drug demonstrates little, if any, propensity toward teratogenic effects and pregnancy registry thus far suggests that it is in a favorable category for use in pregnancy when necessary and/or accidentally administered without prior knowledge that pregnancy will occur. This is a distinction among anticonvulsants in particular and among many of the drugs utilized for migraine.

Sincerely,