Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: June 12, 2008

Chair: Susan Purcell, R.Ph.

Time: 9:42 a.m. to 11:55 a.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Bruce Alexander, R.Ph., Pharm.D., BCPP; Matthew Osterhaus, R.Ph; Carole A. Frier, D.O.; Priscilla Ruhe, M.D.; Susan Purcell, R.Ph, CGP; Hayley L. Harvey, DDS, MS; Dallas Sanders, PA-C; and Charles Wadle, D.O.

Committee Members Absent: Mary Larew, M.D.

Iowa DHS Staff Present: Susan Parker, Pharm.D., Pharmacy Consultant; Eileen Creager, Bureau Chief; and Brad Horn, Assistant Attorney General.

Iowa Medicaid Enterprise (IME) Staff Present: Thomas Kline, D.O., Iowa Medicaid Medical Director; Tim Clifford, M.D.; John Grotton, R.Ph.; Sandy Pranger, R.Ph.; Chad Bissell, R.Ph., Pharm.D.; and Melissa Biddle, Sr. Project Coordinator.

Chairperson Sue Purcell called the meeting to order.

I. Sue Purcell asked that each committee member, DHS staff, and IME staff introduce themselves to the public. The March 13, 2008 open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes. Dallas Sanders seconded the motion. The motion passed with no objections.

II. Legislation (Susan Parker): Susan Parker summarized the applicable Informational Letters since the last meeting. First was Governor Culver's letter to the Secretary of State approving Senate File 2425, an Act relating to and making appropriations for Health and Human Services and including other related provisions and appropriations, providing penalties, making penalties applicable and providing effective, retroactive, and applicability date provisions. However, Governor Culver disapproved entirely of Section 34 of that same Act, which imposes restrictions on how pharmaceutical drugs are included on the State's Preferred Drug List (PDL). He believes the Department of Human Services should have the latitude to add pharmaceutical drugs to the PDL as needed to achieve the greatest possible savings, while meeting the medical needs of Medicaid members. The next item of interest was Section 28 of Senate File 2425, wherein it is stated that "The Department of Human Services shall conduct a review of the impact of broadening the list of drugs prescribed for the treatment of diabetes on the PDL under the medical assistance program in order to promote drugs that are appropriate and therapeutically effective for persons with diabetes. The review shall include, at a minimum, a comparison of the effectiveness of drugs prescribed for the treatment of diabetes and a cost analysis." This report must be completed

by December 15, 2008, but Dr. Clifford said the information would be ready for P&T Committee review at the September meeting. Informational Letter 710 noted the status change for Xopenex® HFA as a result of the manufacturer terminating their supplemental rebate contract. Xopenex® HFA will now be non-preferred effective July 19th, 2008, and Proventil® HFA, ProAir® HFA, and Ventolin® HFA all preferred. Informational Letter 703 informed providers and prescribers of the change in smoking cessation drug coverage that now allows IowaCare members to receive their smoking cessation drugs at any pharmacy location. Finally, Information Letter 697 reviewed changes to the PDL that went into effect April 30, 2008.

III. PA Criteria/Pro-DUR Edits (Susan Parker): Susan Parker reviewed the PA criteria that had been updated April 30, 2008. The DUR Commission recommendation letter dated June 5th outlined new PA criteria for Ace Inhibitors and Angiotensin Receptor Blockers, as well a new Point of Sale (POS) quantity edit for Vusion™ Ointment limiting it to 50 grams per 30 days supply. POS edits were also added for Lexapro®, requesting that the 10mg and 20mg tablets be split, and increasing the quantity limit on Lexapro® 10mg to 45 tablets per 30 says supply. In addition, the DUR Commission recommended that the P&T Committee change the status of Subutex® to non-preferred for all except members with a diagnosis for pregnancy, and that the IME Lock-In department be provided with an updated list of Subutex® and Suboxone® usage so they may check for large quantities and/or continuous claims for narcotics. The Commission also recommended that the issues of low-dose Seroquel® usage and duplicate atypical antipsychotics be referred to the Mental Health Work Group for discussion. In the DUR Commission letter dated May 8th, introduced new PA criteria for Lyrica®, as well as modifications to the PA criteria for Non-Steroidal Anti-Inflammatory Drugs and Biological Injectables. In addition, the Commission provided their recommendations for mental health consolidation edits.

IV. PDL (Dr. Clifford): The SSDC drug pool has sent out letters to the manufacturers. Negotiations will go on this summer, and the states will meet on August 25th and 26th for their first review of the bids. There will be a large number of brand name drugs going generic over the next 6 to 8 months, so generic utilization on the PDL could possibly increase substantially; potential to the lower 70% range.

V. Drug Rebate Contract Issues: Letters are being sent to the manufacturers letting them know whether or not they are considered in good standing with the SSDC pool states. Issues need to be addressed before the SSDC meeting in August. Dr. Clifford says that the manufacturers have been very responsive thus far.

VI. The public speakers were:

SPEAKER	SUBJECT
Mark Puricelli, D.O. from Mercy Medical Center	Treximet™
Denise Pitner, Pharm.D. from Novartis	Tekturna® HCT
Eddilisa Martin, Pharm.D. from Abbott Labs	Simcor™
Jamie Street, M.D. from AstraZeneca	Seroquel® XR

At 10:15, motion to go to closed session was made by Dr. Charles Wadle and seconded by Bruce Alexander. The motion passed with unanimous approval. Open session resumed at 11:18 pm.

VII. PDL Discussion and Deliberation (Dr. Clifford): Ciloxan® 0.3% Ophthalmic Solution and Ointment were recommended to change to non-preferred on the PDL so that the Ophthalmic Quinolones drug class would have three brand name drugs classified as preferred as stated in current contract conditions. Cipro® I.V. was also recommended to change to non-preferred so that the Fluoroquinolone drug class would have one brand name preferred drug as stated in current contract conditions. It was recommended to change the status of Cleocin-T® Pads to non-preferred and Clindamycin Phosphate Swabs to preferred with conditions in order to maximize savings. Due to the deletion of its state MAC price, Desoximetasone 0.25% cream will be changed to non-preferred on the PDL. Duac® has been discontinued by the manufacturer, so it will be removed from the PDL. In order to be consistent with the clinical prior authorization criteria that are in place, Ketorolac Injection was recommended to change from preferred to non-preferred. Ketoconazole Shampoo will change to preferred since the brand name Nizoral® Shampoo has been discontinued. ProAir® HFA, Proventil® HFA, and Ventolin® HFA were recommended to become preferred and Xopenex® HFA non-preferred because of contract issues. It was recommended to change Oxycodone CR/ER to non-preferred to match the clinical prior authorization requirements in place for Oxycontin®, which is already non-preferred. Tysabri® was recommended to be removed from the PDL, as it should not be used for outpatient use because it is IV infused and requires monitoring. Physician offices and clinics may bill the drug by J-Code. Due to recent FDA approval of labeling requirements, Vyvanse™ will now be considered for adults, with a prior authorization required for members over the age of 21. Matt Osterhaus motioned to accept these recommendations, and Dr. Chuck Wadle seconded. All committee members voted in favor of the motion, with none opposing or abstaining.

VIII. Newly Released Drugs (Dr. Kline): Evamist™ was recommended to be non-preferred on the PDL because there were other most cost-effective alternatives. Kuvan™ was also recommended to be non-preferred for this same reason, and also because there would only be approximately 80 patients in Iowa who would use this drug as it is used for a very rare disorder. Omnaris™ was recommended to be non-preferred, again for cost effective reasons. There is another contract in place in this drug category that is preventing a supplemental rebate on this drug. Pristiq™ was recommended to be added as a non-recommended drug, with a request that the DUR Commission place a 30-day supply quantity limit on both strengths (50mg and 100mg), to maximize cost savings. Bruce Alexander asked if the Pristiq™ tablets were scored such that the edit should be for 15/30 of the 100mg tablets. However, this question could not be answered, so the recommendation to the DUR was not formally altered. Simcor™, a combination of niacin and simvastatin was recommended to be preferred on the PDL because its price was consistent with its individual ingredient costs, and it was found to be superior at reducing overall cholesterol. Treximet™ and Veregan™ were both recommended to be non-preferred because there were other more cost effective alternatives to both of them. There is a supplemental offer on the table for Treximet™ that would make it cost effective now, but the generic (sumatriptan) scheduled to come out next year could change that situation. However, data will be provided at the September meeting analyzing Triptan users who also use other ancillary medications for the

treatment of headaches, especially injectables, to illustrate how many members use combinations of these drugs, and which combinations they prefer. Dr. Priscilla Ruhe motioned to accept these recommendations, with the added condition that the committee would revisit the issue of Treximet™ at the September meeting as was discussed. Dr. Hayley Harvey seconded this motion. The committee vote was unanimously in favor of this motion.

IX. Newly Released Generics and New Dosage Forms (Dr. Clifford): Alendronate has state MAC pricing now, so it was recommended to be preferred on the PDL. However, the other newly released generics, Cefuroxime Suspension, Fenofibrate, and Lamotrigine Chewable, are still more expensive than their brand name counterparts, so they were recommended to be non-preferred. This was also the case with all of the newly released dosage forms and strengths: Granisol™, Lamisil® Granules, Luvox® CR, and Tekturna® HCT. Luvox® CR will be added as a non-recommended drug since it is on the RDL and the other three will all be added as non-preferred. Dr. Hayley Harvey motioned to accept these recommendations and Matt Osterhaus seconded. All members voted in favor of the motion.

A motion was made by Dr. Chuck Wadle to adjourn the meeting. Bruce Alexander seconded the motion. All in attendance approved. The meeting adjourned at 11:55 a.m. The next scheduled meeting will be September 11, 2008 in Capitol Room 116.