



STATE MEDICAID P&T COMMITTEE MEETING
THURSDAY, December 16, 2010
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114



MINUTES

Committee Members Present:

Karen Gunning, PharmD.

Raymond Ward, M.D.

Michael Flynn, M.D.

Beth Johnson, R.Ph.

Brandon Jennings, PharmD.

Lisa Hulbert R.Ph.

Ellie Brownstein, M.D.

Committee Members Excused:

Kort DeLost, R.Ph.

Dept. of Health/Div. of Health Care Financing Staff Present:

Tim Morley, R.Ph.

Jennifer Zeleny, CPhT, MPH

Richard Sorenson, R.N.

University of Utah Drug Information Center Staff Present:

Gary Oderda, PharmD.

Other Individuals Present:

Roy Lindfield, Sunovion

John Stockton, Genentech

Meeting conducted by: Karen Gunning, PharmD, Co-Chairperson.

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1. Review and Approval of Minutes: The minutes from November 2010 were reviewed. Brandon Jennings moved to approve the minutes. Dr. Ward seconded the motion. The motion was approved unanimously by Karen Gunning, Brandon Jennings, Dr. Ward, Dr. Flynn, Dr. Brownstein, Beth Johnson, and Lisa Hulbert.
 2. Housekeeping: Lisa Hulbert addressed the P&T Committee and reviewed some PDL changes for 2011, including a change in the diabetic test strip PDL. The meter fulfillment plan and transition plan from Lifescan to Abbott was reviewed by Lisa Hulbert and Jennifer Zeleny.

The Committee members asked how long the test strip contract would last. The Committee members were in favor of as long of a contract as possible with the same meter companies due to difficulty in transitioning patients between products

The Committee members asked how Medicaid would disseminate information to the providers on the meter transition. Besides Abbott going to the pharmacies to educate, the Amber Sheet will be going out to providers prior to January 1.

Lisa suggested that Medicaid could have a transition period in which both Lifescan

and Abbott products would be paid. Additionally the Committee suggested that formal notification be provided in Medicaid cards prior to cutting off payment to the Lifescan NDC's.

Karen Gunning asked if there has ever been a discussion about paying pharmacists for training patients. For example, Washington allows pharmacists to send a bogus NDC number that corresponds with patient training. Medicaid was looking into this.

Dr. Ward moved to make the contract for as long as possible when it was signed. Brandon Jennings seconded the motion. The motion was approved unanimously by Karen Gunning, Brandon Jennings, Dr. Ward, Dr. Flynn, Dr. Brownstein, Beth Johnson, and Lisa Hulbert.

The Committee asked if there was a formal motion needed to provide several months for transition. Lisa said that no motion was needed, and Medicaid would explore this option.

3. DUR Board Update: Jennifer Zeleny addressed the Committee. On January 1, a new PA will go into effect for Forteo. The PA on Tamiflu was reinstated and extended to cover pregnant women. There was a recent educational article in the Amber Sheet on providing an emergency 72 hour supply of drugs on weekends, and how that applies to Tamiflu. A quantity limit of 9 packets per month is going into effect on Cambria. Last week, there was no quorum at the DUR meeting, but the time was used to have an informal discussion regarding Tamiflu, quantity limits on metformin, and quantity and length of therapy limits on opioids for acute pain. The metformin and opioids will probably be approached from an educational standpoint by Medicaid.
4. Topical Acne Products: Lisa Hulbert addressed the Committee and presented a clinical review of acne products that was previously presented to the DUR Board. The P&T Committee is only considering topical acne products today.

Karen Gunning asked if there is a current DUR imposed limit on acne products. Lisa stated that there is an age limit of 20 on acne products. After age 20, patients may receive acne products if they have nodular acne, cystic acne, or acne vulgaris.

The Committee clarified that oral antibiotics are not managed in any way, including age. Medicaid also does not track whether or not utilization is for acne.

The Committee suggested that Medicaid pick a manufacturer of oral isotretinoin that is most cost-favorable, as there is only one product. However, the DURB may wish to consider whether or not there is a safety issue to manage with PA.

Dr. Ward moved to ask Medicaid to pick one manufacturer of oral isotretinoin. Dr. Flynn seconded the motion. The motion was approved unanimously by Karen Gunning, Brandon Jennings, Dr. Ward, Dr. Flynn, Dr. Brownstein, Beth Johnson, and Lisa Hulbert.

The P&T Committee discussed whether or not it was necessary to have a single-entity topical antibiotic on the PDL. It was ultimately determined to have at least one preferred single-entity topical antibiotic on the PDL.

The Committee discussed including at least one gel and one cream form of tretinoin on the PDL. Beth Johnson asked if adapalene should be included for African Americans, but the Committee decided against that because there was no evidence that it was more efficacious than tretinoin in African Americans.

Dr. Ward moved to include at least one gel and one cream form of tretinoin on the PDL. Dr. Flynn seconded the motion. The motion was approved unanimously by Karen Gunning, Brandon Jennings, Dr. Ward, Dr. Flynn, Dr. Brownstein, Beth Johnson, and Lisa Hulbert.

The Committee discussed combination antibiotic and benzoyl peroxide products. Due to efficacy, it was determined that these combinations should be included on the PDL. Additionally, it was noted that clindamycin combinations were used far more than erythromycin combinations.

Dr. Ward moved that at least one combination product must be included on the PDL, and at least one preferred product needs to be a clindamycin / benzoyl peroxide combination.

The Committee discussed whether or not it was necessary to include single-entity benzoyl peroxide on the PDL, and whether or not Medicaid should include payment for the 10% products. The Committee also requested a list of covered NDC's of benzoyl peroxide products in a future Amber Sheet. There was no consensus on whether a specific type of product (wash, lotion, etc.) should be included.

Beth Johnson moved to include at least one benzoyl peroxide product on the PDL that is 5% or less. Dr. Brownstein seconded the motion. The motion was approved unanimously by Karen Gunning, Brandon Jennings, Dr. Ward, Dr. Flynn, Dr. Brownstein, Beth Johnson, and Lisa Hulbert.

There was no further discussion on topical single-entity antibiotics.

Dr. Flynn moved to include at least one topical single-entity antibiotic, and at least one covered product needs to include clindamycin. Dr. Ward seconded the motion. The motion was approved unanimously by Karen Gunning, Brandon Jennings, Dr. Ward, Dr. Flynn, Dr. Brownstein, Beth Johnson, and Lisa Hulbert.

The Committee suggested that topical antibiotic and retinoid combinations, azelaic acid, and tazoterene be considered for clinical PA by the DUR Board. These products have efficacy and/or safety issues.

Brandon moved to support the use of generics whenever possible. Dr. Ward seconded the motion. The motion was approved unanimously by Karen Gunning, Brandon Jennings, Dr. Ward, Dr. Flynn, Dr. Brownstein, Beth Johnson, and Lisa Hulbert.

Next Meeting Set for Thursday, January 21, 2011

Meeting Adjourned.

Minutes prepared by Jennifer Zeleny