STATE MEDICAID P&T COMMITTEE MEETING

THURSDAY, November 17, 2011
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114

MINUTES

Committee Members Present:
Ellie Brownstein, M.D.
Morgan L. Sayler, PharmD.
Jameson Rice, PharmD.
Julia Ozbolt, M.D.
Kort DeLost, R.Ph.
Lisa Hunt, R.Ph.
Beth Johnson, R.Ph.

Dept. of Health/Div. of Health Care Financing Staff Present:
Tim Morley, R.Ph.
Richard Sorenson, R.N.

University of Utah Drug Information Center Staff Present:
Melissa Archer, Pharm.D.

Other Individuals Present:
John Peterson, PharmD., Gilead Sciences
David Kaufman, Gilead Sciences
Kathleen Karnik, Janssen Pharmacy
Charissa Anne, Johnson & Johnson

Meeting conducted by: Ellie Brownstein.

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1 Review and Approval of Minutes: Ellie Brownstein moved to approve the minutes. Jameson Rice seconded the motion. The motion was approved unanimously.

2 Housekeeping: Lisa Hunt reported that the PDL now has the following drug classes implemented: birth control, pulmonary anti-hyperplasia, estrogen replacement, and antifungals. She also stated that Utah Medicaid has experienced several unsolicited drug file changes; these changes have created an increased call volume into Medicaid and they are working to get them fixed. Also, the new pharmacy point-of-sale system is moving forward, new system should provide better drug file support.
A committee member questioned who would initiate an un-wanted drug file change. Tim Morley responded explaining the national data provider that Utah Medicaid works with has been offering customized files for many years to the state (even though they no longer offer this option to new customers). As a result of this, the data provider has expressed its desire for Utah to move to standardized product. The state has agreed to use a standardized product with the implementation of the new point-of-sale system and has asked the provider to stick with the current setup until then. Consequently the customized product is full of years of data spread over tables of information and when one is changed

it affects one or more of the other tables creating these types of file updates.
Lisa Hunt also reminded the committee of the new federally mandated requirement that prescribers must be enrolled with Utah Medicaid in order for pharmacy claims to process.

3 DUR Board Update: Lisa Hunt conveyed that there was no Drug Utilization Review board meeting in November, therefore there are no updates to report.

4 Pulmonary Anti-hypertensives: Melissa Archer presented the committee with research of three different therapeutic classes of pulmonary anti-hypertensives, Endothelin Receptor Antagonists, Prostacyclins and Phosphodiesterase-5 Enzyme Inhibitors.

Endothelin Receptor Antagonist: Committee member asked if Ambrisentan (Letairis) and Bosentan (Tracleer) are currently available with a prior authorization due to the utilization. No clear answer was presented; other drugs with off label use are available with a prior authorization. A difference in the safety profiles was discussed. Bosentan has an additional black box warning for hepatic (both have black box warnings for pregnant). The use of these drugs for children was brought up, there was limited research data available for use in children. Melissa Archer pointed out that Bosentan is weight based dosing making use for children a viable option. One committee member commented that they found it interesting that Bosentan with less safe indications had higher utilization in adults.

It was asked if the three classes being presented can be used interchangeably. Melissa Archer stated the guidelines do not recommend one class over the other. They first recommend a calcium channel blocker then dependent upon the severity of the disease can use several agents and/or combination therapy. No comparative data was available in regards to efficacy.

Lisa Hunt presented data from other states (Iowa, Maine, Vermont, West Virginia and Wyoming) PDLs on these two drugs. She also stated that the committee would either need to make a determination to list each drug as preferred or non-preferred or send the decision back to the state to consider costs. Some committee members questioned if a decision could be made in confidence without the presence of study material related to pediatric usage.

Prostacyclins & Phosphodiesterase-5 Enzyme Inhibitors: Committee member commented that the IV form of sildenafil and tadalafil require careful monitoring when administered and asked if this dosage form will be considered for the PDL. There was a recommendation to consider an IV, an inhaled, and an oral dosage form.

Public Comment: John Peterson, PharmD. addressed the committee. He stated the 10% of patients react to calcium channel blockers, the other 90% could benefit from the drugs being discussed. He stated that combination therapy is becoming the normal practice for these drugs, approximately 40% of patients are on combination therapy.

There was a discussion about pediatric and low patient weight dosing. Some of the drugs presented do have weight based dosing. A committee member commented that many of the drugs used in pediatrics lack a large background in pediatric usage.

Tim Morley reminded the committee that if they feel there is not enough evidence to support preferring any of these drugs that they do not have to make a long term decision. Lisa Hunt stated that other states are placing these drugs on their PDLs based upon the available evidence, if the evidence shows that the drugs are equally safe and effective then a motion

would need to be made by the committee. She also offered for consideration that a class of drugs can be added to PDL with all agents being preferred, allowing the state to pursue supplemental rebate contract savings. A committee member suggested revisiting the class when more information becomes available.

5 Board Actions: Endothelin Receptor Antagonist: Kort DeLost made a motion to leave the Endothelin Receptor Antagonist class open based off of a lack of any sever differentiation between the two as far as adverse effects. Ellie Brownstein seconded the motion. The motion was approved unanimously.

A second motion was made by Morgan Sayler that both of the Endothelin Receptor Antagonist agents appear to be safe and effective and should be included on the PDL. Beth Johnson seconded the motion. The motion was approved unanimously.

Prostacyclins: Beth Johnson made a motion to cover one of each dosage form injectable and inhaled and that Flolan be included. Jameson Rice seconded the motion. The motion was approved unanimously.

A second motion was made by Kort DeLost that this class is equally safe and effective base upon available evidence. Morgan Sayler seconded the motion. The motion was approved unanimously.

Phosphodiesterase-5 Enzyme Inhibitors: A motion was made by Ellie Brownstein that both agents are equally safe and effective base upon available evidence. Julia Ozbolt seconded the motion. The motion was approved unanimously.

A second motion was made by Beth Johnson that all dosage forms, injectable, oral and inhaled be covered. Morgan Sayler seconded the motion. The motion was approved unanimously.

A third motion was made by Ellie Brownstein that sildenafil be covered because of its pediatric usage. Kort DeLost seconded the motion. The motion was approved unanimously

Next Meeting Set for Thursday, December 15, 2011 – Ophthalmic Antibiotics
Meeting Adjourned.
Minutes prepared by Bobbi Hansen.