



STATE MEDICAID P&T COMMITTEE MEETING
THURSDAY, January 20, 2011
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.

Kort DeLost, R.Ph.

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

Robyn Seely, PharmD.

Richard Sorenson, R.N.

Jennifer Zeleny, CPhT, MPH

University of Utah Drug Information Center Staff Present:

Gary Oderda, PharmD.

Melissa Archer, PharmD.

Other Individuals Present:

Jacob Hampton, Esq.

Kim Eggert, Gilead

Lori Howarth, Bayer

Taylor Miller

Scott Clegg, Lilly

Meeting conducted by: Raymond Ward, M.D., Co-Chairperson.

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1. Review and Approval of Minutes: Dr. Brownstein moved to approve the minutes. Beth Johnson seconded the motion. The motion was approved unanimously by Dr. Gunning, Dr. Ward, Dr. Flynn, Beth Johnson, Dr. Jennings, Lisa Hulbert, Dr. Brownstein, and Kort DeLost.
 2. Housekeeping: Lisa Hulbert addressed the Committee. A copy of the current PDL was provided to the Committee. The smoking deterrents, acne products, and pancreatic enzymes will be added shortly. Medicaid is currently working on rolling over contracts for 2011.

Karen Gunning asked if it was possible to bridge blood glucose products for transitional coverage. Lisa stated that patients would be bridged for a month.
 3. DUR Board Update: Robyn Seely addressed the Committee. The DUR Board met last week, and considered Sabril, metformin quantity limits, Revatio, and a policy on new combination products.
 4. Melissa Archer addressed the Committee and presented a clinical review on hormonal contraceptives.

Karen asked if Dr. Archer has a suggestion on how to approach this class. Dr. Archer stated that efficacy is similar among all agents, so the Committee may want to consider which agents have the most utilization. Additionally, the Committee may want to consider if it is important to have agents with multiple indications. Lisa felt that while these are important considerations, all products would be available with PA.

Dr. Jennings asked if there is any evidence discussing what happens if patients are switched from one agent to another. Dr. Archer reviewed the evidence and stated that switching is relatively safe.

Karen was concerned about switching, since the studies don't really address what happens if a patient is switched because an insurance company mandated it. Anecdotally, most women will not want to do that. Dr. Ward stated that many women are used to the fact that the color of the pill has changed repeatedly while she has been filling the prescription over the years.

Karen felt that looking at the table with its twelve categories is very helpful. Within the same progestin-cycle switching is not an issue. However, switching between the twelve categories may be problematic.

Dr. Ward asked if pharmacists stock all of the brands on the table. Kort stated that most of the pharmacies just purchase whichever generic is cost favorable to them, and dispense whatever is the AB Rated generic that they happen to stock.

The Committee asked Dr. Archer to review any safety concerns with the progestins used in hormonal contraceptives. Karen stated that there is a lot of European data suggesting some safety concerns, but the results of the studies are inconsistent and may have been outside of the criteria for inclusion of the review. Additionally, Karen stated that there may be some safety concerns associated with Ortho-Evra patch, and should be considered by the DUR Board.

The Committee asked if contraceptives that are administered other than orally are under consideration. Karen suggested that these should be excluded from Committee consideration, because they are stand-alone drugs in their respective classes.

Karen stated that Natazia is very difficult for patients from a compliance standpoint, and there are no indicators for who should be on it. It does not have a generic available. She suggested excluding it from the PDL.

Beyaz also does not have a generic. It is Yaz with folate supplementation. It also does not need to be included in the PDL.

Dr. Ward suggested that for each of the remaining categories of oral contraceptives with available generics, at least one generic should be included on the list.

Kort stated that from the standpoint of the pharmacist, it would be easier to take the whole class and place a MAC on each group of interchangeable products. That way, the pharmacist can order the generic that is cost-favorable and dispense that instead of a generic that is mandated by Medicaid. Beth agreed that Kort's proposal was a

good idea from a dispensing pharmacist standpoint.

Dr. Ward stated that the Committee had not previously made a recommendation to explore MAC's. He asked if this was a helpful suggestion from the P&T Committee.

Lisa stated that the input from the dispensing pharmacists on the use of MAC's was very helpful. However, Lisa stated that it troubled her that a motion requiring the use of MAC's might preclude her from accepting a highly favorable bid from a manufacturer. She would prefer a more permissive recommendation.

Brandon asked if Medicaid might want to pick preferred products based on having one monophasic and triphasic. Karen clarified that it was for each combination of estrogen and progestin rather than based on a class.

Karen suggested considering issues like non-hormonal additives like the homeopathic iron or methylfolate in the pills. She did not feel that it was necessary to cover those, and that would remove a bunch of combinations from consideration.

Karen also stated that Seasonique and Lo-Seasonique don't technically have approved generics, but they do. Extended cycling with generic Levora products instead of Seasonique, and extended cycling with generic Aviane products for Lo-Seasonique.

Karen suggested that there are safety issues with 50mcg estrogen products, and should be considered for a DUR review.

Karen asked Jennifer to summarize what has been decided so far. Jennifer stated that Medicaid should cover at least one product per line in the accompanying table, not including products with non hormonal ingredients such as methylfolate and iron. Additionally, there is no need to cover Seasonique and Lo-Seasonique because extended cycling is possible with existing generics. Karen made this motion.

Dr. Jennings and Dr. Flynn asked if it was possible for Medicaid to cover one monophasic, one triphasic, etc. They questioned the need for all combinations. Karen stated that there are enough differences in pharmacology, tolerability, and patient preference that it is not desirable to do this. The other issue would be that the P&T Committee would need to have a more in-depth discussion about progestins given the current medical legal climate. This is a highly controversial topic at the moment.

Dr. Archer stated that there was only one trial included in her review that found no differences in safety. However, Karen suggested that the results may be different with different search criteria.

The Committee discussed the logistics of picking a preferred product for each line versus having a MAC for the entire class. Kort stated that if there were no MAC's considered for reimbursement, he could purchase and dispense NDC's that Medicaid mandates.

Jennifer stated that she was basically hearing two approaches to the same thing. Both approaches view the class as having NDC's in silos. Under the MAC approach, Medicaid could offer a flat reimbursement for a particular silo, and allow the

pharmacists to dispense what is cost-favorable to them. If Medicaid selects an NDC for each silo, the pharmacist would be reimbursed at EAC, and Medicaid would collect rebates. If the Committee agrees that the class should be viewed as having NDC silos, it will ultimately be up to Medicaid which of these approaches are best after the bids and possible MAC's are reviewed.

Dr. Ward moved that no contraceptives with additives not related to contraception need to be included, but may be included if the cost is favorable. It is not necessary to include Beyaz, Netazia, or Seasonique products, but Medicaid may include them if they are cost-favorable. Otherwise, at least one representative product from each combination of hormones should be included on the PDL.

Karen suggested that the P&T Committee come back to this class in six months to a year and decide if there are any progestins that are simply not being used, and consider excluding them from the PDL.

Robyn asked if it was necessary to include a chewable dosage form. The Committee did not feel that was necessary.

Dr. Flynn seconded the motion. The motion was approved unanimously by Dr. Gunning, Dr. Ward, Dr. Flynn, Dr. Jennings, Lisa Hulbert, Dr. Brownstein, and Kort DeLost.

Karen moved that Nuva Ring, Ortho Evra, Implanon, IUD's, and Depo Provera be excluded from consideration in this class. Additionally, at least one of two of the currently available Plan B products should be covered. Brandon Jennings seconded the motion. The motion was approved unanimously by Dr. Gunning, Dr. Ward, Dr. Flynn, Dr. Jennings, Lisa Hulbert, Dr. Brownstein, and Kort DeLost.

Next Meeting Set for Thursday, February 17, 2011

Meeting Adjourned.

Minutes prepared by Jennifer Zeleny