



STATE MEDICAID P&T COMMITTEE MEETING
THURSDAY, March 19, 2009
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 114



MINUTES

Committee Members Present:

Kort DeLost, R.Ph.
Duane Parke, R.Ph.
Koby Taylor, PharmD.

Karen Gunning, PharmD.
Raymond Ward, M.D.
Jerome Wohleb, PharmD.

Board Members Excused:

Matthew Rondina, M.D.
David Harris, M.D.

Howard Weeks, M.D.

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

Jennifer K. Zeleny, CPhT., MPH
 Lisa Hulbert, R.Ph.

Tim Morley, R.Ph.

University of Utah Drug Information Center Staff Present:

Chris Beckwith, PharmD.

Other Individuals Present:

Barbara Boner, Novartis	Sandy Siekawski, Pfizer	June Caranfa, Novartis
Camille Kerr, Allergan	Mark Miller, Allergan	Joe Hansen, Forest
Jack Jenks, Alzheimer's Assoc.	Alan Bailey, Pfizer	Dennis Quist, Steifel
James S. Wood, M.D., Silverado	Ben Focht, Amylin	Dan Heincy, R.Ph., Merck

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

1. Minutes for February 2009 were reviewed and approved. Duane Parke moved to accept the minutes. Jerome Wohleb seconded the motion. The motion passed with unanimous votes by Kort DeLost, Karen Gunning, Duane Parke, Dr. Ward, Koby Taylor, and Jerome Wohleb.
2. DUR Board Update: Lisa Hulbert addressed the Committee. The March DUR Board meeting considered the acne preparations, and a recommendation was made by the Board to have the Division return with specific criteria. The DUR Board also considered barbiturate-containing compounds, based on a recommendation of the P&T Committee.
3. Prior Approval Update: Duane Parke addressed the Committee. The Legislature passed a

bill allowing Medicaid to enforce the PDL with a hard Prior Authorization. The Legislature wants this implemented by May 15, and Medicaid will be bringing proposed PA criteria to the Committee for approval. The Division is hoping to be able to have a PA criteria set that is one-size-fits-all for the PDL.

4. Co-Chair Election: Karen Gunning nominated Koby Taylor. Kort DeLost seconded the motion. Koby accepted the nomination. The motion passed with unanimous votes by Kort DeLost, Karen Gunning, Duane Parke, Dr. Ward, Koby Taylor, and Jerome Wohleb.
5. Alzheimer Cholinomimetics: Dr. Christina Beckwith addressed the Committee and presented a review prepared originally by the Oregon Health Sciences University, and a separate review of the rivastigmine patch prepared by the University of Utah Drug Information Service.

June Caranfa from Novartis addressed the Committee regarding the clinical benefit and convenience of the Exelon patch, which is the only acetylcholinesterase inhibitor available in a patch.

Dr. James Wood, area geriatrician, addressed the Committee. He has experience with all of the agents, with the exception of tacrine. He spoke in favor of the tolerability of the Exelon patch. Additionally, he spoke in favor of the efficacy of memantine.

Karen Gunning asked if memantine could ever be considered alone. Dr. Wood stated that short studies indicated that some improvement on memantine alone. He has also had some success with treating patients with anxiety features with this drug alone.

Karen Gunning asked Dr. Wood if he would know why Medicaid would be paying claims for 20-30 year olds for acetylcholinesterase inhibitors. Dr. Wood stated that he does not see patients in that age group, so he does not know. He said that the rumor mill is that it is used for memory enhancement, but he has no data to back this up.

Shampa De of Forrest Pharmaceuticals addressed the Committee regarding the benefits of Namenda, the only NMDA receptor agonist approved for the treatment of moderate to severe Alzheimers either alone or in combination with acetylcholinesterase inhibitors.

Dr. Richard Olsen, area internist, addressed the Committee in favor of maintaining open access to these agents. He has experience prescribing combinations of memantine and acetylcholinesterase inhibitors both to patients he sees as well as to relatives.

Duane Parke asked Dr. Olsen how long a family can expect to be able to care for a patient with Alzheimer's in the home. It depends on the patient and the resources available to the family. With his grandmother, Dr. Olsen was able to keep her at home for 7 years before placing her in a care facility. In his mother's case, he kept her at home for 5 years before she passed away. She was taken off medications due to side-effects and the difference seen after she was taken off the medications was dramatic.

Sandy Sierawski of Pfizer addressed the Committee regarding the benefits of Aricept. It is the only monotherapy indicated for all stages of Alzheimer's, and the number one prescribed medication for this disease state.

The Committee asked when the patent was due to expire on Aricept. Sandy said that she would check on this. Dr. Beckwith stated that there are generic products approved, but not marketed. She later stated that the patent would expire in 2011.

Jerome Wohleb asked how long it is appropriate to keep a patient on these medications. Some of the studies have gone for 3-5 years, but Sandy was not aware of a defined endpoint.

Karen Gunning stated that one of the students in her seminar was doing a presentation on med discontinuation. In a fairly recent study, a consensus of geriatricians stated that acetylcholinesterase inhibitors should never be prescribed for an end-stage severely demented institutionalized patient.

Dr. Ward stated that he did not feel that there was a consensus, and each provider was alone at sea to figure out what to do and what the family wants.

Duane Parke read a letter from Dr. Daniel Christensen at the University of Utah in favor of open access to medications.

Dr. Cherie Brunner from IHC also submitted a letter in favor of open access to medications.

Karen Gunning stated that it did not make sense to consider Namenda with the rest of the group. It should be considered as a single entity, and not part of the discussion on acetylcholinesterase inhibitors. She also stated that Medicaid should consider not paying for tacrine, because it is not widely used and has significant safety issues.

Kort DeLost stated that the patch should be considered due to ease of use and tolerability. Karen Gunning did not feel too strongly about that, and Dr. Ward said that he felt that the evidence on that was conflicting. The PA would allow patients who really need that agent to continue to get it, even if it was not on the PDL.

The Committee members felt that the Exelon patch's GI side-effects were surprising. One of the area stated that the Oregon study did not include the Exelon patch because it was done before the patch was available. Karen pointed out that the University of Utah Drug Information Service had prepared an updated review of the Exelon patch, which still demonstrated some GI side effects from the patch.

Karen Gunning asked Dr. Wood if there would be any one agent in this class that he would consider for initial selection. He stated that there are really no guidelines for that. Karen stated that her experience with this class is that it is difficult to tell what is and is not working, so the drugs are being changed mostly based on side-effects. Dr. Wood added that many family members will notice things that are not on a rating scale when these drugs are prescribed.

Karen Gunning made a motion that memantine should be considered as a separate entity outside of the class of acetylcholinesterase inhibitors and covered. Kort DeLost seconded the motion. The motion passed with unanimous votes by Kort DeLost, Karen Gunning, Duane Parke, Dr. Ward, Koby Taylor, and Jerome Wohleb.

Karen Gunning made a motion that tacrine should not be preferred due to a poor safety profile and no evidence of increased efficacy. Koby seconded the motion. The motion passed with unanimous votes by Kort DeLost, Karen Gunning, Duane Parke, Dr. Ward, Koby Taylor, and Jerome Wohleb.

Kort DeLost moved that the patch should be covered as preferred, since it offers an alternative method for dosing for people who may not be able to eat. There was no second.

Jerome Wohleb asked if the Committee should even be trying to compare the efficacy of these agents, since the cost to the state of not using these drugs could be great. He did not want to discourage the utilization of drugs, because they can potentially keep patients out of care facilities.

Karen Gunning stated that the role of the Committee was to determine whether or not there was a difference in safety and efficacy of these agents. Whether these agents keep people out of nursing homes is a multi-million dollar question. Dr. Ward stated that the Committee would not be discouraging the use of these drugs by finding them equally safe and efficacious.

Karen made a motion that the Committee finds that the drugs are similar in safety and efficacy, and that Medicaid should determine coverage based on cost. Koby seconded the motion. The motion passed with votes by Kort DeLost, Karen Gunning, Duane Parke, Dr. Ward, and Koby Taylor. Jerome Wohleb opposed the motion.

Next Meeting Set for Thursday, February 19, 2009
Meeting Adjourned.

Minutes prepared by Jennifer Zeleny