



STATE MEDICAID P&T COMMITTEE MEETING
THURSDAY, May 21, 2009
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 101



MINUTES

Committee Members Present:

Kort DeLost, R.Ph.

Duane Parke, R.Ph.

Raymond Ward, M.D.

Michael Flynn, M.D.

Koby Taylor, PharmD.

Jerome Wohleb, PharmD.

Board Members Excused:

Karen Gunning, PharmD.

Dept. of Health/Div. of Health Care Financing Staff Present: Jennifer K. Zeleny, CPhT., MPH

Tim Morley, R.Ph., Lisa Hulbert, R.Ph.

University of Utah Drug Information Center Staff Present:

Christina Beckwith, PharmD.

John Vu, PharmD.

Other Individuals Present:

Roy Lindfield, Schering

Sabrina Aery, BMS

Scott Clegg, Lilly

Alan Bailey, Pfizer

GSK

Dave Southwick, GSK

Tim Pefaur, ENT Center

Trish McDaid-O'Neill, AZ

Dan Manning, Schering

Steve Farmer, Amgen

Michael Schoenfeld, Lilly

Tom Scaccia, GSK

R. Joy, GSK

Sedrick Spencer, Roche

Glen Hodding, Roche

Lori Howarth, Bayer

Mary Ann Paul, DRRC

Juanita McDonough,

Mike Buhler, Merck

Barbara Boner, Novartis

Meeting conducted by: Koby Taylor, PharmD., Co-Chairperson.

1. Minutes for March 2009 were reviewed, corrected, and approved. Dr. Ward moved to approve the minutes. Kort DeLost seconded the motion. The motion passed with unanimous votes from Dr. Ward, Kort DeLost, Koby Taylor, Duane Parke, and Jerome Wohleb.
2. DUR Board Update: Lisa Hulbert addressed the Committee. The DUR Board recently considered osteoporosis medications and entertained the motion to explore the coverage of Vitamin D. The criteria for Cancidas and Tasigna were also updated. Acne products will be reviewed at the July meeting.
3. Housekeeping: Dr. Michael Flynn, internist and pediatrician, was welcomed to the Committee.

4. Prior Approval Policy for Non-Preferred Drugs: Duane Parke addressed the Committee. Based on feedback from Committee members, a form for non-preferred authorization was posted on the website. Medicaid is still accepting feedback on the form, and will make changes if approved by administration. For a non-preferred authorization, a client needs to only meet one of the criteria on the form, not all four.

Dr. Ward suggested enlarging the line for drug name. It was also suggested that the form include Utah Medicaid at the top to indicate where the form came from.

5. Nasal Corticosteroids: Dr. Christina Beckwith addressed the Committee and presented evidence prepared by the University of Utah Drug Information Service.

Reuben Joy, PharmD., from GlaxoSmithKline addressed the Committee on the features that distinguish Veramyst from the other nasal corticosteroids.

Dan Manning, PharmD. from Schering Plough addressed the Committee on the broad range of indications of Nasonex.

Tim Pefaur, PA with a local ENT group addressed the Committee on the benefits of Veramyst.

Duane Parke read three emails received from providers in favor of keeping Veramyst on the PDL.

Kort DeLost asked the physicians on the Committee how commonly nasal corticosteroids are used in children as young as two. Dr. Flynn and Dr. Ward stated that it is not common. Dr. Ward stated that most of his patients do fine on generic fluticasone, and that complaints about it are infrequent enough that he would not mind filling out a PA form on those patients.

Dr. Beckwith suggested that the Committee may want to include a spray that has an indication for nasal polyps. The Committee felt that the lack of palpable evidence in the summary did not warrant a special distinction unless there was a failure with a preferred agent.

Dr. Ward made a motion that there are no major differences among the nasal corticosteroids on any of the key questions that were considered, and that the Committee recommends that Medicaid make a decision based on cost. Dr. Flynn seconded the motion. The motion passed with unanimous votes from Dr. Ward, Kort DeLost, Koby Taylor, Duane Parke, and Jerome Wohleb, and Dr. Flynn.

6. Osteoporosis Agents, Bisphosphonates, Oral: Dr. John Vu addressed the Committee and presented evidence prepared by the University of Utah Drug Information Service. The Committee noted problems with non-equipotent

dosing in some of the head-to-head trials included in the presentation.

Dr. Ward questioned why the safety studies compared GI outcomes at 14 days between alendronate and risedronate, and asked if the long-term studies that examine adverse events over more realistic time spans show any differences. Dr. Vu stated that there are no differences over the long-term.

Glenn Hodding, PharmD. from Roche, presented information in favor of including Boniva on the PDL in addition to a weekly bisphosphonate.

Dr. Vu stated to the Committee that the BMD trials cited by Glen Hodding were not included in the main evaluation prepared by the University due to conflicting data regarding the true association between bone mineral density and fracture reduction. However, these results were provided in one of the supplemental tables provided to the Committee.

Duane Parke read two emails received in favor of including monthly Boniva on the PDL. These were forwarded to the Committee members.

The Committee asked if there was a difference in discontinuation rates between weekly and monthly dosage forms. This was not evaluated in the study.

Dr. Ward stated that, in the real world, he needs to balance patient convenience against the patient's ability to afford the medication. Although this is not an issue for Medicaid clients, he does see that as being a barrier to compliance. There are very few patients who have very severe GI side-effects that they might be willing to tolerate for two days per month, but not two days per week. For those patients, he is happy to fill out a PA form if they need it.

Dr. Wohleb asked if the studies found differences in adverse events. Dr. Vu stated that his study did not. Dr. Wohleb stated that his company did a study that did find differences in adverse events, which may affect compliance, which is really the main consideration with these drugs provided that they are equally efficacious.

Dr. Vu stated that the DIS focused primarily on the head-to-head trials, which did not find significant differences.

Dr. Ward's overall feeling is that he did not find anything that convinces him that there are major differences between the medicines, so his preference is to make a motion that there are no clear cut differences in safety or efficacy between the medications and recommends that Medicaid make a decision based on cost, making sure to include at least a weekly formulation. Duane Parke seconded the motion.

Kort DeLost wanted to acknowledge that Boniva did not have an indication for hips. He also stated that the objective safety data was compelling, even though the data was only at 2 weeks.

Dr. Beckwith asked if the Committee wanted to include at least one agent with an indication for Paget's Disease. Dr. Ward amended his motion to include at least one agent that has been studied for Paget's Disease and at least one agent that has been studied for Osteoporosis. Duane Parke seconded the motion. The motion passed with votes from Dr. Ward, Kort DeLost, Koby Taylor, Duane Parke, and Dr. Flynn. Dr. Wohleb opposed the motion.

Next Meeting Set for Thursday, June 18, 2009
Meeting Adjourned.

Minutes prepared by Jennifer Zeleny