EXPANDED MEDICAID PHARMACY PRIOR AUTHORIZATION ADVISORY COMMITTEE
Meeting Summary
June 8, 2005

Opening Remarks/Introductions

The Medicaid Pharmacy Prior Authorization (PA) Committee met on June 8, 2005 to review the next nine categories of drugs to be implemented on the Wisconsin Medicaid preferred drug list (PDL). The Standing and Expanded Committee members reviewed four categories related to mental health indications and the Standing Committee reviewed the remaining five categories.

Mark Moody, Administrator of the Division of Health Care Financing (DHCF), opened the meeting by reviewing the agenda and the following opening items:

- The meeting will begin with a review and approval of the March 2, 2005 meeting minutes.
- DHCF will request Committee Members to complete a disclosure of any potential conflict of interest. Members will be asked to disclose any financial or other special interests that could be perceived as a conflict of interest to their appointment on the PA Advisory Committee. DHCF will contact members prior to the next meeting.
- The meeting will proceed into public comment.

Review/Approval of March 2, 2005 Meeting Minutes

Mr. Moody announced that meeting minutes were distributed to the Committee members, confirmed that the members had the opportunity to review, and requested modifications or motion to approve.

Vote on motion – Voting were:

▪ Bradley Fedderly – aye ▪ Larry Fleming – aye ▪ Michelle Thoma – aye ▪ Molly Cisco – aye ▪ Virginia Bryan – aye	▪ Tom Hirsch – aye ▪ Barry Blackwell – aye ▪ Allen Liegel – aye ▪ Alicia Walker – aye

There were no votes opposed and no abstentions.

Public Testimony

Mr. Moody reviewed the testimony guidelines for the meeting as follows:

1. Speakers will be required to state name, address, organization, drug class and drug name.

2. Speakers will be limited to a period of five (5) minutes.
3. One (1) speaker per company or organization will be permitted.
4. Prior Authorization Committee members will not ask questions or respond to speakers at the meeting.
5. Speakers must submit written material to the DHCF, either in hard copy at the meeting or electronically via email following the meeting.
6. Speakers will not be permitted to use audio/visual equipment during their presentation.

Mr. Moody announced the availability of time slots that had not been reserved. If interested parties want to reserve an available time, they should see Carrie Gray or Rita Hallett.

Ms. Cisco requested the Committee members receive the testimony ahead of time.

Mr. Moody explained that DHCF does not receive the testimony in advance in most cases.

Dr. Blackwell stated that the information used to make the recommendations ought to be released to the public prior to the review meeting. Dr. Blackwell thought the public should review the information for possible errors prior to the review meeting.

Mr. Moody thanked Dr. Blackwell for the suggestion and took the suggestion under advisement.

Prior to public testimony the Committee members introduced themselves.

The table below lists each speaker who testified and the topic of their testimony:

SUMMARY OF PUBLIC TESTIMONY

Time	Name	Company	Drug	Class	Notes
9:00	Dr. Shawn Antle	None	Aricept Namenda	Alzheimer's Agents	Spoke in support of not restricting physician prescribing options. Support of Aricept and Namenda on PDL.
9:04	Rob Gundermann	Alzheimer's Association	N/A	Alzheimer's Agents	Spoke in support of not restricting physician prescribing options. Availability of options to help delay nursing home admissions.
9:06	Theodore Young	Eisai	Aricept	Alzheimer's Agents	Provided efficacy support for Aricept. Delay of nursing home admission by two years.
9:11	Dr. Kohlenberg	None	Aricept Exelon Namenda Reminyl/Razadyne	Alzheimer's Agents	Spoke in support of not restricting physician prescribing options.
9:16	Dr. Sager	WI Alzheimer's Institute	N/A	Alzheimer's Agents	Provided clinical support for agents within class. Spoke in support of not restricting physician prescribing options.
9:21	Holly Quasny	GlaxoSmithKline	Requip Arixtra	Antiparkinson's Agents/ Anticoagulants, Injectables	Provided clinical support for Requip and Arixtra. Specific indications presented for Requip and Arixtra.

Time	Name	Company	Drug	Class	Notes
9:26	Cristian Gibson	Boehringer Ingelheim	Mirapex	Antiparkinson's Agents	Provided clinical support for Mirapex for the treatment of Parkinson's disease.
9:30	Dr. Leo	None	levodopa pergolide	Antiparkinson's Agents	Provided clinical support for levodopa and pergolide for the treatment of Parkinson's disease.
9:35	Jagdish Shastri	Eli Lilly	Strattera	Stimulants and Related Agents	Spoke in support of not restricting physician prescribing options for treatment of ADHD. Provided clinical support for Strattera in the treatment of ADHD as the only non-addictive agent in the class.
9:41	Dr. Michael Ishi	McNeil Consumer and Specialty Pharmaceuticals and Dean Medical Center	Concerta	Stimulants and Related Agents	Provided clinical support for Concerta 12 hour acting medication for the treatment of ADHD.
9:45	Hugh Davis	WI Family Ties		Stimulants and Related Agents	Spoke in support of not restricting prescribing options for treatment of ADHD.
9:48	Steven James	King Pharmaceuticals	Sonata	Sedative Hypnotics	Provided clinical support for Sonata for the treatment of insomnia and use of Sonata for sleep hygiene.
9:53	Dr. Ruth Benca	Sepracor Inc.	Lunesta	Sedative Hypnotics	Provided clinical support for Lunesta for treatment of insomnia and as only FDA approved drug in its class for long-term treatment.
9:58	Tim Birner	Sanofi-Aventis	Ambien, Lovenox	Sedative Hypnotics/ Anticoagulants, Injectables	Provided clinical support for Ambien for treatment of insomnia and Lovenox for treatment of blood clots.
10:03	Dr. Steven Brown	None	Arixtra	Anticoagulants, Injectables	Provided clinical support for Arixtra for treatment of blood clots and as the only drug in its class for hip fracture surgery.
10:34	Bill Bakker	Schering-Plough	Peg-Intron	Hepatitis C Agents	Provided clinical support for Peg-Intron for treatment of Hepatitis C and its weight dosing advantages.
10:38	Stephen Rossi	Hoffmann-LaRoche Inc.	Pegasys	Hepatitis C Agents	Provided clinical support for Pegasys for treatment of Hepatitis C.
10:44	Dr. James Levin	Dean Health Clinic	Peg-Intron ribaviron	Hepatitis C Agents	Provided clinical support for Peg-Intron and ribavirin as preferred status on the PDL.
10:47	Greeta Cherayil	Pfizer	Genotropin	Growth Hormones	Provided clinical support for Genotropin for its unique FDA indications and delivery system.
10:51	Debra Dedecker	Novo Nordisk	Norditropin, Nordiflex	Growth Hormones	Spoke in support of not restricting prescribing options within the growth hormone class. Provided clinical support for Norditropin and Nordiflex for inclusion on the PDL.
10:55	Erik Muser	Ortho-Biotech	Procrit	Erythropoiesis Stimulating Proteins	Provided clinical support for Procrit for its unique indication for anemia for HIV surgery.
10:58	Bill Wagley	Amgen	Aranesp	Erythropoiesis Stimulating Proteins	Provided clinical support for Aranesp and its less frequent dosing, which leads to reduced copays and office visits for patients.
11:02	Dr. Reichelderfer	University of Wisconsin	Remicade	Cytokine and CAM Antagonists	Provided clinical support for Remicade efficacy and indications. No long-term complications with drug.
11:06	Dr. Blackwell	None	Strattera	Stimulants and Related Agents	Provided clinical support for Strattera as a first line product for

Time	Name	Company	Drug	Class	Notes
					treatment of ADD and ADHD. Cited Strattera as the only non-addictive drug for the treatment of ADD and ADHD. Outlined discrepancies in the information provided to the PA Advisory Committee used to make recommendations of the preferred vs non-preferred agents. Advocated for the public disclosure of the information provided to the PA Advisory Committee in the future.
11:13	Shel Gross	None	N/A	Stimulants and Related Agents	Spoke in support of not restricting physician prescribing options within the entire class for treatment of ADD and ADHD. Stated that the Committee should not take action until further documentation can be provided such as the Drug Effectiveness Review Project (DERP) reports.
11:18	Dr. Diamond	University of Wisconsin	Strattera	Stimulants and Related Agents	Supports opinion that Strattera is the best option in some specific prescribing situations, however Strattera has not been found to be best first line agent. Supported making Strattera a second line agent. Generally spoke in support of not restricting physician prescribing options, but supported ranking options within class.
11:49	Dr. Witkovsky	None	Strattera	Stimulants and Related Agents	Spoke in support of making Strattera available, but not as a first line medication. Suggested placing a PA requirement on Strattera if the requirements for the PA were not overly burdensome on the physician.

Follow-Up From March Meeting

Dr. Mergener reviewed actions that have been taken to resolve issues left outstanding from March 2, 2005, meeting.

1. Antifungals, Topical (Skin fungal infections) – The DHCF did not move ciclopirox to non-preferred as recommended by the Committee because of expected price decreases on the product.

2. Ophthalmics, Glaucoma Agents (Treatment of eye condition that can cause sight loss) – After a review of the dosing and utilization data, the DHCF did not move Lumigan 7.5ml, Lumigan and Travatan 5ml to non-preferred as recommended by the Committee. The Committee's recommendation would not result in additional savings and did not allow for larger package sizes.

3. Analgesics, Narcotics – At the recommendation of the PA Advisory Committee, the DHCF did move meperidine to non-preferred status.

4. Antihistamines, Minimally Sedating – The DHCF discussed the PA requirements for the class. The DERP report was used within the original recommendation and clinical evidence showed loratadine is more effective than Zyrtec for the treatment of atopic dermatitis and urticaria. As such, the current PA criteria will be maintained.

5. Prescribers were sent letters to help them switch individuals to the preferred products in categories with significant utilization of non-preferred agent. Letters were sent for the following drug classes:

    - Antihistamimes, Minimally Sedating
    - Hypoglycemics, Insulin
    - Analgesics, Narcotics – Oxycontin
    - Bronchodilators, Beta Agonists – Xopenex

6. Antiemetics – The DUR Board will consider future quantity limits on this class of drugs.

7. Ophthalmics, Antibiotics – third and fourth generation Quinolones. Fourth generation agents have shown an in vivo superiority for certain gram-positive organisms and efficacy against strains resistant to older agents. However, the superiority has not been demonstrated clinically. As such, there is no change for the PDL at this time.

8. Cox-2's – Dr. Taylor and Dr. Mergener provided an update of the Cox-2 class.
    - Addition of black-box warnings on Cox-2 drugs within the class.
    - Suspension of the sale of Bextra.
    - Handouts were distributed that displayed the market share of drugs within the class and number of prescriptions filled per month for each (see Attachment 1).
    - Based on comments from the Committee, DHCF will review PA criteria for the Cox-2 class and determine if utilization from the Cox-2 class has switched to the generic NSAIDs. The DHCF may want to consider the failure of 2-3 NSAIDs prior to allowing a Cox-2 prescription.
    - Based on comments from the Committee, DHCF will consider requirement for recipients to take Prilosec OTC with generic NSAID to prevent GI bleeding.

9. Dr. Hirsch asked if there was any progress in electronically adjudicating step therapy. Mr. Moody informed the Committee of the Pharmacy Request For Information (RFI) that had recently been released by DHFS in part, as a step in helping determine if it makes sense to carve out the pharmacy benefit to a Pharmacy Benefit Manager (PBM). The goal of the RFI is to solicit proposals from pharmacy benefit managers to outline potential savings.

10. Dr. Izard stated that Americhoice (United Healthcare) has no PPI on their formulary and would not approve a PA he had requested. DHCF agreed to investigate to determine what actions to take. Follow-up will be provided at the next Committee meeting.

11. Mr. Moody reviewed the DHCF policy for high-cost generic drugs. DHCF policies strongly favor the use of generic over brand drugs. Wisconsin has put in place aggressive MAC pricing and Brand Medically Necessary PA (BMN) policies to limit utilization of the brand products. There are some exceptions to this policy based on the advice of the PA Advisory Committee. Dr. Taylor from Provider Synergies provided an update about policies from other state Medicaid Agencies. Similar to Wisconsin, most other states use MAC pricing lists and have removed some generics from the PDL. In general, Wisconsin policies are similar to other states.

12. Mr. Moody informed the Committee that Wisconsin is in the process of joining the Provider Synergies multi-state pool program called TOP$. The process for reviewing drug classes to determine the PDL is similar to the current method. However, in the future, Wisconsin will review the classes as a consortium with the other states. In addition the bidding process with the manufacturers is done as a consortium with the other states. By doing this Wisconsin is expected to achieve higher supplemental rebates. The states that are part of the consortium are Louisiana, West Virginia and Maryland. The current PDL drug classes will not be impacted by joining the consortium until the classes are re-reviewed.

Prior to the closed session, Mr. Moody informed attendees of a legislative proposal that would limit a recipient's monthly number of brand prescriptions to five. Any brand prescriptions above five would require prior authorization.

Discussion of Manufacturer-Specific Supplemental Rebate Amounts (Closed Session)

Mr. Moody indicated that the next agenda item, a discussion of manufacturer-specific supplemental rebate amounts, was intended for consideration in closed session pursuant to s.19.85(1)(e), Wis. Stats. He further indicated that, under federal and state law, the rebate amounts must remain confidential due to the competitive nature of the rebate agreements and federal drug price confidentiality requirements.

Mr. Moody called for a motion to adjourn into closed session. Motion made by Dr. Fedderly. Motion seconded by Dr. Izard. Voting results were:

▪ Bradley Fedderly – aye ▪ Kevin Izard – aye ▪ Larry Fleming – aye ▪ Michelle Thoma – aye ▪ Molly Cisco – not present	▪ Peg Smelser – aye ▪ Tom Hirsch – aye ▪ Barry Blackwell – aye ▪ Allen Liegel – aye ▪ Alicia Walker – aye

▪ Virginia Bryan – aye	

There were no votes opposed and no abstentions.

Therapeutic Class Reviews, Committee Discussion, and Response to Proposal (Open Session)

Mr. Moody announced that Dr. Taylor from Provider Synergies would present the therapeutic class reviews and recommendations, and that Dr. Mergener from APS Healthcare would present summary conclusions from the DERP report.

Dr. Taylor presented class reviews as follows:

1) **Alzheimer's Agents (Alzheimer's Disease)**
   a) Review – Clinical literature was presented for the class.
   b) Recommendation:
      - Preferred: Aricept, Reminyl, Exelon, Namenda
      - Non-preferred: Cognex
   c) Discussion – Most of the class utilization will move to Medicare Part D at the end of 2005.
      Dr. Mergener stated there were 173 articles cited in the DERP review and the conclusion support Provider Synergies recommendation. The side effect profiles of the agents were different. The study could not differentiate between the acetyl cholinesterase inhibitors.
      Dr. Fedderly stated that Namenda is not as effective in absence of an acetyl cholinesterase inhibitor, and for that reason asked if there should be a restriction on Namenda as a stand-alone drug.
      Dr. Hirsch stated that literature does not support such a restriction.
   d) Vote on Recommendation – Motion to accept recommendation was made. Voting results were:

      - Bradley Fedderly – aye
      - Kevin Izard – aye
      - Larry Fleming – aye
      - Michelle Thoma – aye
      - Molly Cisco – aye
      - Virginia Bryan – aye
      - Peg Smelser – aye
      - Tom Hirsch – aye
      - Barry Blackwell – aye
      - Allen Liegel – aye
      - Alicia Walker – aye

      There were no votes opposed and no abstentions.

2) **Antiparkinson's Agents (Parkinson's Disease)**
   a) Review – Clinical literature was presented for the class. There is a black box warning for liver failure associated with Tasmar.
   b) Recommendation:
      - Preferred: benztropine, trihexyphenidyl, carbidopa/levadopa, pergolide, Mirapex, Comtan, Stalevo

- Non-preferred: Kemadrin, Parcopa, Requip, Tasmar

c) Discussion – Dr. Hirsch asked what would occur with patients already taking non-preferred products.
Mr. Vavra stated that the DHCF could send targeted letters to doctors with patients that would be required to switch drugs.
Dr. Hirsch responded by asking if grandfathering individuals already taking the prescription could be considered for the non-preferred products.
Amendment made to the recommendation to grandfather patients already taking non-preferred products to not require PA to continue taking the same drug.

d) Vote on Recommendation – Motion to accept recommendation as amended in the discussion was made. Voting results were:

- Bradley Fedderly – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Michelle Thoma – aye
- Molly Cisco – aye
- Virginia Bryan – aye
- Peg Smelser – aye
- Tom Hirsch – aye
- Barry Blackwell – aye
- Allen Liegel – aye
- Alicia Walker – aye

There were no votes opposed and no abstentions.

3) Stimulants and Related Agents (Attention deficit disorder and attention deficit hyperactivity disorder)

a) Review – Clinical literature was presented for the class.

b) Recommendation:
- Preferred: methlyphenidate IR, methlyphenidate ER, dextroamphetamine, pemoline, amphetamine salt combo, methamphetamine, Focalin, Adderall XR, Concerta, Metadate CD, Ritalin LA
- Non-preferred: Strattera, Provigil

c) Discussion – Dr. Blackwell suggested that Strattera be the only preferred product and all other 'addictive' agents be non-preferred. Dr. Blackwell stated there was not enough data presented to determine if Strattera is more or less effective than other agents. Dr. Blackwell continued that this is the first time in 30 years an agent is available to treat ADD/ADHD that is not addictive. By switching to Strattera there would be benefits in social policy and costs. Dr. Blackwell stated patients stop taking medication in the summer because of stigma of the agents. Strattera is not associated with that stigma.
Dr. Izard stated the stigma is not due to the medications. The stigma is due to the mental health diagnosis. Head-to-head studies are needed to determine the efficacy of Strattera as compared to the other agents.
Ms. Cisco suggested the Committee gain more information before taking action on the class. DHCF has made an investment into the DERP to get this type of information. Ms. Cisco would like additional information from the DERP, child psychologists, the alcohol and drug abuse community and additional experts prior to taking any action on the class.

Motion (1) made to recommend the delay of the class until more information is made available to the Committee

Vote on Recommendation – Motion (1) to accept recommendation to delay the review of the Stimulants and Related Agents class. Voting results were:

- Bradley Fedderly – nay
- Kevin Izard – nay
- Larry Fleming – aye
- Michelle Thoma – nay
- Molly Cisco – aye
- Virginia Bryan – aye
- Peg Smelser – nay
- Tom Hirsch – nay
- Barry Blackwell – aye
- Allen Liegel – aye
- Alicia Walker – nay

Motion (1) defeated. Voting results were 5 ayes to 6 nays. There were no abstentions.

Motion (2) made to recommend Strattera as the only preferred agent in the class

Motion (2) to amend recommendation to make Strattera the only preferred product. Voting results were:

- Bradley Fedderly – nay
- Kevin Izard – nay
- Larry Fleming – nay
- Michelle Thoma – nay
- Molly Cisco – aye
- Virginia Bryan – nay
- Peg Smelser – nay
- Tom Hirsch – nay
- Barry Blackwell – aye
- Allen Liegel – nay
- Alicia Walker – nay

Motion (2) defeated. Vote results were 2 ayes to 9 nays. There were no abstentions.

Dr. Mergener and Carrie Gray provided the Committee with an update on the DERP draft report for the Stimulant and Related Agents class.
Ms. Cisco expressed a concern regarding the ability for the Expanded Committee to influence the results of the voting. There are not enough voting members of the Expanded Committee to determine the final recommendations of the Committee for the mental health classes.
Dr. Mergener reviewed the PA requirements that are in place for non-preferred agents.
Members of the Committee discussed adding additional criteria to the PA that would more easily allow non-preferred agents, such as Strattera, to be dispensed in cases where addiction or abuse was a concern for the patient.

Motion (3) to accept recommendation was made. Voting results were:

- Bradley Fedderly – aye
- Peg Smelser – aye

- Kevin Izard – aye
- Larry Fleming – aye
- Michelle Thoma – aye
- Molly Cisco – nay
- Virginia Bryan – aye
- Tom Hirsch – aye
- Barry Blackwell – nay
- Allen Liegel – nay
- Alicia Walker – nay

Motion (3) passed. Voting results were 7 ayes to 4 nays. There were no abstentions.

4) Sedative Hypnotics (Insomnia and sleep disorders)

a) Review – Clinical literature was presented for the class.

b) Recommendation:
- Preferred – flurazepam, temazepam, triazolam, chloral hydrate, estazolam, Ambien, Sonata, Lunesta
- Non-preferred – Doral, Restoril
- Quantity limit of 10 on Ambien, Sonata, Lunesta

c) Discussion – Dr. Fedderly proposed an amendment to the recommendation to remove Sonata and Lunesta from the preferred status. Keep Ambien as preferred because it will be generic in the near future.
Dr. Walker asked what impact there would be on savings if Sonata and Lunesta were removed.
Dr. Taylor stated the impact could not be determined for Lunesta because current utilization is so low (because it is a new drug). However, by removing Sonata the savings would be reduced.
Members of the Committee discussed the quantity limit of 10 in the recommendation.
Dr. Blackwell was concerned that quantity limit of 10 would cause disruption in sleep for patients and would not recommend a quantity limit.
Dr. Fedderly asked what impact there would be on savings if there were no quantity limit in place.
Dr. Taylor stated the state would lose about $1.2 million per year in savings.
Dr. Hirsch pointed out that some products in the class are used for indications other than sleep and by putting a restriction on quantity you may impact patients not intended to be impacted.
Motion made to amend recommendation to remove Sonata and Lunesta from the preferred status and remove quantity limit.
Committee agreed to bring quantity limit under consideration at the next meeting.

d) Vote on Recommendation – Motion to accept recommendation as amended in the discussion was made. Voting results were:

- Bradley Fedderly – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Michelle Thoma – aye
- Molly Cisco – aye
- Peg Smelser – aye
- Tom Hirsch – aye
- Barry Blackwell – aye
- Allen Liegel – aye
- Alicia Walker – aye

- Virginia Bryan – nay

Motion passed. Vote was 10 ayes to 1 nay. There were no abstentions.

5) Anticoagulants, Injectables (Clot prevention)

a) Review – Clinical literature was presented for the class. Most trials indicate products are similar. Some suggest Arixtra is the most effective.

b) Recommendation:

- Preferred - Lovenox
- Non-preferred – Arixtra, Fragmin, Innohep

c) Discussion – Mr. Moody asked if the dosages and delivery of the agents were similar.
Dr. Taylor provided an overview of the dosages and delivery mechanisms that are available.
Dr. Fedderly commented that Fragmin is given once a day while Lovenox is twice a day.
Dr. Mergener stated that most utilization of Arixtra and other drugs in the class are processed as a medical benefit.

d) Vote on Recommendation – Motion to accept recommendation was made. Voting results were:

- Bradley Fedderly – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- Tom Hirsch – aye
- Alicia Walker – aye

There were no votes opposed and no abstentions.

6) Hepatitis C Agents (Viral infection of the liver)

a) Review – Clinical literature was presented for the class.

b) Recommendation:

- Preferred – ribavirin, Pegasys, Peg-Intron, Rebetol, Copegus, Peg-Intron Redipen
- Non-preferred - Infergen

c) Discussion – Peg Smelser asked if ribavirin is still more expensive than the brand products (as indicated in the cost models).
Mr. Ted Collins (DHCF) stated that the price of that generic product is now equal to or less than the brand product.
Dr. Hirsch asked if there had been a utilization review of the class.
DHCF agreed to task the DUR Board to perform a review of viral titer load data.

d) Vote on Recommendation – Motion to accept recommendation was made. Voting results were:

- Bradley Fedderly – aye
- Kevin Izard – aye
- Peg Smelser – aye
- Tom Hirsch – aye

- Larry Fleming – aye
- Alicia Walker – aye

There were no votes opposed and no abstentions.

7) Cytokine and CAM Antagonists (Rheumatoid arthritis and psoriasis)

a) Review – Clinical literature was presented for the class.

b) Recommendation:

- Preferred – Kineret, Enbrel, Raptiva, Humira
- Non-preferred – Amevive, Remicade

c) Discussion – Dr. Hirsch recommended that all drugs in the class have a PA requirement. The drugs are very expensive and there is controversy in how they should be prescribed.
Amendment made to add a PA requirement to all drugs in class.

d) Vote on Recommendation – Motion to accept recommendation as amended in the discussion. Voting results were:

- Bradley Fedderly – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- Tom Hirsch – aye
- Alicia Walker – aye

There were no votes opposed and no abstentions.

8) Growth Hormone (Growth deficiencies in children)

a) Review – Clinical literature was presented for the class.

b) Recommendation:

- Preferred – Nutropin AQ, Nutropin, Saizen
- Non-preferred – Norditropin, Tev-Tropin, Humatrope, Serostim, Genotropin

c) Discussion – Ms. Smelser asked if there were any diagnosis restrictions in the class.
Dr. Mergener stated all drugs in the class currently require a clinical PA and will still require PA as part of the recommendation.

d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Bradley Fedderly – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- Tom Hirsch – aye
- Alicia Walker – aye

There were no votes opposed and no abstentions.

9) Erythropoiesis Stimulating Proteins (Treatment of low blood levels)

a) Review – Clinical literature was presented for the class.

b) Recommendation:

Option 1

- Preferred – Procrit
- Non-preferred – Epogen, Aranesp

Option 2

- Preferred – Procrit, Aranesp
- Non-preferred - Epogen

c) Discussion – Dr. Taylor stated that Aranesp is given once a week, while Procrit is given three times a week.
Dr. Fedderly asked why Aranesp is not included as preferred.
Dr. Taylor stated the recommendation was presented as two options because of the unique dosing of Aranesp. There are fewer savings if Aranesp is included as a preferred product.
Dr. Fleming stated that the HMOs do not include Aranesp in their preferred lists.

d) Vote on Recommendation – Motion to accept Option 1 recommendation. Voting results were:

- Bradley Fedderly – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- Tom Hirsch – aye
- Alicia Walker – aye

There were no votes opposed and no abstentions.

Closing

Dr. Fedderly asked the DHCF to formally recognize the PA Committee's accomplishments.

Ms. Smelser asked the DHCF provide the PA Committee a crosswalk between brand and generic names for the drugs at future meetings.

The next meeting is August 17, 2005, Madison, 8:30am – 4:30pm.

Mr. Moody thanked the Committee for their service and participation. Mr. Moody adjourned the meeting

Attachment 1