October 27, 2020

Pharmaceutical & Therapeutics Committee
Iowa Medicaid Enterprise
611 Fifth Avenue
Des Moines, Iowa 50309

To Whom It May Concern:

The purpose of this letter is to request the Pharmaceutical & Therapeutics (P & T) Committee review the status of Neulasta as a Non-Preferred granulocyte colony stimulating factor agent on the Iowa Medicaid Preferred Drug List (PDL). It is our request the P & T Committee reconsider and classify Neulasta as a Preferred drug on the PDL.

In January 2020, Neulasta was added as a Non-Preferred drug for pediatric patients under the age of 18. This addition to the PDL was life changing for the treatment of pediatric cancer patients at Blank Children's Hospital's Cancer and Blood Disorders Center. Thank you! Since January 2020, we have had numerous children with cancer who rely on Medicaid coverage complete their chemotherapy treatment, and a prior authorization request has been submitted to the Managed Care Organizations (MCOs) for Neulasta approval. In pediatric practice, the administration of Neulasta involves a single subcutaneous injection by the healthcare provider in the clinical setting 48 to 72 hours following each chemotherapy cycle. This is opposed to the administration of Neupogen, the current Preferred granulocyte colony stimulating factor agent, which requires a single subcutaneous injection every 24 hours for 14 days. The risk of bruising is exponentially increased with daily injections and places a child with low platelets at risk of bleeding. Even with rotating the site of injection, it becomes difficult to avoid bruising in a small child with so many injections as part of the normal chemotherapy cycle. For those of us who treat children with cancer, any process where we can reduce the number of medical interventions in a child's treatment plan is a significant "win" for the child, the family and the provider.

The more logistical issue that still remains is the difficulty with the prior authorization approval process for Neulasta in a timely manner which meets the 48 to 72 hour window for the administration. Since Neulasta is a Non-Preferred drug, a prior authorization must be submitted by the provider, which is denied, and then the provider must request a Peer to Peer appeal. The Peer to Peer appeal is reviewed and a decision must be communicated from the MCO to the provider all within the 72 hour window in order to administer Neulasta. We have worked diligently in partnership with the MCOs to expedite the process since January 2020 to allow pediatric patients to access treatment with Neulasta without substantial success. In all the prior authorization requests for Neulasta, we have ultimately received approval from the MCOs through the appeal process, but in many of these cases we missed the 72 hour window for administering Neulasta simply because the required prior authorization, appeal and notification process takes time.

We understand that decision behind Neupogen remaining the Preferred drug was likely due simply to the cost of the drug itself in comparison to Neulasta. However, it is important to consider the overall cost including the dose frequency and often times the need for home health administration in the pediatric population due to lack of subcutaneous tissue, especially for children under 2 years who are already underweight due to the tumor or chemotherapy induced nausea and vomiting. Or alternatively, one must factor in Medicaid transportation costs associated with a child and their family coming to the clinic 14 days in a row for injections. In either scenario, the total financial cost to the MCO of Neupogen and its administration is actually similar to or less than Neulasta. With this in mind, we respectfully request the P & T Committee review the status of Neulasta and change the drug to Preferred status on the PDL.

Sincerely,