

**Iowa Medicaid Pharmaceutical and Therapeutics Committee  
Minutes**

**Date:** August 22, 2013

**Chairperson:** Charles Wadle, D.O.

**Time:** 9:31 a.m. to 2:17 p.m.

**Location:** Capitol Room 116, Des Moines, Iowa

**Committee Members Present:** Charles Wadle, D.O.; Bruce Alexander, Pharm.D.; Carole Frier, D.O.; Jolene Kelly, PA-C; Stephen Richards, D.O.; Linda Gehrke, ARNP; Holly Randleman, Pharm.D.; and Heidi Price-Eastman, R.Ph.

**Iowa DHS Staff Present:** Susan Parker, Pharm.D., Pharmacy Consultant

**Iowa Medicaid Enterprise (IME) Staff Present:** Steve Liles, Pharm.D.; Jeffrey Barkin, M.D.; Erin Halverson, R.Ph.; and Melissa Biddle.

Chairperson Charles Wadle called the meeting to order.

- I. Chuck Wadle asked that each committee, DHS staff, and IME staff member introduce themselves to the public. The March 14, 2013, open session minutes were reviewed. Jolene Kelly made the motion to approve the minutes. Carole Frier seconded the motion. The motion passed with no objections, but Bruce Alexander abstained as he was absent at the March meeting.
- II. Conflict of Interest and Confidentiality Forms: The forms were collected and they are available from Susan Parker at [sparker2@dhs.state.ia.us](mailto:sparker2@dhs.state.ia.us). Any changes to these forms prior to next August's renewal will need to be announced as well.
- III. PDL and Drug Rebate Issues (Dr. Liles): The 2014 SSSDC meeting was held in June. There will be some PDL shifting in certain classes due to generic pricing changes. Next year's supplemental rebate offers are consistent with those of previous years.
- IV. PA Criteria/Pro-DUR Edits/Legislation (Susan Parker, Erin Halverson): Erin Halverson explained the benefits of the new POS 6.0 system, which will go live on September 23, 2013. It is more easily programmable, and additional step edits may eliminate the need for some prior authorization requests. The legislature did approve rate increases to providers, including a 1% dispensing fee increase effective retroactively to July 1, 2013. This request has been submitted to CMS, though there's a possibility it won't be approved since there is not a recent cost of dispensing survey. Susan Parker also reviewed the informational letters that had been sent to providers since the last committee meeting in March, which included changes to the prior authorization criteria for omalizumab, sodium oxybate, ADD/ADHD/Narcolepsy medications, and Multiple Sclerosis Agents-Oral medications. Informational Letter 1228 notified providers of this year's Iowa Medicaid Respiratory Syncytial Virus (RSV) prescription coverage

guidelines and start date, and Informational Letter 1250 was an update on Average Acquisition Cost (AAC) and Federal Upper Limit (FUL) reimbursement that went into effect June 21, 2013. Providers also received a pilot testing notification for the new POS system, which included changes to the payer sheet. In addition, there were several PDL status revision notifications faxed to providers when medications changed status on the PDL in between P&T Meetings. Letters from the DUR Commission sent after their three recent meetings recommended changes to the prior authorization criteria for sodium oxybate, repository corticotropin injection, dabigatran, Janus Kinase Inhibitors, Multiple Sclerosis Agents - Oral, Oral Constipation Agents, Long-Acting Narcotics, and Thrombopoietin Receptor Agonists.

- V. **IME Updates:** The legislature approved the Iowa Medicaid expansion. Most work will be in place by October 1, 2013 so that enrolling can begin. Coverage and benefits for the new members will be the same as what current members have, with the copay being the only difference between the plans. There are four new P&T Committee members, and this was the first meeting for three of them: Linda Gehrke, ARNP; Holly Randleman, Pharm.D.; and Heidi Price-Eastman, R.Ph. Since the meeting schedule was changed, outgoing members have not yet been recognized publicly. Hayley Harvey and Sue Purcell, who were inaugural members of the committee, had both served five two-year terms. Jerry Jochims and CoraLynn Trewet served on the committee for two years and did not return for a second term. We appreciate all of their contributions and the time they've dedicated to this committee over the years.
- VI. **Review of Epilepsy Task Force Report:** The members reviewed a table which showed epileptic medication usage between January 1, 2013 and March 31, 2013, comparing utilization for members with a seizure diagnosis in their claim histories to those without a seizure diagnosis.
- VII. **Review of Opiate vs. Non-Opiate Medications:** Between January and March of this year, 13,633 unique members over the age of 18 were found to have more than 30 days of utilization of narcotic and non-narcotic pain medications. A table was provided with the member count per drug. Dr. Barkin then presented a PowerPoint presentation showing state-wide narcotic usage and growth by county, and suggested that the outlier counties be examined more closely to potentially identify incorrect prescribing practices or member misuse behind the dramatic increase in utilization in those areas. In Maine, stricter PA criteria have had a significant impact on utilization, and Dr. Barkin suggested Iowa should think about amending criteria, as well. Dr. Frier added that it would also make sense to modify the criteria for the non-opiate pain medications to allow easier access to them and steer it away from the narcotics. This information was referred to the DUR Commission for further review and possible intervention or criteria creation or changes. Carole Frier made the motion, and Linda Gehrke seconded. All members were in favor. Screen shots from the presentation will be emailed to the committee members as they requested.
- VIII. **Review of Coverage of Compounds:** Guidelines are established by the Board of Pharmacy and not Iowa Medicaid. Medicaid covers any active compound ingredient that would normally be covered. However, excipients and non-drugs used to make the compound are not payable. Claims for compounds are reviewed on a monthly basis to check for outliers, et cetera.

- IX. Review of Results from January 1, 2013 Abilify Changes: Tablet splitting reduced cost per user from \$600 to \$470 (pre-rebate) and the provided charts illustrated that it did not significantly impact compliance.

At 10:49, the committee took a break before continuing on to public comments. Open session resumed at 10:59.

- X. The public speakers were:

Name	Representing	Drug/Topic
Dennis Jacobsen, PhD, FAHA	Genzyme	Kynamro
Carla McSpadden, Pharm.D.	Forest Labs	Namenda XR
Jan Bassali	Celgene	Pomalyst
Jehan Marino, Pharm.D., BCPP	Otsuka America	Abilify Maintena
Patrick Jensen	Aegerion	Juxtapid
Jared Turk, Pharm.D.	Novartis	TOBI Podhaler
Jay Mehta, Pharm.D., MBA	Biogen Idec	Tecfidera
Tim Starner, M.D.	Associate Professor of Pediatrics, University of Iowa, and CF Center Co-Director (no manufacturer affiliation)	TOBI Podhaler
Nancy Bell	Pfizer	Eliquis
Kathleen Karnik	Janssen	Invokana

At 12:12, motion to go to closed session was made by Holly Randleman and seconded by Jolene Kelly. The motion passed with unanimous approval. Open session resumed at 2:00.

- XI. PDL Discussion and Deliberation (Voting Block 1): All following recommendations were made to maximize cost savings to the program. Amcinonide cream and lotion, betamethasone valerate foam, clobetasol emollient foam, Colazal, and clobetasol propionate foam, lotion, and shampoo will all become non-preferred. (The generic form of Colazal will remain preferred.) Betamethasone dipropionate cream and Clobex lotion and shampoo will change to preferred. Benzaclin Gel Pump will be preferred with conditions. Linda Gehrke motioned to accept the above recommendations, and Jolene Kelly seconded. The decision was unanimous.
- XII. PDL Discussion and Deliberation (Voting Block 2): All following recommendations were made to maximize cost savings to the program. Desoximetasone and ipratropium bromide 0.06% nasal solution will both be non-preferred. Dexedrine, dextroamphetamine 5mg and 10mg tablets, and immediate release methylphenidate tablets will be non-preferred with conditions. (Brand name Ritalin will remain preferred with conditions.) Ilevro and fluticasone propionate lotion will both be preferred, while Duac is preferred with conditions. Carole Frier motioned to accept the above recommendations, and Jolene Kelly seconded. The decision was unanimous.
- XIII. PDL Discussion and Deliberation (Voting Block 3): All following recommendations were made to maximize cost savings to the program unless otherwise stated. Olux, Olux-E, and Renagel 800mg will change to preferred, while Zostavax will be preferred for members 50 years of age and older to allow access without prior authorization. Paregoric tincture will change to non-

preferred for diagnosis review. Triamcinolone lotion will also be non-preferred. Quillivant XR will change to preferred with conditions. Bruce Alexander motioned to accept the above recommendations, and Carole Frier seconded. The decision was unanimous.

XIV. Newly Released Drugs: All following recommendations were made to maximize cost savings to the program. In the first voting block, all of these medications were recommended to be non-preferred: Cystaran, Eliquis, Fulyzaq, and Gattex. Iclusig will be non-recommended. Jolene Kelly motioned to accept these recommendations, and Linda Gehrke seconded. All members were in favor of the motion. In the second voting block, Nesina was recommended to be non-preferred with conditions, Pomalyst non-recommended, and Invokana, Juxtapid, and Kynamro all non-preferred. Jolene Kelly motioned to accept these recommendations, and Bruce Alexander seconded. All members were in favor of the motion. In the last voting block, Signifor, Tecfidera, and Vascepa were all recommended to be non-preferred. Linda Gehrke motioned to accept these recommendations, and Holly Randleman seconded. All members were in favor of the motion.

XV. Newly Released Generic Drugs, New Dosage Forms/Strengths: All following recommendations were made to maximize cost savings to the program. In the newly released generics, acyclovir ointment will be non-preferred, while desvenlafaxine and tretinoin 0.1% and 0.4% gel will be non-preferred with conditions. The remaining medications on attachment five of the agenda were all new dosage forms, strengths, or combinations. Abilify Maintena, alendronate oral solution, cephalexin 750mg capsules, Delzicol, Liptruzet, Prolensa, Tobi Podhaler, and Travoprost will all be non-preferred. Kazano, Namenda XR, Oseni, and Oxtellar XR will all be non-preferred with conditions. Simbrinza will be preferred. Holly Randleman motioned to accept the above recommendations. Heidi Price-Eastman seconded the motion, and all members were in favor.

A motion was made by Bruce Alexander to adjourn the meeting. Carole Frier seconded the motion. All in attendance approved. The meeting adjourned at 2:17 p.m. The next scheduled meeting is tentatively set for November 21, 2013.