Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 21, 2013

Chairperson: Charles Wadle, D.O.

Time: 8:30 a.m. to 11:40 a.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Charles Wadle, D.O.; Bruce Alexander, Pharm.D.; 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.; Laureen Biczak, D.O.; Erin Halverson, R.Ph.; Megan Smith, Pharm.D.; 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 August 22, 2013, open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes. Jolene Kelly seconded the motion. The motion passed with no objections.

II. Committee Elections: Stephen Richards volunteered to be vice-chairperson, and all members were in favor. Chuck Wadle volunteered to remain as chairperson. This vote was also unanimous.

III. PDL and Drug Rebate Issues (Dr. Liles): The CMS final rules with regards to the Healthcare Reform Act have been delayed due to the government shut-down, but more information on line extension drugs and FUL pricing should be available in February, to be presented at the April meeting.

IV. PA Criteria/Pro-DUR Edits/Legislation (Susan Parker, Erin Halverson): Susan Parker reviewed the informational letters that had been sent to providers since the last committee meeting in August, including notification for PDL status changes effective October 1, 2013, along with new prior authorization criteria for Pradaxa, Janus Kinase Inhibitors, Oral Constipation Agents, and H.P. Acthar Gel, as well as changes to the criteria for the following: Long-Acting Narcotics, Multiple Sclerosis-Oral Agents, and Thrombopoietin Receptor Agonists. Informational Letter 1284 outlined changes to the payer sheet effective September 23, 2013, updated two weeks later in Informational Letter 1293. Informational Letter 1292 notified providers of this year's Iowa Medicaid Respiratory Syncytial Virus (RSV) prescription coverage guidelines and start date, which was later revised and moved to November 1, 2013 in Informational Letter 1307. Informational Letter 1309 explained the tools available within the new Pharmacy Provider

Portal, and listed the requirements for provider access to it. Erin Halverson also provided an explanation of the new portal system. A letter from the DUR Commission sent after their October meeting recommended changes to the prior authorization criteria for Testosterone Products, Xarelto, Ezetimibe and Ezetimibe Containing Products, and Pre-filled Insulin Pens. A dispensing fee increase to $10.12 became effective October 1, 2013, and will apply retroactively to all claims submitted since July 1, 2013. A new cost of dispending fee survey process will begin in February with tentative implementation in August of 2014. The FMAP change of 2.39% for State Fiscal Year 2015 will result in an $80 million increase to the Medicaid overall budget, $45 million more than was previously anticipated; cost containment strategies are likely pending. IHAWP goes into effect on January 1, 2014, which will bring a large Medicaid population increase; all funds for this program will be provided by the Federal government for now, with the state paying a percentage in the future. All IME units have increased staff in preparation.

V. The public speakers were:

Name	Representing	Drug/Topic
Wes Braden, Ph.D.	United Therapeutics	Adcirca
Sarah Snyder, Pharm.D.	UCB	Cimzia
Dr. Charles DuBose	Teva	Quartette
Marc Salit, Ph.D.	Baxter Healthcare	Feiba NF
Anh Singhania, Pharm.D.	Daiichi Sankyo	Benicar, Benicar HCT, Azor, Tribenzor, Welchol
Amy Adams, R.Ph., Pharm.D.	Hy-Vee Pharmacy Solutions	Norditropin
Michael Tonn	Sanofi	Auvi-Q
Uday Jodpurkar	Sanofi	Sklice
Jan Bassali	Celgene	Abraxane, Revlimid
Rachel Anhorn, Pharm.D.	Boehringer-Ingelheim	Tradjenta, Jentadueto
Robert Jaramillo Jr., R.Ph., Pharm.D.	Forest Laboratories	Viibryd
Jeff Hurd, M.S., Ph.D.	GlaxoSmithKline	Breo Ellipta
Kathleen Karnick	Janssen	Invega Sustenna
Megan Multhaup	Actelion	Tracleer

At 9:43, motion to go to closed session was made by Heidi Price-Eastman and seconded by Bruce Alexander. The motion passed with unanimous approval. Open session resumed at 11:15.

VI. PDL Discussion and Deliberation (Voting Block 1): All following recommendations were made to maximize cost savings to the program. These medications will all be non-preferred: Auvi-Q, Pulmicort 1mg, enoxaparin, divalproex er tablets, carbamazepine oral suspension, Nardil, Emsam, Lexapro oral solution, and clomipramine. Existing users of divalproex er and carbamazepine oral solution with a seizure diagnosis will be grandfathered. Existing users on Emsam will also be grandfathered. Griseofulvin and Grifulvin V tablets will be non-preferred with conditions. The following will all be preferred: Combivent Respimat, Pulmicort Flexhaler, Lovenox, Coumadin, Depakote ER, phenelzine, escitalopram oral solution, and Anafranil. Vimpat will also be preferred, but subject to an electronic step edit. Bruce Alexander motioned

to accept the above recommendations, and Jolene Kelly seconded. The decision was unanimous.

VII. PDL Discussion and Deliberation (Voting Block 2): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Propranolol er, Starlix, and tolbutamide will all change to non-preferred. Ketoconazole tablets will be non-preferred due to the FDA MedWatch safety alert. Invega Sustenna could change to non-preferred with step therapy, with existing users grandfathered, but that decision has been deferred to the April meeting. These drugs will all be preferred: Dovonex cream, Inderal LA, alfuzosin, nateglinide, and glipizide er. The age edit on oxybutynin er will be removed, and a step therapy edit will be required for Zetia. No manual PA will be required if an HMG-CoA reductase inhibitor is found in the member's pharmacy claims history in the past 12 months. Fluconazole 50mg tablets, irbesartan, and valsartan-hctz will all be preferred with conditions. Avapro, Diovan HCT, and metformin er (generic Fortamet) will be non-preferred with conditions. Benicar and Benicar HCT will also change to non-preferred with conditions due to new safety concerns. Stephen Richards motioned to accept the above recommendations, and Linda Gehrke seconded. The decision was unanimous.

VIII. PDL Discussion and Deliberation (Voting Block 3): All following recommendations were made to maximize cost savings to the program. These medications will all be preferred: glipizide-metformin, fluocinolone acetonide (otic), Cipro HC, Coly-Mycin S, Pylera, ribavirin 200mg tablets, and Rebif. Glycopyrrolate injection, Pancreaze, Helidac, Hectorol, and Zemplar will all be non-preferred, with existing users of Hectorol and Zemplar grandfathered. Norditropin will change to preferred with conditions, while the following will all be non-preferred with conditions: Tradjenta, Jentadueto, and Nutropin AQ. Linda Gehrke motioned to accept the above recommendations, and Jolene Kelly seconded. The decision was unanimous.

IX. PDL Discussion and Deliberation (Voting Block 4): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Due to the FDA notice, prescription acetaminophen combination products containing more than 325mg acetaminophen will be removed from coverage effective January 14, 2014. Extavia, trifluridine, Nevanac, and Phoslyra will change to preferred. Suboxone will be preferred with conditions. The following will all be non-preferred: bacitracin ophthalmic ointment, Viroptic, neomycin-bacitracin-polymyxin ophthalmic ointment, neomycin-polymyxin-gramicidin ophthalmic solution, Renvela, Plavix 300mg. Ticlopidine will also change to non-preferred due to safety concerns. Adcirca, Procentra, and amphetamine-dextroamphetamine tablets will all be non-preferred with conditions, with existing users on Adcirca grandfathered. Jolene Kelly motioned to accept the above recommendations, and Stephen Richards seconded. The decision was unanimous.

X. PDL Discussion and Deliberation (Voting Block 5): All following recommendations were made to maximize cost savings to the program. These medications will all change to non-preferred: ciclopirox shampoo, Naftin cream and gel, ketoconazole foam, nystatin-triamcinolone, desonide, fluocinolone acetonide topical oil, permethrin 5% cream, Hiprex, Furadantin, Macrodantin, M-Vit 27-1, Completenate Chew Tab, and Tricare 27-1. These will all be preferred: Ciclopirox solution, Loprox gel, nitrofurantoin oral suspension, Prenate Plus, Vol-Nate 28-1mg, Trinatal RX1, Trinatal Ultra, and Trinatal GT. Methylphenidate tablets, Ulesfia,

Atralin, and Retin-A will change to preferred with conditions. Linda Gehrke motioned to accept the above recommendations, and Holly Randleman seconded. The decision was unanimous.

XI. RDL Discussion and Deliberation: Bruce Alexander motioned to change Abraxane to recommended due to the expanded indications for use. Stephen Richards seconded, and all members were in favor.

XII. Newly Released Drugs: All following recommendations were made to maximize cost savings to the program unless otherwise noted. Dr. Biczak reviewed the new drugs, and then the committee voted unanimously in favor of all the recommendations. Below is the break-down of the individual motions that preceded each committee vote. Stephen Richards motioned to make Breo Ellipta non-preferred, and Jolene Kelly seconded. Linda Gehrke motioned to make Cometriq non-recommended, and Heidi Price-Eastman seconded. Holly Randleman motioned to make Mekinist non-recommended, and Linda Gehrke seconded. Jolene Kelly motioned to make Ravicti non-preferred, and Linda Gehrke seconded. Bruce Alexander motioned to make Rescula non-preferred, and Holly Randleman seconded. Stephen Richards motioned to make Sirturo non-preferred, and Linda Gehrke seconded. Holly Randleman motioned to make Tafinlar non-recommended, and Jolene Kelly seconded. Linda Gehrke motioned to make Tivicay non-recommended, and Holly Randleman seconded.

XIII. 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, buprenorphine/naloxone and candesartan will both be non-preferred with conditions, temozolomide will be non-recommended, and all the following will be non-preferred: acamprosate, adefovir dipivoxil, epinephrine injection, and riluzole. Jolene Kelly motioned to accept these recommendations, and Bruce Alexander seconded. All members were in favor. The remaining medications on attachment five of the agenda were all new dosage forms, strengths, or combinations. Astagraf XL will be non-recommended, while Zubsolv will be preferred with conditions, and esomeprazole and Fabior will both be non-preferred with conditions. These medications will all be non-preferred: acitretin, Adrenaclick, Brisdelle, Clindesse, Diclegis, Nymalize, Quartette, and repaglinide. Stephen Richards motioned to accept the above recommendations. Bruce Alexander seconded the motion, and all members were in favor.

A motion was made by Bruce Alexander to adjourn the meeting. Steven Richards seconded the motion. All in attendance approved. The meeting adjourned at 11:40 a.m. The next scheduled meeting is tentatively set for April 17, 2014.