Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 20, 2014

Chairperson: Charles Wadle, D.O.

Time: 8:30 a.m. to 1:10 p.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Charles Wadle, D.O.; Stephen Richards, D.O.; Carole Frier, D.O.; Bruce Alexander, Pharm.D.; Jolene Kelly, PA-C; Holly Randleman, Pharm.D.; Mark Graber, M.D.; Linda Gehrke, ARNP; 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.; Megan Smith, Pharm.D.; Pam Smith, R.Ph.; and Melissa Biddle.

Chairperson Charles Wadle called the meeting to order.

I. Charles Wadle asked that each committee, DHS staff, and IME staff member introduce themselves to the public. The August 21, 2014, open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes. Heidi Price-Eastman seconded the motion. The motion passed with no objections.

II. Committee Elections: As he had been chairperson for a while, Charles Wadle politely declined continuing his tenure, if the others had been interested in nominating him again. Mark Graber nominated Bruce Alexander as chairperson, but he declined. Jolene Kelly then nominated Stephen Richards as chairperson, and Bruce Alexander seconded. All members were in favor. Carole Frier nominated Mark Graber as vice-chairperson, and Bruce Alexander seconded. This vote was also unanimous.

III. PDL and Drug Rebate Issues (Dr. Liles): There were no updates or issues.

IV. PA Criteria/Pro-DUR Edits/Legislation (Dr. Parker): Informational Letter 1416 notified providers that beginning June 1, 2015, all pharmacy claims submitted to the IME with a prescribing NPI that is not enrolled with Iowa Medicaid will be denied. Informational Letter 1418 listed changes to the Preferred Drug List (PDL) and changes to the prior authorization (PA) criteria for Eliquis, Pradaxa, Xolair, along with new ProDUR quantity limits. Informational Letter 1428 notified of the new electronic claim submission process for POS exception to policy claims, while Informational Letter 1431 informed of the dispensing fee increase to $11.73 and coverage of naloxone. Informational Letter 1437 covered this year's criteria for coverage of Synagis, and Informational Letter 1450 warned providers of system maintenance scheduled from November 26 through November 28, 2014, which was timed to coincide with the Thanksgiving holiday IME closure. The POS system will not be affected, but

the call centers will be closed. Also reviewed was a copy of the notification from the Centers for Medicare and Medicaid Services (CMS) that products classified as "not listed" on the FDA National Drug Code database would no longer be eligible for the Medicaid drug rebate program effective September 30, 2014. A notification was also provided regarding hypercare solution and generics for Nephrocaps becoming preferred due to this change in CMS policy. Iowa Medicaid will be covering an additional 9,700 members previously enrolled in CoOportunity under the Iowa Health and Wellness Plan, effective December 1, 2014, as CoOportunity has withdrawn participation in the marketplace. A letter from the Drug Utilization Review (DUR) Commission sent after their October 2, 2014 meeting requested that the P&T consider making niacin products non-preferred on the PDL, requiring documentation of an intolerance to, or failure with, a preferred statin at an optimized dose. The committee also received a copy of the letter sent to the Department of Human Services from the DUR Commission after that same meeting, which included recommended criteria for: Chronic Pain Syndromes, Oral Immunotherapy, Methotrexate Injection, Hetlioz, Otezla, and Synagis. A document detailing the implementation of ProDUR edits on antipsychotics for members less than 18 years of age, along with frequently asked questions regarding these edits, was provided. An age edit will be applied on risperidone for members less than 5 years of age, as well as an age edit on all other antipsychotics for members less than 6 years of age. There will also be edits that prevent duplicate antipsychotic therapy for members less than 18 years of age, which will later be modified to include members 18 years of age and older, 4 to 6 months after the first phase. Soft edits are already in the POS system notifying pharmacies of these changes. Providers will also receive an informational letter, and prescribers of impacted members will be notified. The edits are tentatively scheduled to be implemented for the summer of 2015.

V. IME Updates: There was nothing additional to the information listed in the previous section.

VI. The public speakers were:

Name	**Representing**	**Drug/Topic**
Todd J. Janus	Comprehensive MS Center at UnityPoint	Multiple sclerosis drugs
Stacy Van Gorp	Cystic Fibrosis Family Advisory Board at the University of Iowa Children's Hospital	Tobi Podhaler
Zev Winicur	United Therapeutics	Orenitram, Adcirca
Keva Gwin	Otsuka America and Lundbeck	Abilify Maintena
Akshaya Patel	Mylan Specialty	EpiPen Auto-Injector
Sandra Dirks	Sunovion	Latuda
Janet Fox	Rare Diseases (Pfizer)	Genotropin
Jennifer Stoffel	Janssen	Olysio
Laura Niewiadonski	Genzyme (Sanofi)	Cerdelga
Rachel Anhorn	Boehringer Ingelheim	Tradjenta, Jardiance
Luke Weedin	Biogen Idec	Tecfidera, Plegridy
Kori Hack	Novartis	Gilenya, Tobi Podhaler
Diane Hanna	Celgene	Otezla
Bernard Effertz	Grifols	Prolastin C
John Strezewski	Bristol-Myers Squibb	Eliquis
Lee Ding	Genentech	Nutropin
Phil Mordis	Gilead	Harvoni

Chris Reimers	Merck	Grastek, Ragwitek
Maria Steele	Iowa Digestive Disease Center, Gilead	Harvoni

At 10:17, motion to go to closed session was made by Stephen Richards and seconded by Jolene Kelly. The motion passed with unanimous approval. Open session resumed at 12:45.

VII. PDL Discussion and Deliberation (Voting Block 1, Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. These drugs will all be preferred: ProAir HFA, enoxaparin syringes, gabapentin 600mg and 800mg tablets, calcipotriene, cephalexin 750mg capsules, and Suprax 100mg/5ml and 200mg/5ml. Depo-Testosterone will be non-preferred with conditions, and the following will all be non-preferred: Zavesca, albuterol tablets, metoproterenol tablets and syrup (unfavorable side effect profile), Lovenox syringes, fondaparinux, Dovonex cream, cephalexin tablets, and cefaclor 250mg/ml oral suspension. Stephen Richards motioned to accept the recommendations above, and Bruce Alexander seconded. The decision was unanimous.

VIII. PDL Discussion and Deliberation (Voting Block 2, Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Fenofibrate tablets will be preferred, and Nutropin AQ preferred with conditions. Copaxone 20mg will remain as preferred, despite the supplemental rebate agreement not being executed in a timely fashion, and Gilenya will also be preferred, with an electronic step edit requiring one trial with a preferred injectable. These drugs will all be non-preferred with conditions: Genotropin, Omnitrope, hydromorphone injection, Zubsolv, and butalbital-apap-caff with codeine 50-300-40-30 capsules. Tricor, Coly-Mycin S, Cortisporin-TC, acyclovir oral suspension, and Rebif (existing users grandfathered). Niaspan and Simcor will also be non-preferred as recommended by the DUR Commission, with existing users grandfathered. Bruce Alexander motioned to accept the recommendations above, and Linda Gehrke seconded. The decision was unanimous.

IX. PDL Discussion and Deliberation (Voting Block 3, Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. These drugs will all be non-preferred: Alphagan P 0.1%; Megace ES; econazole; clobetasol propionate cream, gel, and ointment; and halobetasol propionate. Avinza and Opana ER will both be non-preferred with conditions, with existing users grandfathered. Generics version of Nephrocaps will be preferred with conditions, as Dialyvite is no longer covered due to CMS removal of non-listed NDCs. The following will all be preferred: butalbital-apap-caff with codeine 50-325-40-30 capsules, Methadose oral concentrate, Kadian, MS Contin, Temovate, and Ultravate. Hypercare solution will also be preferred, as Drysol is no longer covered due to CMS removal of non-listed NDCs. Linda Gehrke motioned to accept the above recommendations, and Holly Randleman seconded. The decision was unanimous.

X. Newly Released Drugs (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Dr. Barkin reviewed the new drugs, and then the committee voted unanimously in favor of all the recommendations (motion by Stephen Richards, and second by Jolene Kelly). Below is the break-down of the individual recommendations that preceded the committee vote. These drugs will all be non-preferred: Cerdelga, Jublia, Sivextro, and Striverdi Respimat. Jardiance, Tanzeum, and Zontivity will all be non-preferred with conditions. Grastek and Ragwitek will also be non-preferred with

conditions, so that the diagnosis and specialty of the prescriber can be verified. Additionally, Harvoni will be non-preferred with conditions and referred to the DUR Commission for development of prior authorization criteria to guide its use. Zydelig will be non-recommended, as it is not intended as a first-line treatment option.

XI. Newly Released Generic Drugs and New Dosage Forms/Strengths (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Entecavir, methoxsalen, and amoxicillin 775mg ER tab will all be non-preferred. The following will all be non-preferred with conditions: diclofenac 1.5% solution, testosterone gel, valsartan, Invokamet, Qudexy XR, Revatio suspension, Sitavig, topiramate er, and Vogelxo. Eloctate and Triumeq will both be non-recommended. Mark Graber motioned to accept the above recommendations. Linda Gehrke seconded the motion, and all members were in favor.

A motion was made by Mark Graber to adjourn the meeting. Bruce Alexander seconded the motion. All in attendance approved. The meeting adjourned at 1:10 p.m. The next scheduled meeting is tentatively set for April 16, 2015.