

**Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes**

Date: April 16, 2015

Chairperson: Stephen Richards, D.O.

Time: 8:30 a.m. to 1:41 p.m.

Location: Fred Maytag II Scout Center, Des Moines

Committee Members Present: Stephen Richards, D.O.; Mark Graber, M.D.; Charles Wadle, D.O.; Carole Frier, D.O.; Bruce Alexander, Pharm.D.; Jolene Kelly, PA-C; Holly Randleman, Pharm.D.; Linda Gehrke, ARNP (late arrival 9:50 a.m.); 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.; Lauren Biczak, D.O.; Erin Halverson, R.Ph.; Megan Smith, Pharm.D.; Pam Smith, R.Ph.; Jennifer Steenblock, IME; and Melissa Biddle.

Chairperson Stephen Richards called the meeting to order.

- I. Stephen Richards asked that each committee, DHS staff, and IME staff member introduce themselves to the public. The November 20, 2014, open session minutes were reviewed. Mark Graber made the motion to approve the minutes. Bruce Alexander and Jolene Kelly seconded the motion simultaneously. The motion passed with no objections.
- II. PDL and Drug Rebate Issues (Dr. Liles): Some offers for 2016 have started to arrive, including some for new drug classes which have never received offers before.
- III. PA Criteria/Pro-DUR Edits/Legislation (Dr. Parker): Informational Letter 1457 listed changes to the Preferred Drug List (PDL) and changes to the prior authorization (PA) criteria for Otezla, methotrexate injection, oral immunotherapy, Hetlioz, and chronic pain syndromes, along with new ProDUR quantity limits. Informational Letter 1467 notified of a change in the way that Abbott Diabetes Care processes claims for blood glucose meters, and Informational Letter 1471 introduced the new IME patient care initiative, the Complex Pharmaceutical Oversight Program (CPOP). Informational Letter 1476 notified providers about 12 therapeutic categories that would no longer be payable through Point of Sale (POS) for members enrolled in hospice. A few notifications were also provided regarding medications that had changed status on the PDL due to discontinuations, and a couple were also sent for maintenance windows during which the Relay Health switch would be affected. A letter from the Drug Utilization Review (DUR) Commission sent after their February 4, 2015 meeting requested that the P&T Committee conduct an overall cost comparison of the Novel Oral Anticoagulants (NOACs) versus warfarin to determine if one or more of these agents could be available to members without requiring a warfarin trial. This topic will be discussed at the August P&T Meeting. The committee also received copies of the letters sent to the Department of Human Services from the DUR

Commission after their December, February, and April meetings, which included recommended criteria for: Zykadia, Hepatitis C Agents - Oral, Exjade, Zontivity, Eliquis, Thrombopoietin Receptor Agonists, Testosterone Products, and Otezla. The December recommendation letter also summarized the feedback from the Mental Health Advisory Group about the implementation of ProDUR edits on antipsychotics for members less than 18 years of age, the age edit on risperidone for members less than 5 years of age, and the age edit on all other antipsychotics for members less than 6 years of age.

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

V. The public speakers were:

Name	Representing	Drug/Topic
Emily Pfeiffer	Celgene	Revlimid
Tyrone McBayne	Baxter	HyQvia
Sarah Johnson	The Medicines Company	Orbactiv
CoraLynn Trewet	Sanofi	Afrezza
Theodore Darkow	Daiichi Sankyo	Savaysa
Deepak Patel	Novo Nordisk	Novolog
Biran Patel	Novo Nordisk	Novoeight, Norditropin
Gary Guritz	AstraZeneca/MedImmune	Lynparza
Molly Skelsey	AstraZeneca	Xigduo XR, Bydureon
Mark Menestrina	Indivior	Suboxone Film
Canan Esinduy	Pfizer	Duavee
Gary Riley	Abbvie	Viekira Pak
Ronda Copher	Eisai	Akynzeo
Mark Tieman	Boehringer-Ingelheim	Ofev
Kevin Nelson	Merck	Balsomra

At 10:32, motion to go to closed session was made by Chuck Wadle and seconded by Linda Gehrke. The motion passed with unanimous approval. Open session resumed at 11:44.

VI. PDL Discussion and Deliberation (Voting Block 1, Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. The Biologic Immunomodulator category on the PDL will be renamed to Anti-Inflammatories, Non-NSAID to keep similar drugs in this therapeutic area in the same class. Acamprostate will change to preferred, as Campral has been discontinued by the manufacturer. Antabuse will change to non-preferred. Disulfiram will remain preferred. Exelon will change to non-preferred and rivastigmine to preferred with an age edit. Namenda XR will change to non-preferred with conditions. Namenda is no longer pending discontinuation. Bruce Alexander motioned to accept the recommendations above, and Chuck Wadle seconded. The decision was unanimous.

VII. PDL Discussion and Deliberation (Voting Block 2, Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. TOBI will change to non-preferred. Bethkis will remain preferred. Stromectol will change to non-preferred, and

ivermectin is recommended to be added as preferred. Duloxetine will change to preferred (removing current conditions). Anafranil will change to non-preferred and clomipramine to preferred. Chlorpromazine will change to non-preferred, with existing users grandfathered. Mark Graber motioned to accept the recommendations above, and Carole Frier seconded. The decision was unanimous.

- VIII. PDL Discussion and Deliberation (Voting Block 3, Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Diovan will change to non-preferred with conditions and valsartan to preferred with conditions. Novolog and Novolog Mix 70/30 will change to non-preferred. Humalog products will remain preferred. Novolin N, Novolin R, and Novolin 70/30 will change to non-preferred. Humulin products will remain preferred. Tanzeum will change to preferred with conditions. Diamox will change to preferred. Chuck Wadle motioned to accept the above recommendations, and Mark Graber seconded. The decision was unanimous.
- IX. PDL Discussion and Deliberation (Voting Block 4, Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Methazolamide will change to non-preferred. Harvoni will change to preferred with conditions. Maxitrol will change to non-preferred. Comtan will change to non-preferred and entacapone to preferred. Doral will change to non-preferred. Eszopiclone will change to preferred. Zaleplon will change to preferred. Ritalin LA will change to preferred with conditions. Additionally, in closed session, pricing of methylphenidate er tablets (generic Concerta) was reviewed. There are no recommendations for status changes. Iowa Medicaid currently prefers the AB rated, authorized generic: <http://www.fda.gov/drugs/drugsafety/ucm422568.htm>. Bruce Alexander motioned to accept the above recommendations, and Holly Randleman seconded. The decision was unanimous.
- X. RDL Discussion and Deliberation (Dr. Biczak): It was recommended that Revlimid be changed to recommended due to the expanded label. Chuck Wadle motioned to accept this, and Holly Randleman seconded. The decision was unanimous.
- XI. Newly Released Drugs (Dr. Biczak): 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 breakdown of the individual motions that preceded each committee vote. Holly Randleman motioned to make Esbriet and Duavee non-preferred, and Akynzeo and Belsomra non-preferred with conditions. Chuck Wadle seconded. Linda Gehrke motioned to make Incruse Ellipta, Kerydin, and Ofev non-preferred, and Lynparza non-recommended. Chuck Wadle seconded. Chuck Wadle motioned to make Orbactiv, Plegridy, and Savaysa non-preferred, and Oralair non-preferred with conditions. Jolene Kelly seconded. Mark Graber and Jolene Kelly both motioned to make Soolantra and Trulicity non-preferred with conditions, Tybost non-recommended, and Viekira Pak preferred with conditions. Carole Frier and Holly Randleman seconded simultaneously.
- XII. Newly Released Generic Drugs and New Dosage Forms/Strengths (Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Ivermectin tablets and HyQvia will both be preferred, while colchicine will be preferred with

conditions. These drugs will all be non-preferred: ceftibuten, donepezil 23mg tablets, olapatadine, uceris, valganciclovir, Afrezza, and Arnuity Ellipta. Obizur will be non-recommended. The following will all be non-preferred with conditions: amlodipine/valsartan, amlodipine/valsartan/hctz, celecoxib, lamotrigine odt, oxycodone er, pramipexole er, tacrolimus ointment, xigduo xr, Bunavail, Rasuvo, and Rytary. Holly Randleman motioned to accept the above recommendations. Linda Gehrke seconded the motion, and all members were in favor.

- XIII. Medicaid Modernization Presentation: Jennifer Steenblock provided handouts of a presentation regarding Medicaid Modernization and its projected impact to providers and members. This initiative aims to improve the coordination and quality of care while providing predictability and sustainability for taxpayers in Medicaid spending. There will still be a preferred drug list (PDL) that all of the chosen managed care organizations will have to follow. Questions and comments may be emailed to MedicaidModernization@dhs.state.ia.us, and a new site has been created focusing on Iowa Medicaid's change to managed care organizations effective January 1, 2016: <https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>. The full presentation can be accessed at the following link: https://dhs.iowa.gov/sites/default/files/IME_ModernizationPresentation_031815.pdf.

A motion was made by Stephen Richards to adjourn the meeting. Bruce Alexander seconded the motion. All in attendance approved. The meeting adjourned at 1:41 p.m. The next scheduled meeting is tentatively set for August 20, 2015.