Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: August 20, 2015

Chairperson: Stephen Richards, D.O.

Time: 9:32 a.m. to 12:35 p.m.

Location: Capitol Room 116, Des Moines, Iowa

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; 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.; Gina Tiernan, R.Ph.; Pam Smith, R.Ph.; 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 April 16, 2015, open session minutes were reviewed. Chuck Wadle made the motion to approve the minutes. Mark Graber and Jolene Kelly seconded the motion simultaneously. The motion passed with no objections.

II. PDL and Drug Rebate Issues (Dr. Liles): PDL adjustments will be necessary due to the switch to managed care, and potentially a unified preferred drug list program, on January 1, 2016. CMS has submitted the Medicaid Outpatient Drug Rule to the Office of Management and Budget, with the final rule pending. One of the components being reviewed is a revision of the calculation of Average Manufacturer Price (AMP) and Best Price, which could have significant impact on Federal rebates and the net cost of some drugs. The 21st Century Care Act, which passed in the House of Representatives recently, limits the Federal reimbursement to states for DME items to the Medicare reimbursement rates. Another piece of legislation would require generic manufacturers to pay the CPI inflation penalty of the rebate if they raise their prices too much. There are at least six states that are considering legislation that requires manufacturers to disclose their research and development costs for high-cost drugs. Massachusetts wants to use this information to set maximum prices for these drugs, and Pennsylvania is considering allowing payers to not cover the drugs if manufacturers won't comply. The other states are just asking for informational purposes at this point.

III. PA Criteria/Pro-DUR Edits/Legislation (Dr. Parker): Informational Letter 1500 listed changes to the Preferred Drug List (PDL) and changes to the prior authorization (PA) criteria for Zykadia, Exjade, Oralair, Zontivity, Eliquis, Otezla, Testosterone Products, and Thrombopoietin Receptor Agonists, along with new ProDUR quantity limits. Informational Letter 1517 listed changes to the Preferred Drug List (PDL) and changes to the prior authorization (PA) criteria for Chronic Pain Syndromes, CNS Stimulants and Atomoxetine, Nuedexta, Hepatitis C Agents, and Sedative/Hypnotics Non-Benzodiazepines. A couple notifications were also provided regarding

medications that had changed status on the PDL in the interim between committee meetings, as well as the letter announcing the winners of the Medicaid Modernization Initiative contracts: Amerigroup Iowa, Inc, AmeriHealth Caritas Iowa, Inc., UnitedHealthcare Plan of the River Valley, Inc, and WellCare of Iowa, Inc. The committee also received copies of the letters sent to the Department of Human Services from the DUR Commission after their June and August meetings, which included recommended criteria for: Hepatitis C Agents, CNS Stimulants and Atomoxetine, Nuedexta, Chronic Pain Syndromes, Sedative/Hypnotics Non-Benzodiazepines, Topical Corticosteroids, Kalydeco, Idiopathic Pulmonary Fibrosis, and Savaysa.

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

V. The public speakers were:

Name	**Title/Affiliation**	**Drug/Topic**
Kori Hack, Pharm.D.	US Medical (Novartis)	Cosentyx
Paula Teichner, Pharm.D.	ViiV Healthcare	Triumeq
Julie McDavitt, Pharm.D.	Boehringer Ingelheim	Glyxambi and Spiriva Respimat
Amanda Champ	Amgen	Corlanor
Amy Place, Ph.D., MBA, MS, RD	Shire	Natpara
Biran Patel, Pharm.D.	Novo Nordisk	Novoeight
Dominic Lai, Pharm.D.	Eisai	Lenvima
Brooke Patterson-Browning	Janssen	Prezcobix
Paul Miner	Gilead Sciences	Complera and Stribild
Jeff Meier, M.D.	Himself, as a physician	HIV

At 10:57, motion to go to closed session was made by Heidi Price-Eastman and seconded by Jolene Kelly. The motion passed with unanimous approval. Open session resumed at 12:15.

VI. PDL Discussion and Deliberation (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Montelukast granules will change to preferred, with an age edit, while Singulair granules change to non-preferred. Divalproex sodium er tablets will be preferred, whereas Depakote ER and Felbatol will both change to non-preferred, with existing users with a seizure diagnosis grandfathered, on both. Hydroxyzine hcl 25mg and 50mg tablets will be preferred, and Exjade preferred with conditions. Fanapt will be non-preferred step therapy 3, with existing users grandfathered. Toprol XL, Miacalcin nasal spray, and Phoslo will all change to non-preferred, while metoprolol succinate and calcitonin salmon nasal spray become preferred. Additionally, it was recommended to remove the grandfathering for members on brand name Revatio, requiring a change to the preferred generic, sildenafil, or submission of a Selected Brand Name Drug prior authorization form including the MedWatch form. Bruce Alexander motioned to accept the recommendations above, and Chuck Wadle seconded. The decision was unanimous.

VII. RDL Discussion and Deliberation (Antineoplastics, Dr. Barkin): All recommendations were made to maximize cost savings to the program unless otherwise noted. The medications below will move from the recommended drug list to the preferred drug list, as they do not have a significant variation in a therapeutic profile or side effect profile within a therapeutic class, as allowed by the Iowa code (https://www.legis.iowa.gov/docs/code/2015/249A.20A.pdf). The brands and generic equivalents have been paired together to more easily illustrate the changes.

Drug Name	Previous Status on the RDL	New Status on the PDL
Xeloda capecitabine	Recommended Non-Recommended	Preferred Non-Preferred
Gemzar gemcitabine	Recommended Non-Recommended	Non-Preferred Preferred
Purinethol mercaptopurine	Non-Recommended Recommended	Non-Preferred Preferred
Trexall methotrexate	Recommended Recommended	Non-Preferred Preferred
Aromasin exemestane	Recommended Non-Recommended	Non-Preferred Preferred
Femara letrozole	Non-Recommended Recommended	Non-Preferred Preferred
Hydrea hydroxyurea	Non-Recommended Recommended	Non-Preferred Preferred
Navelbine vinorelbine	Recommended Recommended	Non-Preferred Preferred
Gleostine lomustine	Recommended Non-Recommended	Non-Preferred Preferred
Camptosar irinotecan	Recommended Recommended	Non-Preferred Preferred

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

VIII. RDL Discussion and Deliberation (Antiretrovirals, Dr. Barkin): All recommendations were made to maximize cost savings to the program unless otherwise noted. The medications below will move from the recommended drug list to the preferred drug list, as they do not have a significant variation in a therapeutic profile or side effect profile within a therapeutic class, as allowed by the Iowa code (https://www.legis.iowa.gov/docs/code/2015/249A.20A.pdf). The brands and generic equivalents, as well as the combination products and their component drugs, have been paired together to more easily illustrate the changes.

Drug Name	Previous Status on the RDL	New Status on the PDL
Combivir lamivudine/zidovudine	Recommended Non-Recommended	Non-Preferred Preferred
Triumeq Epzicom Tivicay	Non-Recommended Recommended Non-Recommended	Non-Preferred Preferred Preferred
Complera Truvada Edurant	Non-Recommended Recommended Non-Recommended	Non-Preferred Preferred Preferred
Stribild Truvada Isentress Tivicay	Non-Recommended Recommended Recommended Non-Recommended	Non-Preferred Preferred Preferred Preferred

Chuck Wadle motioned to accept the recommendations above, and Bruce Alexander seconded. The decision was unanimous.

IX. Newly Released Drugs (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. These drugs were all recommended to be non-preferred: Auryxia, Cholbam, Corlanor, Natpara, and Sabril. Cosentyx and Evekeo will both be non-preferred with conditions. Ibrance will be recommended, while Lenvima and Vitekta will both be non-recommended. Carole Frier motioned to accept the recommendations above, and Chuck Wadle seconded. The decision was unanimous.

X. 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. These drugs will all be non-preferred: bimatoprost, cefixime oral suspension, risedronate, Asmanex HFA, Duopa, Nuvessa, Pazeo, Prezcobix, ProAir RespiClick, Sotylize, Spiriva Respimat, and Tolcapone. Aripiprazole will be non-preferred step 3, and the following will all be non-preferred with conditions: clozapine odt, Glyxambi, Jadenu, Namzaric, Natesto, Primlev, Tivorbex, and Toujeo SoloStar. Evotaz and Kitabis Pak will be preferred, and Invega Trinza will be preferred step 2. Novoeight will be non-recommended. Bruce Alexander motioned to accept the above recommendations. Mark Graber seconded the motion, and all members were in favor.

A motion was made by Carole Frier to adjourn the meeting. Mark Graber and Jolene Kelly seconded the motion simultaneously. All in attendance approved. The meeting adjourned at 12:35 p.m. The next scheduled meeting is tentatively set for November 19, 2015.