Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 19, 2015

Chairperson: Stephen Richards, D.O.

Time: 9:32 a.m. to 1:45 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; 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.; 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 August 20, 2015, open session minutes were reviewed. Jolene Kelly made the motion to approve the minutes, and Bruce Alexander seconded. The motion passed with no objections.

II. Committee Elections: Heidi Price-Eastman motioned to keep Stephen Richards as chairperson and Mark Graber as vice-chairperson. Bruce Alexander and Holly Randleman both seconded simultaneously, and all members were in favor.

III. PDL and Drug Rebate Issues (Dr. Liles): There are lots of changes moving from brand to generic as preferred. The switch to managed care on January 1, 2016, affects the PDL management approach and financial dynamics, focusing on paid amount and not just net cost.

IV. PA Criteria/Pro-DUR Edits/Legislation (Dr. Parker): Informational Letter 1551 detailed the prior authorization guidelines for the 2015-2016 Respiratory Syncytial Virus (RSV) Season. Informational Letter 1552 listed changes to the Preferred Drug List (PDL) and changes to the prior authorization (PA) criteria for Savaysa, Idiopathic Pulmonary Fibrosis, Topical Corticosteroids, and Kalydeco, along with new ProDUR quantity limits. Additionally, providers received faxed notification regarding a POS system maintenance. The committee also received copies of the letters sent to the Department of Human Services from the DUR Commission after their October meeting, which included recommended criteria for: Topical Antifungals for Onychomycosis, $Alpha_1$-Proteinase Inhibitor Enzymes, Orkambi, Select Oncology Agents, and Biologicals for Inflammatory Bowel Disease, Ankylosing Spondylitis, and Plaque Psoriasis.

V. IME Updates: The transition to managed care effective January 1, 2016 is in progress. Updated information, timelines, and email contacts can be found on the Medicaid Modernization

website: https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization. Public speakers were reminded to submit their materials one week in advance of the meeting.

VI. The public speakers were:

Name	Title/Affiliation	Drug/Topic
Nikki Moon, Pharm.D.	Abbvie	Technivie
Rupa Shah	Purdue	Butrans
Shawn Hansen, Pharm.D.	Novo Nordisk	Victoza
Paul Hueseman, Pharm.D.	AstraZeneca	Movantik
Jennifer Wilbanks, Pharm.D.	Otsuka America	Abilify Maintena, Rexulti
Zev Winicur, Ph.D.	United Therapeutics	Adcirca, Tyvaso
Kori Hack, Pharm.D.	Novartis	Entresto
Julie McDavitt, Pharm.D.	Boehringer Ingelheim	Stiolto Respimat, Synjardy, Praxbind, Pradaxa
Deborah Profant, Ph.D.	Alkermes	Vivitrol
Matt Lewis, Pharm.D.	Amgen	Repatha
Tyrone McBayne, Pharm.D.	Baxalta	Advate
Carla Schad, M.D., MS	Sunovion	Aptiom
Luke Weedin, Pharm.D., MBA	US Medical	Avonex, Tecfidera, Eloctate, Plegridy
Paul McDermott, R.Ph., MBA	Celgene	Otezla
Peter Zoob, Pharm.D.	Vertex	Orkambi
Scott Edelhauser	Alcon	Durezol, Ilevro, Vigamox
Chad Patel	Bristol-Myers Squibb	Eliquis, Daklinza
Jim Baumann	Pfizer	Embeda, Eliquis
Brenda McLaughlin	Duchesnay	Diclegis

At 11:11, motion to go to closed session was made by Chuck Wadle and seconded by Heidi Price-Eastman and Mark Graber. The motion passed with unanimous approval. Open session resumed at 1:13.

VII. PDL Discussion and Deliberation (Voting Block 1, Dr. Liles): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: amlodipine besylate-benazepril hcl to preferred and Lotrel to non-preferred; trandolapril-verapamil hcl ER to preferred and Tarka to non-preferred; Absorica to non-preferred with conditions; riluzole to preferred with conditions and Rilutek to non-preferred with conditions; Namenda tablets to non-preferred with conditions; colistimethate sodium to preferred and Coly-Mycin-M to non-preferred; enoxaparin sodium vials to preferred and Lovenox vials to non-preferred; phenytoin oral suspension and chewable tablets to preferred and Dilantin oral suspension and chewable tablets to non-preferred (grandfathering existing users with seizure diagnosis); carbamazepine er capsules to preferred and Carbatrol to non-preferred (grandfathering existing users with seizure diagnosis); oxcarbazepine oral suspension to preferred and Trileptal oral suspension to non-preferred (grandfathering existing users with seizure diagnosis); Parnate to non-preferred (generic will remain preferred); azelastine 0.1% nasal solution to preferred; Cosentyx to preferred with conditions for its indication (plaque psoriasis) after a step through Humira; bromocriptine 5mg capsules to non-preferred (brand remains preferred); and Saphris to non-preferred step therapy 3 (grandfathering existing users).

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

VIII. PDL Discussion and Deliberation (Voting Block 2, Dr. Liles): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Toviaz to non-preferred; Oxytrol to non-preferred; ampicillin and sulbactam sodium to preferred and Unasyn to non-preferred; piperacillin and tazobactam sodium to preferred; diltiazem hcl ER, 24 hour CD and 24 hour ER to preferred and Tiazac to non-preferred; Suprax oral suspension to non-preferred (generic remains non-preferred); Gianvi to preferred and Yaz to non-preferred; drospirenone-ethinyl estradiol tab 3-0.03 mg to preferred and Yasmin to non-preferred; Modicon to non-preferred (generic will remain preferred); desogestrel-ethinyl estradiol (biphasic) to preferred and Mircette to non-preferred; desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg to preferred and Cyclessa to non-preferred; norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg to preferred and Tri-Norinyl to non-preferred; Tradjenta to preferred with conditions; Onglyza to non-preferred with conditions; Jentadueto to preferred with conditions; Kombiglyze to non-preferred with conditions; Janumet XR to preferred with conditions; ofloxacin otic to non-preferred; and estradiol weekly transdermal to preferred and Climara to non-preferred. Carole Frier motioned to accept the recommendations above, and Bruce Alexander seconded. The decision was unanimous.

IX. PDL Discussion and Deliberation (Voting Block 3, Dr. Liles): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: methylprednisolone acetate to preferred and Depo-Medrol to non-preferred; methylprednisolone sodium succinate to preferred; clindamycin palmitate oral solution to preferred and Cleocin oral solution to non-preferred; Zyvox tablets to non-preferred with conditions; Relpax to non-preferred with conditions (grandfathering existing users); naratriptan to preferred with conditions; rizatriptan ODT to preferred with conditions; Avonex to remain preferred (recommendation changed after closed session discussion); Rebif to preferred; Betaseron to preferred; Extavia to non-preferred; azelastine ophthalmic solution to remain non-preferred (recommendation changed after closed session discussion); Durezol to non-preferred; fluorometholone ophthalmic to preferred; FML Forte to non-preferred; Lotemax to preferred; prednisolone acetate ophthalmic to preferred; Ilevro to non-preferred; Besivance to preferred; Moxeza to non-preferred; Vigamox to non-preferred; and dexmethylphenidate to preferred with conditions and Focalin to non-preferred with conditions. Bruce Alexander motioned to accept the recommendations above (with Mark Graber adding in the committee's agreed upon decision to keep Avonex preferred and azelastine ophthalmic solution non-preferred), and Holly Randleman seconded. The decision was unanimous.

X. PDL Discussion and Deliberation (Voting Block 4, Dr. Liles): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Methylin oral solution to preferred with conditions; methylphenidate er 10mg and 20mg tablets to non-preferred with conditions (grandfathering existing users); adapalene gel to preferred with conditions; benzoyl peroxide 7% cleanser to preferred with conditions; Epiduo to preferred with conditions; Duac to non-preferred with conditions; metronidazole 0.75% cream to preferred with conditions and MetroCream to non-preferred with conditions; Zovirax 5% Ointment to non-preferred as topical therapy is not recommended by the

Centers for Disease Control and Prevention (CDC); Ultravate to non-preferred with conditions (generic will remain non-preferred); betamethasone dipropionate lotion to non-preferred with conditions; Diprolene lotion to non-preferred with conditions; fluocinolone topical to non-preferred with conditions; fluticasone cream and ointment to preferred; fluticasone lotion to non-preferred with conditions; triamcinolone lotion to preferred; Eurax to non-preferred; permethrin 5% cream to preferred; Atralin to non-preferred with conditions; and tretinoin to non-preferred with conditions (brand Retin-A remains preferred with conditions). Chuck Wadle motioned to accept the recommendations above, and Jolene Kelly seconded. The decision was unanimous.

XI. RDL Discussion and Deliberation (Dr. Liles): All recommendations were made to maximize cost savings to the program unless otherwise noted. Advate will change to non-recommended. Actimmune will move from the recommended drug list to the preferred drug list under the Interferon Gamma category, with a non-preferred status to require prior authorization for diagnosis review. This is not a protected drug class per the Iowa code (https://www.legis.iowa.gov/docs/code/2015/249A.20A.pdf) and thus all medications within it can be moved to the PDL. Additionally, Norvir tablets will change to recommended due to the discontinuation of Norvir capsules. Bruce Alexander motioned to accept the recommendations above, and Mark Graber seconded. The decision was unanimous.

XII. Newly Released Drugs (Dr. Liles): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Dr. Liles 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. Bruce Alexander motioned to make Daklinza non-preferred with conditions, and Chuck Wadle seconded. Holly Randleman motioned to make Entresto non-preferred with conditions, and Heidi Price-Eastman seconded. The DUR Commission will develop PA criteria. Carole Frier motioned to make Farydak non-recommended as it is not intended to be used as a first line treatment, and Bruce Alexander seconded. Bruce Alexander motioned to make Movantik non-preferred with conditions to verify diagnosis and trials of preferred agents, and Jolene Kelly seconded. Jolene Kelly motioned to make Orkambi non-preferred with conditions requiring clinical prior authorization, and Heidi Price-Eastman seconded. Carole Frier motioned to make both Praluent and Repatha non-preferred, and Mark Graber seconded. The DUR Commission will develop PA criteria. Bruce Alexander motioned to make Rexulti non-preferred step 3, and Mark Graber seconded. Mark Graber motioned to make Technivie preferred with conditions, and Chuck Wadle seconded.

XIII. Newly Released Generic Drugs (Dr. Liles): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Almotriptan will be non-preferred with conditions, while these new generics will all be non-preferred: alosetron, asa/dipyridamole, bexarotene, phenoxybenzamine, pyridostigmine er, and tetrabenazine. Targretin will change from recommended to preferred. Guanfacine er will be preferred with conditions, and memantine will be preferred with an age edit. New generic linezolid will be non-preferred with conditions, but its authorized generic version will be preferred with conditions as it is more cost effective. Bruce Alexander motioned to accept the above recommendations. Mark Graber seconded the motion, and all members were in favor.

XIV. New Drug Dosage Forms/Strengths/Combinations (Dr. Liles): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Glatopa and Stiolto Respimat will be non-preferred, while these drugs will all be non-preferred with conditions: Aptensio XR, Onexton, Synjardy, Trianex, Zarxio, and Zecuity. Ixinity will be non-recommended, and Xyntha recommended. Bruce Alexander motioned to accept the above recommendations. Jolene Kelly and Mark Graber both 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 1:45 p.m. The next scheduled meeting is tentatively set for April 21, 2016.