Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: April 21, 2016

Chairperson: Stephen Richards, D.O.

Time: 9:30 a.m. to 12:50 p.m.

Location: Iowa Medicaid Enterprise, 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.; Laureen Biczak, D.O.; Erin Halverson, R.Ph.; Gina Tiernan, R.Ph.; Pam Smith, R.Ph.; and Melissa Biddle.

Managed Care Organization (MCO) Staff Present: Sandy Pranger, Amerigroup Iowa; Jennifer Schonhorst, AmeriHealth Caritas Iowa, and Karrie Hansotia, United Healthcare Plan of the River Valley.

Chairperson Stephen Richards called the meeting to order.

I. Stephen Richards asked that each committee, DHS, IME, and MCO staff member introduce themselves to the public. The November 19, 2015, open session minutes were reviewed. Mark Graber made the motion to approve the minutes, and Bruce Alexander and Carole Frier both seconded. The motion passed with no objections.

II. PDL and Drug Rebate Issues (Dr. Liles): The switch to managed care on April 1, 2016, will affect the PDL management approach and financial dynamics, focusing on paid amount and not just net cost. The SSDC pool has solicited offers for 2017, and is in the process of evaluating and negotiating those offers. They will be presented to all of the pool states in June, and will be reviewed by the P&T Committee in November. Two new states, Oklahoma and Ohio, have been added to the pool, making it the largest regional pool.

III. PA Criteria/Pro-DUR Edits/Legislation (Dr. Parker): Informational Letter 1564 informed all providers that all ordering, prescribing, and referring providers must be enrolled with Iowa Medicaid as of January 4, 2016, or claims would be denied. Informational Letters 1579 and 1629 listed changes to the Preferred Drug List (PDL), new ProDUR quantity limits, and changes to the prior authorization (PA) criteria for: Orkambi, Select Oncology Agents; Topical Antifungals for Onychomycosis; $Alpha_1$-Proteinase Inhibitor Enzymes; Biologicals for Ankylosing Spondylitis, Inflammatory Bowel Disease, and Plaque Psoriasis; Cholbam; Binge Eating Disorder Agents; and Growth Hormone. Informational Letter 1626-MC provided contact information for the three Managed Care Organizations (MCOs). Informational Letter 1638-MC provided updates for the 340B Drug Pricing Program. Informational Letter 1644-MC notified providers that the Iowa Medicaid PDL would be used for all Iowa Health Link and

hawk-i members effective April 1, 2016; it also provided contact information for the three MCOs. Informational Letter 1646 detailed Federal Upper Limit (FUL) pharmacy reimbursement. Additionally, providers received faxed notifications regarding two POS system maintenance windows, member copays, and the PDL change making Amicar preferred due to discontinuation of aminocaproic acid solution and tablets. The committee also received copies of the letters sent to the Department of Human Services from the DUR Commission after their December and April meetings, which included recommended criteria for: Growth Hormone, Cholbam, Binge Eating Disorder Agents, PCSK9 Inhibitors, Entresto, Xyrem, and Non-Parenteral Vasopressin Derivatives of Posterior Pituitary Hormone Products. The Iowa legislature is still working on the appropriations bill. Various bills involving opioid antagonists and overdose treatments are also in process. Senate File 2218, which deals with possession and administration of emergency rescue drugs by first responders, has been signed by the Governor.

IV. IME Updates: The transition to managed care took effect on April 1, 2016. Updated information, timelines, and email contacts can be found on the Medicaid Modernization website: https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization. CMS has finally released their outpatient covered drug rule for Medicaid, which finalizes the reimbursement provisions for Federal Upper Limit (FUL), Actual Acquisition Cost (AAC), professional dispensing fee, 340B entities, Indian Health Services, and a variety of other topics, with many of the changes expected to be incorporated into a State Plan Amendment by April of 2017. Informational letters will be going out in regards to these changes as they are implemented.

V. Therapeutic Class Review: Dr. Biczak summarized the document that had been sent to the committee members for review of the Analgesics, Narcotics-Long Acting drug class.

VI. Public Comment: The committee reviewed the current public comment policy, and decided unanimously to add an official requirement that speakers submit their materials one week in advance of the meeting (motion by Mark Graber, second by Bruce Alexander). The public speakers were:

Name	Representing	Drug/Topic
Louis Schneider	The Iowa Clinic	Xarelto
Deborah Profant	Alkermes, Inc.	Aristada
Julie McDavitt	Boehringer Ingelheim	Pradaxa
Eric Wolford	Bio Products Laboratory	Coagadex
Paul Amato	ViiV Healthcare	Triumeq
Tyrone McBayne	Baxalta US	Adynovate
Linda Writz	Taiho Oncology Inc.	Lonsurf
Ryan Flugge	Novo Nordisk	Tresiba
Sara Thuenemann	Takeda Oncology	Ninlaro
Jesse Hong	Purdue Pharma	Butrans
Susan Matheny	Iowa Heart	Eliquis
Luciano Kolodny	Merck	Zepatier
Stephen Mandt	Bristol-Myers Squibb	Eliquis

Steven Woods	Relypsa	Veltassa
Ray Lancaster	Gilead	Genvoya
Caitlin Anderson	Iowa Department of Public Health	Triumeq
Jennifer Stofel	Janssen	Xarelto

At 11:05, motion to go to closed session was made by Holly Randleman and seconded by Carole Frier. The motion passed with unanimous approval. Open session resumed at 12:15.

VII. PDL Discussion and Deliberation (Dr. Biczak): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Android to non-preferred with conditions; Testred to non-preferred with conditions; Pradaxa and Xarelto to preferred (implemented after DUR review regarding removal of prior authorization criteria); voriconazole oral suspension to preferred with conditions; Vfend oral suspension to non-preferred with conditions; Myambutol to non-preferred; Migranal to non-preferred; fentanyl 25, 50, 75, and 100mcg patches to preferred; Kadian 10, 40, 130, and 150mg capsules to non-preferred with conditions; MS Contin to non-preferred with conditions (generic morphine sulfate er tablets will remain preferred); Embeda to preferred; Vigamox to preferred to allow use of a fourth generation ophthalmic fluoroquinolone; modafinil to preferred with conditions; and Provigil to non-preferred with conditions. Bruce Alexander motioned to accept the recommendations above, and Jolene Kelly seconded. The decision was unanimous.

VIII. 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, with a change to the recommendation for Mircera. Chuck Wadle made this motion, and Jolene Kelly seconded. Carole Frier then amended the motion to state Mircera would be removed from coverage on the PDL because it is not used as an outpatient medication as that had not been specifically included in the motion as Chuck Wadle had worded it, and Bruce Alexander seconded. Here is a breakdown of the PDL or RDL statuses of the rest of the new drugs: Alecensa, non-recommended with conditions; Coagadex, non-recommended; Cotellic, non-recommended with conditions; Cresemba, non-preferred with conditions; Lonsurf, non-recommended with conditions; Ninlaro, non-recommended with conditions; Nucala, non-preferred; Odomzo, non-recommended with conditions; Priftin, preferred; Strensiq, non-preferred; Tagrisso, non-recommended with conditions; Tresiba Flex, non-preferred with conditions; and Veltassa, non-preferred.

IX. Newly Released Generic Drugs (Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. The following will all be non-preferred: dutasteride, dutasteride-tamsulosin, molindone, pimozide, prednisolone odt, and tranexamic acid. Imatinib will be non-preferred with conditions, methyltestosterone preferred with conditions, and paliperidone er non-preferred step 3. Mark Graber motioned to accept the above recommendations. Heidi Price-Eastman seconded the motion, and all members were in favor.

X. New Drug Dosage Forms/Strengths/Combinations (Dr. Biczak): All of the following recommendations were made to maximize cost savings to the program unless otherwise noted. Here is a breakdown of the PDL or RDL statuses for these new drugs: Adynovate, non-

recommended; Aristada, non-preferred step 3; Belbuca, non-preferred with conditions; Enstilar, non-preferred; Genvoya, preferred; Nuwiq, non-recommended; and Vivlodex, non-preferred with conditions. Carole Frier motioned to accept the above recommendations. Holly Randleman seconded the motion, and all members were in favor.

XI. ART Regimens Letter to the legislature: Carol Frier motioned that the committee draft a letter regarding HIV treatments and dosing (single tablet and extended release regimens being preferred over those requiring multiple tablets or doses) benefits and costs per the discussion based on public comments (regarding adherence related to single tablet regimens) and the associated costs in closed session, and Heidi Price-Eastman seconded. Review of the reference mentioned by the speaker of this topic in the public session will be included. The decision was unanimous.

A motion was made by Mark Graber to adjourn the meeting. Bruce Alexander seconded, all in attendance approved. The meeting adjourned at 12:50 p.m. The next scheduled meeting is tentatively set for August 18, 2016.