Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 17, 2016

Chairperson: Stephen Richards, D.O.

Time: 9:31 a.m. to 1:36 p.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Stephen Richards, D.O.; Mark Graber, M.D.; Carole Frier, D.O.; Bruce Alexander, Pharm.D.; Jolene Kelly, PA-C; Holly Randleman, Pharm.D.; Charles Wadle, D.O.; Linda Gehrke, ARNP; and Heidi Price-Eastman, R.Ph (left early 1:20).

Iowa DHS Staff Present: Susan Parker, Pharm.D., Pharmacy Consultant

Iowa Medicaid Enterprise (IME) Staff Present: Steve Liles, Pharm.D.; Jeffrey Barkin, M.D.; Jacquelyn Hedlund, MD., MS; Erin Halverson, R.Ph.; Gina Tiernan, 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, and IME staff member introduce themselves to the public. The August 18, 2016, open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes, and Heidi Price-Eastman seconded. The motion passed with no objections.

II. Committee Elections: Bruce Alexander motioned to keep Stephen Richards as chairperson, and Jolene Kelly seconded. All members were in favor. Stephen Richards then motioned to keep Mark Graber as vice-chairperson, and Jolene Kelly seconded. This decision was unanimous, as well.

III. PDL and Drug Rebate Issues (Dr. Liles): Some of the Federal rebates have become unpredictable due to changes in the Medicaid drug rebate program, so decisions were made to prefer generics rather than highly rebated brand names despite current potential savings. After several years of greatly increased net expenditures, upward trends should normalize some in the next fiscal year and are projected to remain at a lower steady rate of increase for the next 5 or 6 years.

IV. PA Criteria/Pro-DUR Edits/Legislation (Dr. Parker): Informational Letter 1722-MC-FFS listed changes to the Preferred Drug List (PDL), new ProDUR quantity limits, and changes to the prior authorization (PA) criteria for: Nucala, Novel Oral Anticoagulants, Potassium Binders, and Topical Acne and Rosacea Products. The committee also received copies of the letter sent to the Department of Human Services from the DUR Commission after their October meeting, which included recommended criteria for: Lupron Depot - Pediatric, Lupron Depot - Adult, Short-Acting Opioids, and buprenorphine/naloxone. CMS released the final covered outpatient pharmacy rule

that required the states to make changes to their State Plan Amendments effective April 1, 2017. Associated companion rules from the state rules process will be released at the end of November 2016, specifying reimbursement methodology, which is already at the required Actual Acquisition Cost (AAC) for Iowa. However, the rules also apply to 340B entities, Federal supply schedule, and nominal price. The rules just make the existing reimbursement methodology official. The only thing that will actually be changing is that Indian Health Services has requested that their pharmacy be reimbursed based on the daily encounter rates under the Federal rate; 100% of funding for this will come from the Federal government. The dispensing fee change from $11.73 to $10.02 effective August 1, 2016, is still pending CMS approval.

V. IME Updates: There was nothing additional to that which was already mentioned above.

VI. Public Comment: The public speakers were:

Name	Representing	Drug/Topic
Zev Winicur	United Therapeutics	Orenitram
Jennifer Stoffel	Janssen	Xarelto, Invokana
Jason Lurk	Novo Nordisk	Victoza, Tresiba
Melanie Dumlao	Sanofi Genzyme	Aubagio
Laura Niewiadomski	Sanofi Genzyme	Cerezyme, Cerdelga
Paul McDermott	Celgene	Otezla
Michael Nelson	Sunovion	Aptiom, Latuda
Antonio Pardo	Tris Pharma	Dyanavel XR
Bruce Wallace	Silvergate Pharmaceuticals	Qbrelis
Kerri Hoernemann	Novartis	Entresto, Cosentyx
Tami Sova	UCB	Briviact
Nikki Moon	Abbvie	Zinbryta, Viekira XR
John Howard	Mylan	EpiPen
Rose Mullen	Alkermes	Aristada, Vivitrol
Jerod Downing	Purdue Pharma	Brutrans, Hysingla ER
CoraLynn Trewet	Sanofi	Toujeo
Melissa Laurie	Bristol-Myers Squibb	Eliquis
Jim Bauman	Pfizer	Quillivant XR
Matthew Splett	Otsuka	Abilify Maintena

At 11:14, motion to go to closed session was made by Holly Randleman and seconded by Chuck Wadle. The motion passed with unanimous approval. Open session resumed at 12:45.

VII. PDL Discussion and Deliberation (Voting Block 1, Dr. Barkin): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. The following will change to preferred with conditions: galantamine, Methitest, Androgel 1% packets, amlodipine-valsartan, and amlodipine-valsartan-hctz. These drugs will all be non-preferred with conditions: Exelon patch, methyltestosterone, Testim, Exforge, and Exforge HCT. A non-preferred status will be given to: Bethkis; EpiPen; Aerospan; Fragmin; Coumadin (with existing users

grandfathered); Crestor; and the 40mg, 54mg, 120mg, and 160mg tablets of fenofibrate. The following will all change to preferred: epinephrine auto-injector; lamotrigine chewable tablets, rosuvastatin, and ciprofloxacin otic solution. Aripiprazole tablets will change to preferred step therapy 2 with removal of tablet splitting, while Abilify will change to non-preferred step therapy 3. Bruce Alexander motioned to accept the recommendations above, and Jolene Kelly seconded. The decision was unanimous.

VIII. PDL Discussion and Deliberation (Voting Block 2, Dr. Barkin): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. The following will all change to preferred: Canasa, azelastine ophthalmic solution, authorized generic olopatadine ophthalmic solution, Durezol, sulfacetamide-prednisolone ophthalmic suspension, Ilevro, and Alphagan P 0.1%. These drugs will be non-preferred: Dipentum, Nasonex, Pataday, Patanol, sulfacetamide sodium ophthalmic solution and ointment, timolol ophthalmic gel forming solution, Nevanac, and Ciloxan ophthalmic ointment. Mitigare, amphetamine-dextroamphetamine er, authorized generic methylphenidate er (cd), and dexmethylphenidate er will all change to preferred with conditions, whereas colchicine, Metadate CD, Focalin XR, and Quillivant XR will change to non-preferred with conditions. Chuck Wadle 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 subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. PDL changes are as follows: authorized generic clonidine er tablets, Differin Lotion, and Acanya to preferred with conditions; benzoyl peroxide-erythromycin gel and BenzaClin to non-preferred with conditions; Ulesfia and MetroGel Vaginal to non-preferred; and Natroba to preferred without a permethrin step edit. Bruce Alexander motioned to accept the recommendations above, and Jolene Kelly seconded. The decision was unanimous.

X. Hemophilia Factor Therapeutics Class Review (Dr. Hedlund): Dr. Hedlund summarized the document that had been provided to the committee members for review of the Hemophilia Factor drug class.

XI. RDL Discussion and Deliberation (Dr. Hedlund): To maximize cost savings to the program, it was recommended to change the Antihemophilic Agents category from the RDL to the PDL. All existing members will be grandfathered on established therapies. Linda Gehrke motioned to accept these changes as outlined in the table below, and Heidi Price-Eastman seconded. The decision was unanimous.

Previous RDL Status	New PDL Status	Drug Names
Recommended	Preferred	Hemofil M, Koate-DVI, Monoclate-P, Helixate FS, Recombinate, Novoeight, Xyntha, Alphanate, Humate-P, Wilate, Novoseven, Alphanine SD, Mononine, Benefix, Bebulin, Profilnine SD
Non-Recommended	Preferred	Kogenate FS, Kogenate FS Bio-Set
Non-Recommended	Non-Preferred	Nuwiq, Kovaltry, Advate, Eloctate, Adynovate, Obizur, Feiba, Rixubis, Ixinity, Alprolix, Coagadex

XII. Newly Released Drugs (Dr. Barkin and Dr. Hedlund): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Dr. Barkin and Dr. Hedlund took turns reviewing the new drug monographs, and then the committee voted unanimously in favor of all the recommendations as follows: Bevespi, Idelvion, Ocaliva, Xiidra, and Zinbryta non-preferred; Epclusa preferred with conditions; and Taltz non-preferred with conditions. Mark Graber made the motion to accept these recommendations and Chuck Wadle seconded.

XIII. Newly Released Generic Drugs, Dosage Forms/Strengths/Combinations (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. These drugs will all be non-preferred with conditions: armodafinil, clindamycin phosphate-tretinoin, Jentadueto XR, Lazanda, Onzetra Xsail, Spritam, Xtampza ER, and Zembrace. A non-preferred status will be given to the following: dofetilide, ethacrynic acid, Afstyla, Byvalson, Emverm, Qbrelis, and Vonvendi. Hydroxyprogesterone caproate will be recommended with conditions, and Viekira XR will be preferred with conditions. Bruce Alexander motioned to accept the above recommendations. Carole Frier seconded simultaneously, and all members were in favor.

A motion was made by Mark Graber to adjourn the meeting. Bruce Alexander seconded, all in attendance approved. The meeting adjourned at 1:36 p.m. The next scheduled meeting is tentatively set for April 20, 2017.