Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: April 19, 2018

Chairperson: Mark Graber, M.D.

Time: 9:30 a.m. to 11:47 a.m.

Location: Iowa Medicaid Enterprise, Des Moines, Iowa

Committee Members Present: Mark Graber, M.D.; Charles Wadle, D.O.; Carole Frier, D.O.; Bruce Alexander, Pharm.D.; Jolene Kelly, PA-C; Heidi Price-Eastman, R.Ph.; Kevin de Regnier, D.O.; Holly Randleman, Pharm.D.; and Kellen Ludvigson, Pharm.D.

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

Iowa Medicaid Enterprise (IME) Staff Present: David Smith, M.D.; Steve Liles, Pharm.D.; Jacquelyn Hedlund, MD., MS; Erin Halverson, R.Ph.; Gina Kuebler, R.Ph.; and Pam Smith, R.Ph.

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

Chairperson Mark Graber called the meeting to order.

I. Mark Graber asked that each committee, DHS, and IME staff member introduce themselves to the public. The November 16, 2017, open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes, and Chuck Wadle seconded. The motion passed with no objections.

II. Updated By-Laws: Committee members were provided two versions of updated by-laws, one which incorporated the changes that Kevin de Regnier had suggested at the November meeting (full details in the meeting minutes), and one from the DHS. After one final suggested change referencing the Iowa Code 21.5 on page 3, Kevin de Regnier motioned to accept the version created by the legal department. Chuck Wadle seconded, and all members were in favor.

III. PDL and Drug Rebate Issues (Dr. Liles): There were no updates to report.

IV. PA Criteria/Pro-DUR Edits (Dr. Parker): Informational Letter 1860-MC-FFS listed changes to the Preferred Drug List (PDL), new ProDUR quantity limits, Tramadol age edit, and morphine milligram equivalents (MME) edit, as well as new prior authorization (PA) criteria for Dupixent. Informational Letter 1891-MC-FFS listed criteria for the age edit override for codeine or Tramadol products, along with new/changing prior authorization (PA) criteria for: Biologicals for Ankylosing Spondylitis, Biologicals for Arthritis, Biologicals for Inflammatory Bowel Disease, Biologicals for Plaque Psoriasis, Buprenorphine/Naloxone, Immunomodulators – Topical, Kalydeco, Lidocaine Patch, Entresto, and Topical Acne and Rosacea Products. Informational Letter 1894-MC-FFS described changes to blood glucose monitor billing. Additionally, providers received two faxed notifications regarding PDL status changes. The

committee also received copies of the letters sent to the Department of Human Services from the DUR Commission after their December and February meetings, which included recommended criteria as listed above, in addition to the removal of criteria for: Angiotensin Receptor Blocker before ACE Inhibitor; Smoking Cessation Therapy, Oral; and Nicotine Replacement Therapy. With the removal of PA criteria, the DUR Commission also recommended a ProDUR edit limiting 24 weeks of total treatment within a 12-month period for all covered tobacco cessation medications.

V. Legislation (Dr. Parker): There is nothing notable to report as of yet, but the legislature is still in session.

VI. IME Updates: A cost of dispensing survey is currently in progress (with a due date of April 13th and any resulting changes implemented in August of 2018), along with the semi-annual rebase of Average Acquisition Cost (AAC) that has a due date of April 30th for analysis and review and approximate implementation in July.

VII. Public Comment: The public speakers were:

Name	**Representing**	**Drug/Topic**
Paul V. Amato, Pharm.D.	ViiV Healthcare	Juluca
Amy Aikins	Little Hercules Foundation	Emflaza
Jennifer Shumsky	Little Hercules Foundation	Emflaza
Ryan Flugge, Pharm.D.	Novo Nordisk	Ozempic and Fiasp
Megan Kerrigan	Merck	Prevymis and Steglatro
Sarah Johnson	Melinta Therapeutics	Baxdela

At 10:10, motion to go to closed session was made by Jolene Kelly and seconded by Kevin de Regnier. The motion passed with unanimous approval. Open session resumed at 11:15.

VIII. PDL Discussion and Deliberation (Dr. Hedlund): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Xyntha to Preferred, Aristada to Preferred Step 2, Victoza to Preferred with Conditions (due to a label update regarding cardiovascular outcomes), Restasis unit dose to Preferred after a step through a preferred artificial tear product (POS lookback applied), Concerta to Preferred with Conditions and methylphenidate extended release tablets to Non-Preferred with Conditions, methylphenidate er capsules (cd) to Preferred with Conditions, methylphenidate er tablets (generic Ritalin SR) to Preferred with Conditions, clonidine er to Non-Preferred with Conditions, and guanfacine er to Preferred without Conditions. Heidi Price-Eastman motioned to accept the recommendations above, excluding the one for Victoza, and Chuck Wadle seconded. The decision was unanimous. Heidi Price-Eastman then motioned to accept the recommendation for Victoza. Kellen Ludvigson seconded, and Kevin de Regnier abstained. All other members were in favor.

IX. RDL Discussion and Deliberation (Dr. Hedlund): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Reyataz to Preferred, Lexiva to Preferred, Sustiva to Preferred, and Viread to Non-

Preferred. Bruce Alexander motioned to accept these recommendations, and Kevin de Regnier seconded. All members were in favor.

X. Newly Released Drugs (Dr. Hedlund): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Dr. Hedlund reviewed the new drugs, and the recommendations were as follows: Baxdela, Non-Preferred; Benznidazole, Preferred with age edit; Biktarvy, Preferred; Calquence, Non-Recommended with Conditions; Emflaza, Non-Preferred with Conditions; Hemlibra, Preferred with prior authorization (only for patients with inhibitors); Nerlynx, Non-Recommended with Conditions; Ozempic, Non-Preferred with Conditions; Prevymis, Non-Preferred (with a referral to the DUR Commission for development of PA criteria); Rebinyn, Non-Preferred; Solosec, Non-Preferred; Steglatro, Non-Preferred with Conditions; Symproic, Non-Preferred with Conditions; Verzenio, Recommended with Conditions; and Vyzulta, Non-Preferred. Chuck Wadle motioned to accept the recommendations above, excluding the ones for Ozempic and Rebinyn, and Carole Frier seconded. The decision was unanimous. Holly Randleman then motioned to accept the recommendations for Ozempic and Rebinyn. Chuck Wadle seconded, and Kevin de Regnier abstained. All other members were in favor.

XI. Newly Released Generic Drugs and New Drug Dosage Forms/Strengths/Combinations (Dr. Hedlund): All following recommendations were made to maximize cost savings to the program unless otherwise noted. The following were all recommended to be Non-Preferred: atazanavir, efavirenz, estradiol vaginal cream, fosamprenavir, glatiramer, paroxetine mesylate, sodium phenylbutyrate, timolol maleate ophthalmic solution (once-daily), trientine, trimipramine, Admelog, CaroSpir, Clenpiq, Duzallo, Endari, Fiasp, Isentress HD, Juluca, Nityr, Purixan, Qvar RediHaler, Syndros, and Trelegy Ellipta. The following were all recommended to be Non-Preferred with Conditions: carvedilol er, dapsone gel, metoclopramide odt, sumatriptan-naproxen, Admelog SoloStar, Bydureon BCise, Fiasp FlexTouch, methylphenidate er 72mg tablets, Qtern, Segluromet, Steglujan, Tracleer Soluble Tablet, and Ximino. Moxifloxacin ophthalmic solution and tenofovir were both recommended to be Preferred. Kellen Ludvigson motioned to accept the recommendations above, excluding the ones for Bydureon BCise, Fiasp, and Fiasp FlexTouch, and Holly Randleman seconded. The decision was unanimous. Carole Frier then motioned to accept the recommendations for Bydureon BCise, Fiasp, and Fiasp FlexTouch. Jolene Kelly seconded, and Kevin de Regnier abstained. All other members were in favor.

XII. Additional Committee Business: Kevin de Regnier would like to discuss the role that evidence-based guidelines and emerging scientific clinical data should play in decision making. The other committee members agreed it could be added to the next meeting agenda.

A motion was made by Kevin de Regnier to adjourn the meeting. It was seconded by Heidi Price-Eastman, and all in attendance approved. The meeting adjourned at 11:47 a.m. The next scheduled meeting is tentatively set for August 16, 2018.