Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: November 15, 2018

Chairperson: Charles Wadle, D.O.

Time: 9:29 a.m. to 1:10 p.m.

Location: Capitol Room 116, Des Moines, Iowa

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

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 Kuebler, R.Ph.; David Smith, M.D.; and Melissa Biddle.

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

Vice-Chairperson Chuck Wadle called the meeting to order.

I. Chuck Wadle asked that each committee, DHS, and IME staff member introduce themselves to the public. The August 16, 2018, open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes, and Holly Randleman seconded. Kellen Ludvigson abstained as he had been absent. The motion passed with no objections.

II. PDL and Drug Rebate Issues (Dr. Liles): The Federal government is discussing eliminating the cap on drug rebates that was implemented with the Affordable Care Act, potentially increasing savings for the state with resulting increased rebates more than 100% of the cost of the drugs.

III. PA Criteria/Pro-DUR Edits (Dr. Parker): Informational Letter 1943-MC-FFS listed changes to the Preferred Drug List (PDL), new ProDUR quantity limits, and updated prior authorization (PA) criteria for: Prevymis, Vesicular Monoamine Transporter (VMAT) 2 Inhibitors, Otezla, Biologicals for Arthritis, Chronic Pain Syndromes, CNS Stimulants and Atomoxetine, Janus Kinase Inhibitors, and Methotrexate Injection. Informational Letter 1907-MC-FFS notified providers that all manufacturers/labelers were required to provide an updated National Drug Rebate Agreement to CMS by September 30, 2018 in order to continue Medicaid coverage of their products. Informational Letter 1959-MC-FFS explained the increase to the dispensing fee, from $10.02 to $10.07, effective November 1, 2018. Additionally, providers received a faxed notification regarding PDL status changes for generic linezolid tablets and generic tobramycin nebulization solution. The committee also received copies of the letter sent to the Department of Human Services from the DUR Commission after their November meeting, which included recommended criteria for: Multiple Sclerosis Agents, Janus Kinase Inhibitors, and CGRP Inhibitors.

IV. Legislation (Dr. Parker): There is nothing notable to report.

V. IME Updates: There is nothing notable to report.

VI. Public Comment: The public speakers were:

Name	Representing	Drug/Topic
Erin Conley	Amgen	Aimovig and Repatha
Tyrone McBayne	Shire	Advate, Takhzyro, Adynovate
Jeff Kopesky	Sanofi/Genzyme	Rare Diseases, Cerdelga
Thomas Carattini	Sanofi/Genzyme	Kevzara and Dupixent
Michael Nelson	Sunovion	Latuda and Aptiom
Jennifer Stoffel	Janssen	Symtuza
Josh Bishop	Allergan	Vraylar
Zachary Rideman	United Therapeutics	Orenitram
Nikki Moon	AbbVie	Orilissa
Gia McLean	Celgene	Otezla
Maggie Murphy	Teva	Ajovy
Christy Skibicki	Indivior	Suboxone Film
Leslie Lundt	Neurocrine Biosciences	Ingrezza
Porscha Showers	Eli Lilly	Olumiant
Ryan Flugge	Novo Nordisk	Fiasp, Ozempic, Tresiba
Rob Hanson	Pfizer	Xeljanz
Jim Baumann	Pfizer	Elidel, Eucrisa
Catherine Blomgren	IA Dermatology Clinic	Eucrisa

At 10:58, a motion to go to closed session was made by Holly Randleman and passed with unanimous approval via roll call vote. Open session resumed at 12:21.

VII. Therapeutic Class Review – Antimigraine Agents: Dr. Barkin provided a brief summary of the drug class review that had been sent to the committee members for review prior to the meeting (that can be found in its entirety on the P&T November meeting page at iowamedicaidpdl.com).

VIII. PDL Discussion and Deliberation (Dr. Barkin, Voting Block 1): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Bethkis to Non-Preferred, Kitabis Pak to Non-Preferred, Combivent Respimat to Non-Preferred, ProAir Respiclick to Preferred, Flovent Diskus to Preferred, Asmanex to Preferred, Diastat rectal gel to Non-Preferred, diazepam rectal gel to Preferred, Tegretol tablets to Non-Preferred (grandfather existing users with seizure diagnosis), lamotrigine kits to Non-Preferred, Kogenate FS and Kogenate FS Bio-Set to Non-Preferred, Recombinate to Preferred, Advate to Preferred, Praluent to Preferred with Conditions, Zyprexa Relprevv to Preferred Step 2, Entresto to Preferred with Conditions, Lupron Depot-Ped syringe kit to Non-Preferred with Conditions, Fiasp to Preferred, Fiasp FlexTouch to Preferred, Tresiba FlexTouch to Preferred, Ozempic to Preferred with Conditions, Depo-SubQ Provera 104 to Preferred, Synarel to Preferred, Combipatch to Preferred, Angeliq to Preferred, Climara Pro to Preferred, and estradiol weekly patch to Non-Preferred. Bruce Alexander motioned to accept the recommendations above, and Jolene Kelly seconded. The decision was unanimous.

IX. PDL Discussion and Deliberation (Dr. Barkin, Voting Block 2): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Vivelle-Dot to Non-Preferred; Menest to Non-Preferred; Golytely Powder Pack to Non-Preferred; Delzicol to Preferred; Suprep to Preferred; Amitiza to Preferred with Conditions; Viberzi to Preferred with Conditions; Zepatier to Non-Preferred with Conditions; Haegarda to Preferred with confirmation of diagnosis; Firazyr to Preferred with confirmation of diagnosis; Zemplar capsules to Preferred; Tecfidera to Preferred with Conditions; Aubagio to Preferred with Conditions; Ampyra to Preferred with Conditions; buprenorphine-naloxone sl tablets to Preferred with Conditions; Suboxone to Non-Preferred with Conditions; Kadian 20mg, 30mg, 50mg, 60mg, 80mg, 100mg & 200mg to Non-Preferred with Conditions; Austedo to Preferred with Conditions; tetrabenazine to Preferred with Conditions; Ingrezza to Non-Preferred with Conditions; Pennsaid to Preferred; Voltaren Gel to Preferred; Durezol to Non-Preferred; FML Forte to Preferred; Lotemax to Non-Preferred; Blephamide ophthalmic suspension to Non-Preferred; Blephamide S.O.P. to Non-Preferred; neomycin-bacitracin-poly-hc ophthalmic ointment to Preferred; Azopt to Non-Preferred; Moxeza to Non-Preferred; Brilinta to Preferred; midazolam injection to Preferred; methylphenidate er capsules (cd) to Non-Preferred with Conditions; methylphenidate er capsules (la) to Non-Preferred with Conditions; Elidel to Preferred with Conditions; Protopic to Preferred with Conditions; Sklice to Preferred; Triveen-Duo DHA to Preferred; Complete Natal DHA to Preferred; Preplus tablet to Preferred; Niva-plus tablet to Preferred; Pretab tablet to Preferred; PNV 29-1 tablet to Preferred; Virt-Nate tablet to Preferred; Vol-tab RX tablet to Preferred; Thrivite RX tablet to Preferred; and Completenate tablet to Preferred. Kellen Ludvigson motioned to accept the recommendations above, and Bruce Alexander seconded. The decision was unanimous.

X. RDL Discussion and Deliberation (Dr. Barkin): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Prezcobix to Preferred, lopinavir-ritonavir oral solution to Non-Preferred, Odefsey to Preferred, Reyataz to Non-Preferred, atazanavir to Preferred, Lexiva to Non-Preferred, Viracept tablets to Non-Recommended, and stavudine capsules to Non-Preferred. Carole Frier motioned to accept these recommendations, and Heidi Price-Eastman seconded. All members were in favor. Additionally, the following were all recommended to be removed from coverage under the pharmacy benefit, as they are intended to be administered in a healthcare/office setting (coverage and billing is available through the medical benefit): Busulfex, Cisplatin, bleomycin sulfate, doxorubicin hcl, Doxil, Vidaza, cytarabine, fluorouracil (injectable only), gemcitabine hcl, Gemzar, Arranon, Alimta, Folotyn, Avastin, Erbitux, Herceptin, dexrazoxane, Zinecard, ifosfamide & mesna, Faslodex, Proleukin, Istodax, Intron-A, Taxotere, paclitaxel, Abraxane, vincristine sulfate, vinblastine sulfate, Navelbine, vinorelbine tartrate, Gliadel Wafer, Velcade, Camptosar, irinotecan hcl, amifostine crystalline, Mesna, and Mesnex. Heidi Price-Eastman motioned to accept these recommendations, and Holly Randleman seconded. All members were in favor.

XI. Newly Released Drugs (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Dr. Barkin reviewed the new drugs, and the recommendations were as follows: Aimovig, Non-Preferred with Conditions; Ajovy, Non-Preferred with Conditions; Lokelma, Non-Preferred with Conditions; Mircera, Non-Preferred with Conditions; Mulpleta, Non-Preferred with Conditions; Olumiant, Non-Preferred with

Conditions; Orilissa, Non-Preferred; Pifeltro, Non-Recommended; Ruconest, Preferred with confirmation of diagnosis; Takhzyro, Non-Preferred; and Tavalisse, Non-Preferred with Conditions. Carole Frier motioned to accept the recommendations above, and Jolene Kelly seconded. The decision was unanimous.

XII. Newly Released Generic Drugs (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. The following were all recommended to be Non-Preferred: crotan, dexamethasone therapy pack, dorzolamide/timolol pf, imiquimod 3.75%, and luliconazole. Dalfampridine er and tadalafil were both recommended to be Non-Preferred with Conditions. Kellen Ludvigson motioned to accept the recommendations above, and Carole Frier seconded. All other members were in favor.

XIII. New Drug Dosage Forms/Strengths/Combinations (Dr. Barkin): All following recommendations were made to maximize cost savings to the program unless otherwise noted. The following were all recommended to be Non-Preferred: Delstrigo, Otovel, Plenvu, Siklos, and Symtuza. The following were all recommended to be Non-Preferred with Conditions: adapalene solution, Adzenys ER Oral Suspension, Fulphila, Kapspargo, Noctiva Nasal Emulsion, Plixda Pads 0.1%, and RoxyBond. Symfi was recommended to be Preferred, and Perseris Preferred Step 2. Heidi Price-Eastman motioned to accept the recommendations above, and Holly Randleman seconded. All other members were in favor.

A motion was made by Kellen Ludvigson to adjourn the meeting. It was seconded by Carole Frier, and all in attendance approved. The meeting adjourned at 1:10 p.m. The next scheduled meeting is tentatively set for April 18, 2019.