Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: August 15, 2019

Chairperson: Mark Graber, M.D.

Time: 9:31 a.m. to 11:03 a.m.

Location: Capitol Room 116, Des Moines, Iowa

Committee Members Present: Mark Graber, M.D.; Charles Wadle, D.O.; Carole Frier, D.O.; 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: Steve Liles, Pharm.D.; Jacquelyn Hedlund, MD., MS; Erin Halverson, R.Ph.; Gina Kuebler, R.Ph.; and Melissa Biddle.

Managed Care Organization (MCO) Staff Present: Sandy Pranger, Amerigroup Iowa; Stacie Maass, Iowa Total Care.

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 April 18, 2019, open session minutes were reviewed. Carole Frier made the motion to approve the minutes, and Kevin de Regnier seconded. The motion passed with no objections.

II. Committee Elections: Kellen Ludvigson motioned to retain Mark Graber as chairperson, and Chuck Wadle as vice-chairperson. Heidi Price-Eastman seconded, and all members in attendance were in favor. Committee members were asked to complete their annual conflict of interest and confidentiality forms if they had not already done so. Kevin de Regnier's form disclosed that he was on the speaker's bureau for Novo Nordisk.

III. PDL and Drug Rebate Issues (Dr. Liles): The recent annual SSDC 12-state pool meeting reviewed supplemental rebate offers that will be presented to the P&T committee at the November meeting. There is currently legislation sitting in the U.S. Senate that relates to Medicaid drug rebates, one component of which raises the cap on manufacturer rebate increases from 100% of their average manufactured price to 125%. There is also some specific legislative language around outcomes-based contracting for curative gene therapies, wherein state Medicaid agencies could execute a contract with the manufacturers of those drugs that would permit the state to pay, or not pay, based on agreed upon outcomes measures. The legislation also addresses the state P&T and DUR committees, especially involving transparency and conflict of interest disclosure.

IV. PA Criteria/Pro-DUR Edits (Dr. Parker): Informational Letter 2013-MC-FFS listed changes to the Preferred Drug List (PDL) and new ProDUR quantity limits, as well as new prior authorization

(PA) criteria for Noctiva, along with changes to the PA criteria for: Hematopoietics/Chronic ITP, Kalydeco, Oral Constipation Agents, and Orkambi. Informational Letter 2019-MC-FFS notified providers of changes to the PA criteria for: buprenorphine/naloxone, Hepatitis C Treatments, Long-Acting Opioids, Short-Acting Opioids, and Xyrem. The committee also received copies of the letters sent to the Department of Human Services from the DUR Commission after their May and August meetings, which included ProDUR recommendations for concurrent use of opioids and benzodiazepines, concurrent use of opioids and antipsychotics, and an initial seven-day opioid supply limit, as well as recommended criteria for: Benzodiazepines, Lupron Depot, Dupixent, Epidiolex, and Growth Hormone, in addition to those already listed above.

V. Legislation (Dr. Parker): House File 623 removed prior authorization requirements for Medication Assisted Treatment (MAT); DHS is currently in the process of creating rules to implement this, to be effective February 1, 2020.

VI. IME Updates: There was nothing notable to report.

VII. Public Comment: The public speakers were:

Name	**Representing**	**Drug/Topic**
Paul Amato	ViiV Healthcare	Dovato
Vesta Valuckaite	Bayer	Vitrakvi
Nancy Bell	Pfizer	Vyndaqel
Holly Budlong	Abbvie	Skyrizi
Ryan Flugge	Novo Nordisk	Tresiba and Victoza

At 10:06, motion to go to closed session was made by Chuck Wadle and seconded by Kevin de Regnier. The motion passed with unanimous approval. Open session resumed at 10:47.

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: Hizentra to Preferred, and Cuvitru to Preferred. Kevin de Regnier motioned to accept the recommendations above, and Kellen Ludvigson seconded. The decision was unanimous.

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: Tarceva to Preferred with Conditions. Jolene Kelly motioned to accept the recommendations above, and Chuck Wadle seconded. The decision was unanimous.

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: Balversa, Non-Recommended with Conditions; Firdapse, Non-Preferred; Inbrija, Preferred; Mavenclad, Non-Preferred with DUR Referral; Mayzent, Non-Preferred with DUR Referral; Motegrity, Non-Preferred with Conditions; Osphena, Non-Preferred with DUR Referral; Skyrizi, Non-Preferred with Conditions; Valchlor, Non-Preferred; Vitrakvi, Non-Recommended with Conditions; and Vyndaqel, Non-Preferred. Chuck Wadle motioned to accept the recommendations above, and Heidi Price-Eastman seconded. The decision was unanimous.

XI. Newly Released Generic Drugs/Biosimilars (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: albuterol hfa, aliskiren, insulin lispro vial, loteprednol, mesalamine dr cap, penicillamine, and solifenacin. The following were all recommended to be Non-Preferred with Conditions: ambrisentan, bosentan, buprenorphine/ naloxone sl film, deferasirox, diclofenac epolamine, erlotinib, insulin lispro pen, treprostinil, and Udenyca. Ranolazine was recommended to be Preferred. Before any motions, Mark Graber asked Kevin de Regnier to confirm that he would abstain on two of the listed drugs (as he had mentioned them earlier due to a mix-up with agenda item numbers). Kevin de Regnier responded that he would ask to remove insulin lispro vial and pen from consideration as he had a conflict of interest with those. Subsequently, Heidi Price-Eastman motioned to accept all recommendations, and Kellen Ludvigson seconded. Kevin de Regnier abstained from voting on insulin lispro vial and pen. All others were in favor of all recommendations.

XII. New Drug Dosage Forms/Strengths/Combinations (Dr. Hedlund): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Recommendations were as follows: Arikayce, Non-Preferred; Cutaquig, Preferred; Dovato, Non-Preferred; Duobrii, Non-Preferred with Conditions; Herceptin Hylecta, Non-Recommended with Conditions; Inveltys, Non-Preferred; Qmiiz ODT, Non-Preferred with Conditions; Rocklatan, Preferred; Sympazan, Non-Preferred with Conditions; and Tresiba Vial, Preferred. Carole Frier motioned to accept the recommendations above, and Kellen Ludvigson seconded. Kevin de Regnier abstained on Tresiba Vial as he had a conflict of interest, but all others were in favor of all recommendations.

XIII. Additional business: Carole Frier requested that all the drugs not self-administered discussed at this meeting be brought back for review in November, to discuss whether they should be allowed to remain payable through the pharmacy benefit and to ensure coverage through the Medical benefit.

A motion was made by Kevin de Regnier to adjourn the meeting. It was seconded by Jolene Kelly, and all in attendance approved. The meeting adjourned at 11: 03 a.m. The next scheduled meeting is tentatively set for November 21, 2019.