Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: August 20, 2020

Chairperson: Mark Graber, M.D.
Erin Halverson, IME staff, assisted in running the meeting with the Chairperson due to the virtual format.

Time: 9:30 a.m. to 12:34 p.m.

Location: WebEx Teleconference (due to COVID-19)

Committee Members Present: Mark Graber, M.D.; Charles Wadle, D.O.; Carole Frier, D.O.; Heidi Price-Eastman, R.Ph.; Kevin de Regnier, D.O.; Bruce Alexander, 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.; Pam Smith, R.Ph.; and Melissa Biddle.

Managed Care Organization (MCO) Staff Present: Lisa Todd, Amerigroup Iowa; Emily Rogers, Iowa Total Care.

Erin Halverson called the meeting to order.

I. Erin Halverson asked that each committee member introduce themselves to the public. She then introduced the DHS and IME staff also in attendance. The November 21, 2019, open session minutes were reviewed. Kevin de Regnier made the motion to approve the minutes, and Bruce Alexander seconded. The motion passed with no objections.

II. Committee Elections: Bruce Alexander motioned to retain Mark Graber as chairperson and Chuck Wadle as vice-chairperson, 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. He also announced that during the meeting.

III. PDL and Drug Rebate Issues (Dr. Liles): November's meeting will be the annual PDL review, with relatively few changes anticipated for next year. There were no issues to report.

IV. PA Criteria/Pro-DUR Edits (Dr. Parker): Susan Parker reviewed the informational letters that had been sent out since the last P&T Meeting in November 2019, all posted online at http://iowamedicaidpdl.com/informational_letters and http://iowamedicaidpos.com/latest_news. Providers received Informational Letter 2119-MC-FFS-CVD and Informational Letter 2123-MC-FFS-CVD in response to COVID-19 regarding PA extensions, copayment issues, early refills, signature guidelines, and audit suspension. Information regarding PDL and PA changes can be found on Informational Letters 2074 and 2140. Informational Letter 2158 deals with rules, which have been delayed due to the pandemic and the rules process being put on hold, that are in process regarding the dispensing fee allowance for maintenance drugs, quantity prescribed, and

medication assisted treatment regulations. Informational Letter 2153 provides instructions for allowing pharmacists to enroll as providers. Informational Letters 2095, 2109, and 2132 deal with billing changes and reimbursement issues.

V. Legislation (Dr. Liles): The SUPPORT Act passed by Congress includes a provision requiring state Medicaid programs to cover Medication Assisted Treatment (MAT) for opioid use disorder, including the behavioral therapy component as well as the medication component, effective October 1, 2020 for a five-year period. As a result, these drugs, when used as a component of MAT, will no longer be eligible for the national Medicaid drug rebate, because that rebate applies only to drugs covered under an optional prescription drug benefit. The impact in Iowa will not be as substantial as in many states, due to Iowa preferring buprenorphine-naloxone tablets on the PDL. It is possible that Congress will make a change in the language to address this issue in a bill passed before October, but they may not get that done in time. Susan Parker added that states were told CMS would be developing guidance on this, but that has not been sent out yet. Updates will be provided as they become available.

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

VII. Public Comment: As this meeting was purely virtual, only written public comment was accepted. The committee members reviewed the received comments, which are posted at: http://www.iowamedicaidpdl.com/public-comments. They were also forwarded manufacturer comments as they were received via email prior to the meeting.

At 9:53, motion to go to closed session was made by Kellen Ludvigson and seconded by Heidi Price-Eastman. The motion passed with unanimous roll call approval. Open session resumed at 11:14.

VIII. PDL Discussion and Deliberation (Erin Halverson): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Bruce Alexander motioned to accept the following recommendations: Nebupent to Non-Preferred; Nayzilam to Preferred; fluoxetine 40mg capsules to Preferred; Hemlibra to Preferred for all current indications; Mycobutin to Preferred; norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic Ortho Tri-Cyclen Lo) to Preferred; Estrostep FE to Non-Preferred and generic norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg to Preferred; and celecoxib to Preferred. Kevin de Regnier seconded, and all members were in favor. Then Kellen Ludvigson motioned to accept the following recommendations: Novolog vial to Preferred; Novolog Mix vial to Preferred; Humalog KwikPen U-100 to Preferred; Humalog Mix KwikPen to Preferred; Humalog Junior KwikPen to Preferred; and Humalog cartridge to Preferred. Bruce Alexander seconded. Kevin de Regnier abstained due to his conflict of interest as explained above, but all other members were in favor. Finally, Kevin de Regnier motioned to accept these remaining recommendations: Farxiga to Preferred due to updated American Diabetes Association (ADA) and American College of Cardiology (ACC) guidelines; Jardiance to Preferred due to updated ADA and ACC Guidelines; Synjardy to Preferred due to updated ADA and ACC guidelines; Canasa to Non-Preferred; mesalamine rectal suppository to Preferred; Sovaldi 200mg to Preferred with Conditions for patients 3 to 11 years of age and less than 35 kg; Harvoni 45mg-200mg to Preferred with Conditions for patients 3 to 11 years of age and less than 35kg; Orfadin 20mg capsule to Non-Preferred; Lokelma to Preferred with Conditions with referral to DUR for PA criteria review;

and Veltassa to Preferred with Conditions with referral to DUR for PA criteria review. Carole Frier seconded, and the decision was unanimous. As an informational follow up from the November meeting, these drugs are currently covered under the pharmacy benefit and include self-administration as an option in their respective package inserts: Hizentra, Cuvitru, Cutaquig, and Hyqvia. There is no recommendation for change, as they are recommended for subcutaneous administration.

IX. 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: Aklief, Non-Preferred with Conditions; Ayvakit, Non-Recommended with Conditions; Bevyxxa, Non-Preferred with Conditions; Brukinsa, Non-Recommended with Conditions; Caplyta, Non-Preferred Step 3; Dayvigo, Non-Preferred with Conditions; Isturisa, Non-Preferred; Koselugo, Non-Recommended with Conditions; Nexletol, Non-Preferred; Nourianz, Non-Preferred; Nurtec, Non-Preferred with Conditions; Oxbryta, Non-Preferred, Palforzia, Non-Preferred; Pemazyre, Non-Recommended with Conditions; Pretomanid, Non-Preferred; Reyvow, Non-Preferred with Conditions; Tabrecta, Non-Recommended with Conditions; Tazverik, Non-Recommended with Conditions; Trikafta, Non-Preferred with Conditions; Tukysa, Non-Recommended with Conditions; Ubrelvy, Non-Preferred with Conditions; Vumerity, Non-Preferred with Conditions; and Xenleta Tablets, Non-Preferred. Bruce Alexander motioned to accept the recommendations above, and Kevin de Regnier seconded. The decision was unanimous.

X. Newly Released Generic Drugs (Dr. Hedlund): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Kellen Ludvigson motioned to accept the recommendation that amphetamine er suspension, everolimus (generic Afinitor), and hydrocodone er caps be Non-Preferred with Conditions and all the following Non-Preferred: azelastine hcl/fluticasone propionate, budesonide/formoterol, bupropion xl 450mg, ciprofloxacin/fluocinolone otic, diazoxide, doxepin tabs, EluRyng, and everolimus (generic Zortress). Bruce Alexander seconded, and all members were in favor. Then Kellen Ludvigson motioned to accept the following recommendations: insulin aspart flexpen, Non-Preferred with Conditions; insulin aspart penfill, Non-Preferred with Conditions; insulin aspart vial, Non-Preferred; insulin aspart prot flexpen, Non-Preferred with Conditions; insulin aspart 70/30 vial, Non-Preferred; insulin lispro jr kwikpen, Non-Preferred with Conditions; and insulin lispro protamine & lispro sus pen, Non-Preferred with Conditions. Bruce Alexander seconded. Kevin de Regnier abstained due to his conflict of interest as explained above, but all other members were in favor. Finally, Kellen Ludvigson motioned to accept the remaining recommendations: ivermectin cream, levorphanol, methylphenidate cap er (xr), naproxen/esomeprazole, and posaconazole Non-Preferred with Conditions; moxifloxacin ophthalmic solution, nitisinone, pyrimethamine, and travoprost Non-Preferred; pentamidine, Preferred; and ziprasidone inj, Non-Preferred Step 3. Kevin de Regnier seconded, and the decision was unanimous.

XI. New Drug Dosage Forms/Strengths/Combinations/BioSimilars (Dr. Hedlund): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Rybelsus (Non-Preferred with Conditions) was voted on separately due to Kevin de Regnier's conflict of interest as explained above. Kellen Ludvigson made the motion to accept this recommendation, Heidi Price-Eastman seconded, and Kevin de Regnier abstained. All other members were in favor. Bruce Alexander motioned to accept all the remaining recommendations

as follows: Amzeeq, Arazlo, Drizalma, Harvoni Oral Packet, Jatenzo, Onzetra Xsail, Prolate, Sovaldi Oral Packet, Trijardy XR, Ziextenzo, and ZTlido, Non-Preferred with Conditions; Annovera, Bijuva, Bynfezia, Esperoct, Fasenra Auto-Injector, Gloperba, Gvoke, Nexlizet, ProAir Digihaler, Tramadol 100mg, Talicia, Teriparatide, and Zerviate, Non-Preferred; Secuado, Non-Preferred Step 3; Valtoco and Xembify, Preferred. Kellen Ludvigson seconded this motion, and the decision was unanimous.

XII. Public Comment Policy for Virtual Meetings and Conflict of Interest Disclosure for Public Comment: Bruce Alexander motioned to retained the requirement that public comment be received in written form when meetings were held virtually. Carole Frier seconded, and all members were in agreement. Kellen Ludvigson motioned that a conflict of interest form be completed for all public comments, whether provided in person or in writing. Kevin de Regnier seconded, and this was unanimous, as well. Bruce Alexander motioned to accept the updated public comment guidelines document, with Kevin de Regnier's additional wording modification, and Carole Frier seconded. All members were in favor. Susan Parker added that it was not the responsibility of the IME staff to follow up on anyone failing to submit conflict of interest forms, and reminded everyone to submit the comment and COI form at the same time to prevent any potential issues.

A motion was made by Kevin de Regnier to adjourn the meeting. It was seconded by Kellen Ludvigson, and all in attendance approved. The meeting adjourned at 12:34 p.m. The next scheduled meeting is tentatively set for November 19, 2020.