

Iowa Medicaid Pharmaceutical and Therapeutics Committee Minutes

Date: November 17, 2022

Chairperson: Mark Graber, M.D.

Erin Halverson, IME staff, assisted in running the meeting with the Chairperson due to the virtual format.

Time: 9:33 a.m. to 11:09 a.m.

Location: WebEx Teleconference (due to Federal PHE Declaration for the COVID-19 Pandemic)

Due to the current federal state of emergency, continually fluctuating numbers of coronavirus cases in various counties, the need for stability and pre-planning for the public, and due to increased workload of our members directly related to the COVID-19 pandemic, the Committee finds that it is impossible/impractical to meet in person for the November 17, 2022 meeting, and that it must be held electronically.

Committee Members Present: Mark Graber, M.D.; Abby Cate, Pharm.D.; Jason Kessler, M.D.; Tricia White, R.N.; and Rachel Reinsvold, Pharm.D. (Vacancies July 2021: 1 Physician, 1 Physician Assistant)

Iowa DHS Staff Present: Susan Parker, Pharm.D., Pharmacy Consultant; and Krissa Mason, Assistant Attorney General.

Iowa Medicaid Staff Present: Laureen Biczak, D.O.; Ryan Fell, Pharm.D.; 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; and Emily Rogers, Iowa Total Care.

Chairperson Mark Graber called the meeting to order.

- I. Mark Graber asked that each committee and DHS and IME staff member introduce themselves to the public. Rachel Reinsvold made the motion to approve the August minutes, and Abby Cate and Jason Kessler both seconded. The motion passed with no objections. There were no new verbal conflict of interest disclosures. Forms were sent out to the committee members so they could complete their annual disclosures.
- II. PDL Revision Notifications (Erin Halverson): The fax blasts sent to providers since the last P&T Meeting in August, to notify them of preferred drug list changes, were reviewed. There was only one this time, which stated lamotrigine quantity limits would be adjusted to accommodate dosing in pediatric patients, effective November 18, 2022.
- III. Drug Rebate Issues (Dr. Fell): A survey was put out by the Kaiser Family Foundation and sent to 49 state Medicaid Directors across the country. Results from it could provide some insights into what the net spend for 2023 will be, showing, in general, enrollment for Medicaid is expected to

decrease, net spend is expected to increase, and the state portion of that net spend is expected to increase. The main reason for these trends is thought to be the end of the Federal Public Health Emergency Declaration, though HHS has extended it for at least another 60 days. However, when it is allowed to expire, there will be a corresponding loss to the Federal Medical Assistance Percentage (FMAP). At the beginning of the pandemic, the Family First Crisis Response Act increased the FMAP percentage by 6.2% per state, but the original percentage will be reinstated after the PHE ends. Iowa's FMAP is on the higher side based on stats for the entire country, and may not experience as much of an impact due to PHE expiration as other states.

- 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 August, all posted online at http://iowamedicaidpdl.com/informational_letters and http://iowamedicaidpos.com/latest_news. Providers received Informational Letter 2370-MC-FFS related to PDL and prior authorization criteria changes that went into effect October 1, 2022, following the August P&T and DUR Meetings. The committee also received copies of the letter sent to the Department of Health and Human Services from the DUR Commission after their November meeting, which included recommendations for quantity limits for select drugs and prior authorization criteria recommendations for: Sedative/Hypnotics, Non-Benzodiazepine; Vericiguat (Verquvo); Maralixibat (Livmarli); Alpelisib (Vijoice); Mavacamten (Camzyos); Dupilumab (Dupixent); Viloxazine (Qelbree); and CNS Stimulants and Atomoxetine.
- V. Legislation (Dr. Parker): There were no updates.
- VI. IME Updates (Dr. Parker): There was nothing new 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.

Member Comments Received:
Winlevi

Provider Comments Received:
Vraylar

Manufacturer Comments Received:
Vraylar, Camzyos, Caplyta, Tyvaso, Empaveli, Adbry, Rybelsus, Ozempic, Amvuttra, Briviact, Fintepla, Nayzilam, Cosentyx, Kesimpta, Ajovy, Bonjesta, Pheburane, Siklos, Lybalvi, Nurtec ODT, Endari, Slynd, Quviviq, Tarpeyo, Esperoct, Rebinyn, Hemangeol, Carbaglu

At 9:44, Rachel Reinsvold motioned to go to closed session as authorized by Iowa Code Section 21.5(1)(a) of the Open Meetings Law to review or discuss economic records associated with the PDL which are required or authorized to be kept confidential. Abby Cate seconded, and the motion passed with unanimous roll call approval. Open session resumed at 10:20.

VIII. PDL Discussion and Deliberation (Erin Halverson): All subsequent recommendations (with numbering as provided on agenda attachment 3) were made to maximize cost savings to the program unless otherwise noted. There were three separate voting blocks due to the volume of recommendations.

1. Fluticasone / Salmeterol Aerosol Powder Breath Activated to Preferred.
2. Xolair Prefilled Syringe to Preferred with Conditions.
3. Theo-24 to Non-Preferred.
4. Vimpat Oral Solution to Non-Preferred (grandfather established users with seizure diagnosis).
5. Lacosamide Oral Solution to Preferred.
6. Rixubis to Preferred.
7. Ixinity to Preferred.
8. Idelvion to Non-Preferred (grandfather existing users).
9. Kogenate FS to Non-Preferred (grandfather existing users).
10. Esperoct to Non-Preferred (grandfather existing users).

Abby Cate motioned to accept the recommendations above, and Rachel Reinsvold seconded. The decision was unanimous.

11. Adynovate to Preferred.
12. Jivi to Preferred.
13. Paliperidone ER to Preferred Step 2.
14. Chlorpromazine tablets to Preferred.
15. Flavoxate to Non-Preferred.
16. Nebivolol to Preferred with Conditions.
17. Byetta to Non-Preferred with Conditions (grandfather existing users).
18. Ozempic to Preferred with Conditions.
19. Dermotic to Preferred.
20. Myfembree to Preferred with Conditions.

Jason Kessler motioned to accept the recommendations above, and Abby Cate seconded. The decision was unanimous.

21. Clenpiq to Preferred.
22. Suprep to Non-Preferred.
23. Moviprep to Preferred.
24. Clindamycin 300mg Capsules to Preferred.
25. Sumatriptan nasal spray to Preferred with Conditions.
26. Zolmitriptan nasal spray to Non-Preferred with Conditions.
27. Glatopa to Preferred.
28. Glatiramer to Preferred.
29. Rhopressa to Non-Preferred (grandfather existing users).
30. Rocklatan to Non-Preferred (grandfather existing users).
31. Qelbree to Preferred with Conditions.
32. Fluocinolone acetonide topical oil to Preferred.

Mark Graber recommended that Qelbree be removed from consideration, as the DUR Commission will be reviewing it. Rachel Reinsvold motioned to accept the recommendations above as amended, excluding Qelbree, and Abby Cate seconded. The decision was unanimous.

IX. RDL Discussion and Deliberation (Erin Halverson): All subsequent recommendations (with numbering as provided on agenda attachment 5) were made to maximize cost savings to the program unless otherwise noted.

1. Nexavar to Preferred with Conditions.
2. Descovy to Preferred.

Jason Kessler motioned to accept the recommendations above, and Rachel Reinsvold and Abby Cate both seconded. The decision was unanimous.

X. Newly Released Drugs (Dr. Biczak): All following recommendations (with numbering as provided on agenda attachment 6) were made to maximize cost savings to the program unless otherwise noted. Complete new drug monographs can be found on the November meeting page at http://iowamedicaidpdl.com/schedule_page/november-17-2022. Dr. Biczak reviewed the new drugs, and the recommendations were as follows:

1. Camzyos- Recommend status on the PDL as Non-Preferred with Conditions
2. Mounjaro- Recommend status on the PDL as Non-Preferred with Conditions
3. Quviviq- Recommend status on the PDL as Non-Preferred with Conditions
4. Vtama- Recommend status on the PDL as Non-Preferred
5. Winlevi- Recommend status on the PDL as Non-Preferred with Conditions

Mark Graber recommended that Winlevi be referred to the DUR Commission for development of PA criteria specific to Winlevi due to hypoadrenal suppression and no long-term data. Rachel Reinsvold motioned to accept the recommendations above as amended, including the DUR referral, and Abby Cate seconded. The decision was unanimous.

XI. Newly Released Generic Drugs (Erin Halverson): All following recommendations were made to maximize cost savings to the program unless otherwise noted.

Drug Name	PDL/RDL Recommendation
Dabigatran	Non-Preferred with Conditions
Fesoterodine	Non-Preferred
Methylphenidate TD Patch	Non-Preferred with Conditions
Sod Sulfate-Pot Sulf-Mg Sulf Oral Soln	Preferred
Sorafenib	Non-Preferred with Conditions
Vilazodone	Non-Preferred with Conditions

Abby Cate motioned to accept the recommendations above. Jason Kessler seconded, and all members were in favor.

XII. New Drug Dosage Forms/Strengths/Combinations/BioSimilar (Erin Halverson): All following recommendations were made to maximize cost savings to the program unless otherwise noted.

Drug Name	PDL/RDL Recommendation
Adlarity	Non-Preferred with Conditions
Aspruzo Sprinkle	Non-Preferred with Conditions
Dyanavel XR Chew Tab	Non-Preferred with Conditions
Tascenso ODT	Non-Preferred with Conditions

Abby Cate motioned to accept the recommendations above. Rachel Reinsvold seconded, and all members were in favor.

XIII. Covid Update Presentation (Dr. Biczak): A PowerPoint outlining current statistics, vaccines, variants, and treatments was presented.

A motion was made by Abby Cate to adjourn the meeting. It was seconded by both Jason Kessler and Rachel Reinsvold, and all in attendance approved. The meeting adjourned at 11:09 a.m. The next scheduled meeting is tentatively set for April 20, 2023.