Iowa Medicaid Pharmaceutical and Therapeutics Committee
Minutes

Date: April 18, 2019

Chairperson: Mark Graber, M.D.

Time: 9:32 a.m. to 12:08 p.m.

Location: Iowa Department for the Blind, 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: Steve Liles, Pharm.D.; Laureen Biczak, D.O.; Erin Halverson, R.Ph.; Gina Kuebler, R.Ph.; and Melissa Biddle.

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 15, 2018, open session minutes were reviewed. Bruce Alexander made the motion to approve the minutes, and Chuck Wadle seconded. The motion passed with no objections. Kevin de Regnier disclosed that he was on the speaker's bureau for Novo Nordisk. There were no other conflict of interest disclosure updates.

II. PDL and Drug Rebate Issues (Dr. Liles): 2020 supplemental offers have been solicited and will be reviewed and presented to the states within the next couple months in preparation for the annual PDL review in November. There have been some offers for categories not previously reviewed. The OIG has proposed a rule that would eliminate some safe harbor rebates from the Medicaid and Medicare managed care organizations. This would not really affect Iowa's current PDL process, as there is a single state-controlled PDL which controls what the MCOs have on their preferred drug list. It would, however, jeopardize commercial rebates that the MCOs are getting for Medicaid utilization outside of what is done on the preferred drug list. This could in turn end up increasing the state's cost, because the MCOs will want to renegotiate contracts when they have to pay more to provide the pharmacy benefit. The idea of the proposed rule, more specifically targeted to Medicare, is to take the rebates received by the MCOs and provide them instead to members at the point of sale. Steve Liles is working on looking at drug categories with potential rebates that could be at risk to get them pulled into the unified PDL to protect the rebates.

III. PA Criteria/Pro-DUR Edits (Dr. Parker): Informational Letter 1966-MC-FFS listed changes to the Preferred Drug List (PDL) and new ProDUR quantity limits, as well as new prior authorization (PA) criteria for: CGRP Inhibitors, Hepatitis C Treatments, Janus Kinase Inhibitors, and Multiple

Sclerosis Agents. Informational Letter 1972-MC-FFS notified providers that the morphine milligram equivalents (MME) per day limit was reduced from 200 MME per day to 150 MME per day effective March 1, 2019. Information Letter 2004-MC-FFS explained that the clinical PA for Nicotine Replacement Therapy and Oral Smoking Cessation Therapy would be removed effective May 1, 2019, and that quantity limits and ProDUR edits limiting 24 weeks of total treatment within a 12-month period for all covered tobacco cessation medications would be implemented. Additionally, providers received four faxed notifications regarding PDL status changes, and one regarding Point of Sale (POS) system maintenance. The committee also received a copy of the letter sent to the Department of Human Services from the DUR Commission after their February meeting, which included ProDUR recommendations for antipsychotics in adults and CNS Stimulants and atomoxetine in members less than 21 years of age, as well as recommended criteria for: Kalydeco, Orkambi, Hematopoietics/Chronic ITP, Elagolix, Oral Constipation Agents, and Noctiva.

IV. Legislation (Dr. Parker): More information should be available at the August meeting, but nothing is finalized yet as the legislature is still in session.

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

VI. Public Comment: The public speakers were:

Name	**Representing**	**Drug/Topic**
Jennifer Triemstra, MS, PhD	Greenwich Biosciences	Epidiolex
Jennifer Stoffel, PharmD	Janssen	Xarelto
Jeffrey Meteer, PhD	Dova Pharmaceuticals	Doptelet
Joseph Cirrincione, PharmD, MBA	Otsuka	Abilify MyCite
Porscha Showers, PharmD	Eli Lilly	Emgality
Torey Batts, PhD	Verastem	Copiktra
Ryan Flugge, Pharm.D.	Novo Nordisk	Tresiba Vial

At 10:20, motion to go to closed session was made by Chuck Wadle and seconded by Bruce Alexander. The motion passed with unanimous approval. Open session resumed at 11:09.

VII. PDL Discussion and Deliberation (Dr. Biczak): All subsequent recommendations were made to maximize cost savings to the program unless otherwise noted. Recommended changes are as follows: Ventolin HFA to Non-Preferred, Xarelto 2.5mg tablets to Non-Preferred, Farxiga to Non-Preferred with Conditions due to lack of effect on cardiovascular outcomes, Movantik to Preferred with Conditions, and Epclusa to Non-Preferred with Conditions. Chuck Wadle motioned to accept the recommendations above, and Jolene Kelly seconded. The decision was unanimous. Heidi Price-Eastman then motioned to also change Xigduo to Non-Preferred with Conditions. Carole Frier seconded, and all members were in favor. Additionally, the drugs listed below are 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): Nucala, Remicade, Inflectra, Exondys 51, Gablofen, Lioresal Intrathecal, Lidocaine 2% Gel. Carole Frier motioned to accept these drugs be removed from coverage, Kellen Ludvigson seconded, and all members agreed.

VIII. Newly Released Drugs (Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. Dr. Biczak reviewed the new drugs, and the recommendations were as follows: Braftovi, Non-Recommended with Conditions; Copiktra, Non-Recommended with Conditions; Daurismo, Non-Recommended with Conditions; Doptelet, Non-Preferred with Conditions; Emgality, Non-Preferred with Conditions; Epidiolex, Non-Preferred (with a referral to the DUR Commission for development of PA criteria); Galafold, Preferred with prior authorization; Krintafel, Preferred; Lorbrena, Non-Recommended with Conditions; Mektovi, Non-Recommended with Conditions; Qbrexza, Non-Preferred; Talzenna, Non-Recommended with Conditions; Tegsedi, Non-Preferred; Tibsovo, Recommended with Conditions; Vizimpro, Non-Recommended with Conditions; Xofluza, Non-Preferred; Xospata, Non-Recommended with Conditions; and Yupelri, Non-Preferred. Carole Frier motioned to accept the recommendations above, and both Chuck Wadle and Holly Randleman seconded. The decision was unanimous.

IX. Newly Released Generic Drugs/Biosimilars (Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. The following were all recommended to be Non-Preferred: albendazole, cinacalcet, mafenide acetate packet for topical solution, silodosin, and toremifene. The following were all recommended to be Non-Preferred with Conditions: amphetamine sulfate tablets, azelaic acid gel 15%, ledipasvir/sofosbuvir, miconazole-zinc oxide-white petrolatum ointment, nivestym, pimecrolimus, testosterone gel 1.62%, and zolpidem sl tablets. Abiraterone was recommended to be Non-Recommended with Conditions, clobazam Preferred, and sofosbuvir/velpatasvir Preferred with Conditions. Kellen Ludvigson motioned to accept the recommendations above, and Bruce Alexander and Kevin de Regnier both seconded. The decision was unanimous.

X. New Drug Dosage Forms/Strengths/Combinations (Dr. Biczak): All following recommendations were made to maximize cost savings to the program unless otherwise noted. The following were all recommended to be Non-Preferred: Cequa, D-penamine, Jivi, Tiglutik Oral Suspension, and Xelpros Emulsion. The following were all recommended to be Non-Preferred with Conditions: Altreno Lotion, Bryhali Lotion, Lexette Foam, Nocdurna, Promacta Powder, Tolsura, and Xyosted. Abilify MyCite was recommended to be Non-Preferred Step 3. Kevin de Regnier motioned to accept the recommendations above, and Jolene Kelly seconded. All other members were in favor.

A motion was made by Chuck Wadle to adjourn the meeting. It was seconded by Kellen Ludvigson, and all in attendance approved. The meeting adjourned at 12:08 p.m. The next scheduled meeting is tentatively set for August 15, 2019.