Tribal Comment #1:		
"ALL Direct Acting Antivirals (newer Hepatitis C drugs) are proposed to be removed from the PDL. These drugs are standard of therapy, and because they currently require prior authorization, they are already difficult for providers and pharmacists to prescribe and dispense to patients who need them. The Department should not erect additional barriers to access to these medically essential therapies. We think it is vital that there be at least one or two Direct Acting Antivirals on the PDL, including at least one to cover each Hep C genotype. This should be fairly easy, as several drugs cover all the genotypes."		
	Preferred Drug List (PDL, page 11)	The Direct Acting Antiviral Hepatitis C class is located on PDL under Group A "Hepatitis C Agents – DAA" of the proposed regulations. The preferred agent is Mavyret. Mavyret is FDA approved for all genotypes.

Tribal Comment #2:		
"Megestrol is used relatively commonly for appetite stimulation. We question why it would be removed from the PDL, as it is commonly prescribed for patients with AIDS wasting syndrome, cancer, anorexia, etc. We urge you to retain it on the PDL, or to add an alternative such as dronabinol to take its place."		
7 AAC 120.140(b)(2)		Generic Megestrol suspension is included as preferred on the proposed PDL under Group A "Progestins for Cachexia". Megace (brand name) is listed as non-preferred. Tribal pharmacies may exercise 7 AAC 120.140(b)(2) to dispense non-preferred agents.

Tribal Comment #3:		
"Lialdi, Delzicol, and other long acting mesalamine products are proposed to be removed from the PDL. Generic equivalents to these drugs are just now coming onto the market, but tribal pharmacies have not been able to reliably procure them. For this reason, we think it is essential that at least one brand-name long acting mesalamine product be kept on the PDL."		
7 AAC 120.140(b)(2)		Lialda and Delzicol are listed as non-preferred on the proposed PDL under Group A "Ulcerative Colitis". Generic Lialda (mesalamine) is included as preferred on the proposed PDL. Tribal pharmacies may exercise 7 AAC 120.140(b)(2) to dispense brand name Delzicol and Lialda.

Tribal Comment #4:
"Many opioids are proposed to be removed from the PDL and we support most of those changes. However, there are a few we believe should remain on the PDL: Oxycodone IR tablets (5mg), Morphine solution 20mg/5ml, and Oxycodone solution 5mg/5ml. These are all immediate-release products that are now encouraged by the CDC over long-acting products. Further, although all opioids are abusable, these are on the lower end of the abuse potential spectrum in the professional opinion of the tribal pharmacists we consulted. Finally, the liquid formulations of these drugs are often necessary for cancer patients or patients who cannot otherwise swallow tablets, and they should remain on the PDL for that reason."

	Pharmacy Billing Quick Reference	Short-acting opioids have not previously been on the PDL. Oxycodone IR tablets (continues to require prior authorization – no change), Morphine solution, Oxycodone solution (continues to require prior authorization – no change) are available for hospice and palliative care patients using pharmacy point-of-sale overrides (PATC = 2, Patient Residence = 11, respectively). Short-acting opioid combination products are available without prior authorization. http://manuals.medicaidalaska.com/docs/pharmacy.htm -> Documents -> *Pharmacy Billing Quick Reference.*

Tribal Comment #5:		
"Brand name Tamiflu (oseltamivir) tablets are also proposed for the removal from the PDL. Although Tamiflu is technically available as a generic product, the tribal pharmacists report that, in reality, it is never available from the manufacturer(s). While tribal health programs would gladly dispense generic oseltamivir to patients being treated for influenza, they can never actually procure it, so it is isn't available for dispensing. Unless and until that changes, this life-saving brand-name drug should remain on the PDL."		
7 AAC 120.140(b)(2)		Brand name Tamiflu (capsule) is listed as non-preferred on the proposed PDL under Group D "Antivirals, Oral". Generic Oseltamivir and brand name Tamiflu suspension are included as preferred on the proposed PDL. Tribal pharmacies may exercise 7 AAC 120.140(b)(2) to dispense brand name Tamiflu capsules.

Tribal Comment #6:		
"EpiPen, EpiPen JR, and the equivalent Auvi-Q products are all proposed by the Department to be removed from the PDL. Similar to Tamiflu, the generic Epinephrine Auto-Injector alternative is difficult-to-impossible to procure. Until that changes, the brand-name drugs should remain on the PDL.		
7 AAC 120.140(b)(2)		EpiPen is listed as non-preferred on the proposed PDL under Group C "Epinephrine, Self-Injected". Generic Epinephrine is included as preferred on the proposed PDL as the brand phases out. Tribal pharmacies may exercise 7 AAC 120.140(b)(2) to dispense EpiPen, EpiPenJr, and AuviQ.

Tribal Comment #7:
"In addition to these specific changes, we urge the Department to develop a process that would allow it to address the severe drug shortages that are plaguing all pharmacies in Alaska, and to quickly authorize coverage for non-PDL drugs when their generic equivalents are not readily available here. At a minimum, we urge the Department to override the PDL limitations for brand-name equivalent products that are on the FDA's or ASHP's drug shortage lists."

		The State currently allows date of service overrides through the Magellan Clinical Call Center in the event of drug shortages as outlined in the following published sources: FDA http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm ASHP http://www.ashp.org/drugshortages/current/ Pharmacies may contact Magellan at 800.331.4475 to request an override in such a circumstance.

Tribal Comment #8:		
"We also support the Department's proposal to exempt nicotine cessation and opioid reversal agents from the recipient cost-sharing requirements. Patients who are Alaska Native or American Indian are already exempt from Medicaid cost-sharing, but – especially in light of the opioid epidemic we face – we think it is imperative that financial barriers to these treatments be eliminated for all Medicaid recipients, Native and non-Native alike.		
		The Department appreciates the feedback and support for this effort.

Revision of Proposed Change		
		No revisions to proposed changes.