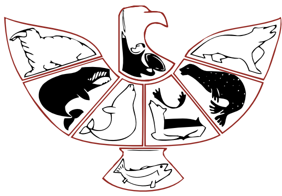

Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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March 26, 2018

Sent Via E-Mail: Courtney.king@Alaska.gov

Courtney O'Byrne King, MS
Medicaid State Plan Coordinator
Division of Health Care Services
Alaska Department of Health and Social Services
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Dear Ms. King:

Thank you for engaging us in tribal consultation on proposed future changes to the Alaska Medicaid State Plan that, among other things, would result in extensive changes to the Alaska Medicaid Preferred Drug Lists (PDL)[1]. Because there is no draft State Plan Amendment language available for our review at this time, our comments are informed by the Department's January 31, 2018 notice of proposed changes to the applicable regulations and the PDL, and by the review of those proposed changes by the lead pharmacists at the Alaska Tribal Health Consortium and Tanana Chiefs Conference. As we detail below, tribal pharmacists support many of the proposed changes, but they have identified several specific drugs and drug classes, marked by the Department for removal from the PDL, that should remain on the PDL because acceptable substitutes are not sufficiently available.

Alaska Native Health Board (ANHB) was established in 1968 with the purpose of promoting the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of tribal health programs that serve all of the 229 tribes and over 168,000 Alaska Natives and American Indians throughout the state. As the statewide tribal health advocacy organization, ANHB assists tribal partners, state and federal agencies with achieving effective communication and consultation with tribes and their tribal health programs.

Specifically, we ask that the Department retain the following drugs and classes of drugs on the updated PDL, for the reasons explained.

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[1] The Department has proposed approximately 1,200 changes to the PDL, with 700 proposed removals and 382 proposed additions.

- 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.

- 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.

- Lialda, 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

- 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.

- Brand name Tamiflu (oseltamivir) tablets are also proposed for 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 isn't available for dispensing. Unless and until that changes, this life-saving brand-name drug should remain on the PDL.

- 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.

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.

We also support the Department's proposal to exempt nicotine cessation and opioid reversal agents from recipient cost-sharing requirements. Our 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.

If it would be helpful to meet face-to-face to discuss these recommendations further, we would be more than happy to do so. We value our partnership with the State of Alaska and appreciate this opportunity to consult with you.

Sincerely,

Verné Boerner
President and CEO
Alaska Native Health Board

cc: Tribal Health Directors
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