Tanana Chiefs Conference

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March 26, 2018

Sent Via E-Mail: erin.narus@alaska.gov

Erin Narus
Pharmacy Program Manager
Division of Health Care Services
Alaska Department of Health and Social Services
4601 Business Park Blvd., Building K
Anchorage, AK 99503

Dear Ms. Narus:

I am the Chief/Chairman of Tanana Chiefs Conference, a consortium of 42 member tribes in interior Alaska, charged with advancing Tribal self-determination and enhancing regional Native unity. Our Mission is: provide a unified voice in advancing sovereign tribal governments through the promotion of physical and mental wellness, education, socioeconomic development, and culture of the Interior Alaska Native people. We serve more than 14,000 Alaska Natives in interior Alaska within our Traditional Ancestral lands that covers an area of 235,000 square miles in interior Alaska, encompassing 39 villages.

Thank you for the opportunity to comment on the proposed changes to Alaska Medicaid's Pharmacy program. The Department's proposal has been reviewed by our Director of Pharmacy, Daniel Nelson. Mr. Nelson is keenly familiar both with the needs of our patients and with the difficulties tribal programs have experienced in securing some of the medications they require. He has identified several drugs and drug classes, proposed by the Department to be removed from the Preferred Drug List (PDL), that in his professional opinion should be retained because acceptable alternatives do not exist or are not adequately available. On behalf of Tanana Chiefs Conference and the people we serve, I urge you to heed his concerns and make the changes he recommends.

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

- 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.

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- 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. 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 craft its State Plan and regulations in a way that will 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

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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,

Tanana Chiefs Conference

Victor Joseph
Chief/Chairman

cc: Dan Nelson, Director of Pharmacy, TCC, daniel.nelson@tananachiefs.org
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