December 9, 2014

Tami Eide, Pharm.D.
Idaho Medicaid Pharmacy Services
Pharmacy & Therapeutics Committee
3232 Elder Street
Boise, Idaho 83705

RE: November 14, 2014—Idaho Medicaid Preferred Drug List Recommendations

Dear Ms. Eide,

The National Hemophilia Foundation (NHF) is the nation's leading advocacy organization working to ensure that individuals affected by hemophilia and related bleeding disorders have timely access to high quality medical care and services, regardless of financial circumstances or place of residence. The Idaho Chapter of NHF is dedicated to improving the quality of life for Idaho residents with inherited bleeding disorders through education, peer support, resources, and referral. We are writing to express concerns on the proposed November Medicaid recommendations regarding the use of a preferred drug list (PDL) for the treatment of hemophilia and related bleeding disorders. Specifically, we believe that the suggested changes have the potential to significantly compromise timely access to care for beneficiaries.

We commend the state's continued efforts to help ensure that individuals with hemophilia and related bleeding disorders covered under Idaho Medicaid have timely access to a range of clotting factor therapies to treat their disorder, and for providing feedback to the community. These efforts clearly demonstrate Idaho Medicaid's commitment to improving the health and well-being of the bleeding disorder community. NHF also recognizes that hemophilia is a complex medical condition with typically higher related health care costs for both patients and payers. In addition, we are acutely aware that states need to balance budgets and are being forced to make difficult decisions on best to control costs. However, it is critical that the strategy utilized does not compromise continuity of care for those with hemophilia.

As you may recall, prior to the October 2014 Pharmacy & Therapeutics (P&T) Committee meeting this therapeutic class of drugs has been excluded from strategies typically employed to control costs, such as PDLs and step therapy edits. The proposed recommendations not only establish a PDL but also directly contradict NHF's Medical and Scientific Advisory Council (MASAC) recommended treatment of bleeding disorders. MASAC recommendation 159 *Regarding Factor Concentrate Prescriptions and Formulary Development and Restrictions* states that due to the nature of bleeding disorders, an individual's response and tolerability for a specific clotting factor therapy is unique. Moreover, due the nature of how clotting factor therapies are manufactured (i.e., recombinant or plasma-derived), they are neither pharmacologically nor therapeutically equivalent (see MASAC recommendation 226). For these

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reasons, it is recommended that individuals have access to the full range of available clotting factor products. Limiting access through the use of restrictive drug formularies, such as requiring prior authorization and PDL, negatively impacts patient care. We believe that the choice of therapy should be made by patients working with their physicians.

One alternative to establishing a PDL to control costs is to institute standards of services for pharmacy providers of clotting factor concentrates. NHF with MASAC's support have established a minimum set of standards of service for pharmacy providers to meet the specific needs of individuals with bleeding disorders (see MASAC recommendation 188). In fact, several states including Missouri and Illinois have had success in establishing standards of service for specialty pharmacy providers who dispense clotting factor to Medicaid beneficiaries These states have been able to cut costs while retaining access to more than one specialty pharmacy provider and access to the full range of FDA approved clotting factor therapies.

In previous conversations it was suggested that patients currently on a prescribed factor product would be considered "grandfathered" by Medicaid and as such would not be required to change therapies. However, this was not mentioned in the published summary recommendations nor was it discussed during the October P&T committee meeting. In addition, it was NHF's understanding that this therapeutic class would not be subject to step edits. But the note referenced in the November recommendations clearly states, "Non-preferred drugs require failure of 1, 2, or 3 preferred agents for prior authorization approval." We respectfully request that the agency clarify these policy decisions and provide written notification stating current beneficiaries are considered "grandfathered" and not subject to step edits thereby ensuring timely access to life-saving treatment is critical for people with bleeding disorders to avoid complications and unnecessary hospitalizations.

On behalf of individuals in the State of Idaho affected by bleeding disorders, we urge you to reconsider the current recommendations that establish a PDL and uses step edits and continue the practice of allowing patient access to all FDA-approved therapies available to treat hemophilia and related bleeding disorders. If you would like additional information or have questions, please feel free to contact Michelle Rice, Vice President, Public Policy and Stakeholder Relations at 317-517-3032 or via email at mrice@hemophilia.org. Thank you for your consideration of our request.

Sincerely,

Michelle Rice
Vice President, Public Policy and Stakeholder Relations
National Hemophilia Foundation

Taryn Yates
Executive Director
Idaho Chapter NHF