

Pharmaceutical and Therapeutics (P&T) Committee

P & T Committee Meeting April 17, 2025

Hybrid Meeting

Location: Grimes State Office Building Room B100 Time: 9:30 a.m. – 2:30 p.m.

400 E 14th Street Des Moines, IA 50319

Virtual Option: Zoom

https://urldefense.com/v3/ https://www.zoomgov.com/j/1602509562?pwd=gevIOuyTubxJf3jsgf5144k7WKWIJA.

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Meeting ID: 160 250 9562

Passcode: 162611

Tentative Agenda

- 1. Welcome & Introductions
 - a) Committee Members and Staff
- 2. Committee Business
 - a) Approval of the open session minutes
 - b) Annual P&T Committee Chairperson and Vice Chairperson Elections
 - c) Conflict of Interest Disclosure
- Update
 - a) Preferred Drug List (PDL) Reference Iowa Medicaid PDL Revision Notifications
 - b) Medicaid Drug Rebate Issues
 - c) Prior Authorization Criteria/Pro-DUR edits Reference Informational Letters and DUR Recommendations
 - d) Legislation
 - e) Iowa Medicaid Updates
- 4. Public Comment (See attachment 1 for Conflict of Interest Disclosure)
 - Verbal Must pre-register to provide verbal public comment and submit a completed conflict of interest disclosure. Must indicate if will be in-person or virtual testimony. Five (5) minute maximum limit.
 - Written Must submit written comments and a completed conflict of interest disclosure.
 - All submissions must be received no later than 4:00 p.m. CT April 9, 2025.
 - Send to <u>pba_iapdlinfo@optum.com</u>. Indicate in email if providing written or verbal comment.

- 5. Closed Executive Session Motion to go into closed session pursuant to Iowa Code section 21.5(1)(a), to review and discuss closed-session items which are required or authorized by federal law to be kept confidential.
 - a) Approval of the closed session minutes
 - b) Confidential Economic Review of the Iowa Medicaid PDL, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts
 - c) Review and discussion of the Confidential Public Comments

RETURN TO OPEN SESSION

PDL discussion and deliberation

(See attachment 2 for order of discussion)

- 7. Final Recommendations by the P & T Committee on the Iowa Medicaid PDL (Open Session)
- 8. Review of Newly Released Drugs

(See attachment 3 for order of discussion)

- Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
- Review of Newly Released Generic Drugs, Dosage Forms or Strengths (See attachment 4 for order of discussion)
- 11. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths (Open Session)
- 12. Staff Presentation
 - a) Hypoparathyroid treatment overview
- 13. Preview of next meeting
- 14. Adjournment
 - **Disclaimer: Closed Executive Sessions may be necessary during the deliberation process**

www.lowaMedicaidPDL.com

Next scheduled meeting: August 21, 2025 9:30am - 2:30pm For more information contact Erin Halverson at erin.halverson@hhs.iowa.gov or (515) 974-3126

$Iowa\ Medicaid\ Pharmaceutical\ and\ The rapeutics\ (P\&T)\ Committee$

Public Comment Conflict of Interest Disclosure

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and persons speaking or providing written comment to the Iowa Medicaid P&T Committee are asked to disclose to the Committee any financial or other affiliation with organizations that may have a direct or indirect interest in the business. Those persons providing public comment to the P&T Committee meetings are asked to disclose potential conflicts on this form. P&T Committee members disclose potential conflicts each year on a separate form.

A financial interest may include, but is not limited to, being a shareholder in the organization, being on retainer with the organization, having research or honoraria paid by the organization, or receiving other forms of remuneration from an organization. An affiliation may include holding a position on an advisory committee or some other role or benefit to a supporting organization.

The existence of such financial relationships or affiliation does not necessarily constitute a conflict of interest and will not preclude an individual from participating or addressing the P&T Committee. This policy is intended to openly identify any potential conflicts so that the P&T Committee members and the public are able to form their own judgments.

Please indicate type of public comment:

 Verbal Comment, presented in person (option only for hybrid meetings) Verbal Comment, presented virtually (option for hybrid and virtual meetings) Written Comment 			
Your responses below will be read with your written comment to the	d out loud before your verbal presentatio P&T Committee.	n or supplied	
	t (within the last 12 months) financial arrangementary a direct interest in the business before the		
interest in the business before th	iliation or am employed by an organization that the lowa Medicaid P&T Committee	may have a direct	
☐ I refuse to state my affiliation(s)		
Organization (List additional on the back of the form.)	Role/Relationship (List additional on the back of	the form.)	
	(print name)		
(signature)		(date)	

Attachment 2

Iowa Medicaid Preferred Drug List

Disclaimer: The Iowa P&T Committee reserves the right to re-evaluate all medications within the same therapeutic category as those on the agenda scheduled to be discussed for the PDL Review, New Drug Review, New Generic Drug Review, and New Dosage Forms Review and vote to change the PDL status of other medications currently on the PDL. It is the responsibility of the drug manufacturer to provide representation, if necessary, at the P&T Committee Meeting when a competitor's product is on the agenda for discussion.

The below changes are recommended to maximize cost savings to the program, unless otherwise noted:

- 1. Gvoke to Preferred
- 2. Linzess 72mcg to Preferred with Conditions

Attachment 3 Newly Released Drugs

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- 1. Alhemo- Recommend status on the PDL as Non-Preferred
- Alyftrek- Recommend status on the PDL as Non-Preferred with Conditions (Cystic Fibrosis Agents, Oral)
- 3. Aqneursa- Recommend status on the PDL as Non-Preferred
- 4. Cobenfy- Recommend status on the PDL as Non-Preferred Step 3; atypical antipsychotics step therapy requirements apply
- 5. Crenessity- Recommend status on the PDL as Non-Preferred
- 6. Duvyzat- Recommend status on the PDL as Non-Preferred with Conditions (DUR to develop PA criteria)
- 7. Hympavzi- Recommend status on the PDL as Non-Preferred
- 8. Miplyffa- Recommend status on the PDL as Non-Preferred
- 9. Yorvipath- Recommend status on the PDL as Non-Preferred
- 10. Zepbound- Recommend status on the PDL as Non-Preferred with Conditions (covered indication only: treatment of moderate to severe obstructive sleep apnea in adults with obesity); DUR currently developing PA criteria.

Attachment 4

Newly Released Generic Drugs, New Dosage Forms, New Drug Names, New Drug Strengths

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PDL. It is the responsibility of the drug manufacturer to provide representation, if necessary, at the P&T Committee Meeting when a competitor's product is on the agenda

for discussion.

NEWLY RELEASED GENERIC DRUGS			
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation	
	Spritam / Non-Preferred with		
Levetiracetam ODT	Conditions	Non-Preferred with Conditions	
Memantine-Donepezil			
ER Caps	Namzaric / Non-Preferred	Non-Preferred	
Mesna	Mesnex / Preferred	Non-Preferred	
Nimodipine Oral			
Solution	Nymalize / Non-Preferred	Non-Preferred	
	Motegrity / Non-Preferred with		
Prucalopride	Conditions	Non-Preferred with Conditions	
Timolol Hemihydrate			
Ophthalmic Soln	Betimol / Non-Preferred	Non-Preferred	

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS			
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation	
	Tasigna Caps / Recommended with		
Danziten Tabs	Conditions	Non-Preferred with Conditions	
Erzofri	Invega Sustenna / Preferred Step 2	Preferred Step 2	
	Norethindrone & EE Tabs 1mg-20mcg /		
Femlyv	Preferred	Non-Preferred	
Gabarone	Gabapentin Capsules / Preferred	Non-Preferred	
Hydrocortisone 2.5%	Hydrocortisone 2.5% Cream, Lotion,		
Solution	Ointment / Preferred	Non-Preferred with Conditions	
	Imatinib Tabs / Preferred with		
Imkeldi Oral Solution	Conditions	Non-Preferred with Conditions	
Neffy Nasal Spray	Epinephrine Auto-Injector / Preferred	Non-Preferred	
Opipza Oral Film	Aripiprazole Tabs / Preferred	Non-Preferred Step 3	
Potassium Chloride	Potassium Chloride Tab ER 8mEq,	Non-Preferred	
ER Tab 15 mEq	10mEq / Preferred		
Radicava Oral			
Suspension	Radicava Injection / Medical	Non-Preferred	
Roxybond	Oxycodone Tabs / Preferred	Non-Preferred with Conditions	
Tramadol 75mg Tabs	Tramadol 50mg Tabs / Preferred	Non-Preferred with Conditions	
Vyalev Subcutaneous			
Injection	Carbidopa-Levodopa Tabs / Preferred	Non-Preferred	
Zituvimet	Janumet / Preferred	Non-Preferred with Conditions	
Zituvimet XR	Janumet XR / Preferred	Non-Preferred with Conditions	