

Pharmaceutical and Therapeutics (P&T) Committee

P & T Committee Meeting April 18, 2024

Location: Grimes State Office Building Room B100 **Time:** 9:30 a.m. – 2:30 p.m.
400 E 14th Street
Des Moines, IA 50319
No Virtual Option

Final 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
 3. 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 I for Conflict of Interest Disclosure**)
 - Verbal - Must pre-register to provide verbal public comment and submit a completed conflict of interest disclosure. Five (5) minute maximum limit.
 - Written - Must submit written comments and a completed conflict of interest disclosure.
 - Reference complete public comment policy [here](#).
 - **All submissions must be received no later than 4:00 p.m. CT April 11, 2024.**
 - Send to info@iowamedicaidpdl.com. **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
6. 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. RDL discussion and deliberation

9. Final Recommendations by the P & T Committee on the Iowa Medicaid RDL (Open Session)
 10. Review of Newly Released Drugs
(See attachment 4 for order of discussion)
 11. Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
 12. Review of Newly Released Generic Drugs, Dosage Forms or Strengths
(See attachment 5 for order of discussion)
 13. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths (Open Session)
 14. Preview of next meeting
 15. Adjournment
- **Disclaimer: Closed Executive Sessions may be necessary during the deliberation process**

www.iowaMedicaidPDL.com

Next scheduled meeting: August 15, 2024 9:30am - 2:30pm

For more information contact Erin Halverson at ehalver@dhs.state.ia.us or (515) 974-3126

Attachment I
Iowa Medicaid Pharmaceutical and Therapeutics (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** **Written Comment**

Your responses below will be read out loud before your verbal presentation or supplied with your written comment to the P&T Committee.

Please check the box of the statement that best applies.

- Statement of No Conflicts**
 I do not have a current or recent (within the last 12 months) financial arrangement or affiliation with any organization that may have a direct interest in the business before the Iowa Medicaid P&T Committee.
- Disclosures**
 I do have a financial interest, affiliation or am employed by an organization that may have a direct interest in the business before the Iowa Medicaid P&T Committee
- 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. Dupixent to Preferred with Conditions.
2. Engality to Preferred with Conditions.
3. Lubiprostone to Preferred with Conditions (due to discontinuation of Amitiza).
4. Prednisolone tablets to Non-Preferred.
5. Skytrofa to Preferred with Conditions after step through one preferred short acting growth hormone product.
6. Opvee to Preferred.

The drugs listed below are recommended to be removed from coverage under the pharmacy benefit, as they are intended to be administered in a healthcare/office setting (coverage and billing is available through the medical benefit):

1. Eligard
2. Lupron Depot
3. Lupron Depot-PED
4. Trelstar

Attachment 3
Iowa Medicaid Recommended 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. Afinitor tablets to Non-Preferred with Conditions.
2. Everolimus tablets to Preferred with Conditions.

Attachment 4
Newly Released Drugs

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.

1. Agamree- Recommend status on the PDL as Non-Preferred
2. Akeega- Recommend status on the RDL as Non-Recommended with Conditions
3. Augtyro- Recommend status on the RDL as Non-Recommended with Conditions
4. Bimzelx- Recommend status on the PDL as Non-Preferred with Conditions
5. Fabhalta- Recommend status on the PDL as Non-Preferred
6. Fruzaqla- Recommend status on the RDL as Non-Recommended with Conditions
7. Iwilfin- Recommend status on the RDL as Non-Recommended with Conditions
8. Ojjaara- Recommend status on the RDL as Non-Recommended with Conditions
9. Omvoh Auto-Injector- Recommend status on the PDL as Non-Preferred with Conditions
10. Skylarys- Recommend status on the PDL as Non-Preferred
11. Sohonos- Recommend status on the PDL as Non-Preferred
12. Truqap- Recommend status on the RDL as Non-Recommended with Conditions
13. Velsipity- Recommend status on the PDL as Non-Preferred with Conditions
14. Wainua- Recommend status on the PDL as Non-Preferred
15. Xdemvy- Recommend status on the PDL as Non-Preferred
16. Xphozah- Recommend status on the PDL as Non-Preferred
17. Zilbrysq- Recommend status on the PDL as Non-Preferred
18. Zurzuvae- Recommend status on the PDL as Non-Preferred

Attachment 5

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

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NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Adalimumab aacf	Idacio / Non-Preferred with Conditions	Non-Preferred with Conditions
Adalimumab adbm	Cyltezo / Non-Preferred with Conditions	Non-Preferred with Conditions
Amphetamine-Dextroamphetamine 3-Bead Cap ER	Mydayis / Non-Preferred with Conditions	Non-Preferred with Conditions
Cyanocobalamin Spray	Nascobal / Non-Preferred	Non-Preferred
Dapagliflozin	Farxiga / Preferred	Non-Preferred with Conditions
Dapagliflozin and Metformin	Xigduo XR / Preferred	Non-Preferred with Conditions
Dextroamphetamine Sulfate Tabs	Zenedi / Non-Preferred with Conditions	Non-Preferred with Conditions (5mg & 10mg remain Preferred)
Fluticasone Propionate BA	Flovent Diskus / Preferred (Discontinued)	Non-Preferred
Insulin Glargine 300 units/mL	Toujeo SoloStar / Preferred	Non-Preferred
Insulin Glargine Yfgn	Semglee / Non-Preferred	Non-Preferred
Pazopanib	Votrient / Preferred with Conditions	Non-Preferred with Conditions
Pitavastatin	Livalo / Non-Preferred	Non-Preferred
Risperidone Injection	Risperdal Consta / Preferred Step 2	Non-Preferred Step 3
Spirolactone Oral Suspension	Carospir / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS

Abrilada	Humira / Preferred with Conditions	Non-Preferred with Conditions
Cabtreo	Clindamycin Gel / Preferred with Conditions Adapalene Gel / Preferred with Conditions BPO Gel / Preferred	Non-Preferred with Conditions
Cuvrior	Trientine / Non-Preferred	Non-Preferred
Entyvio Subcutaneous Pen Injector	Entyvio IV Solution / Medical	Non-Preferred with Conditions
Furoscix	Furosemide Tabs / Preferred	Non-Preferred
Jylamvo	Xatmep / Non-Preferred	Non-Preferred
Likmez	Metronidazole Tabs / Preferred	Non-Preferred with Conditions
Motpoly XR	Lacosamide Tabs / Preferred	Non-Preferred with Conditions
Nitrofurantoin Oral Suspension 50mg/5mL	Nitrofurantoin Oral Suspension 25mg/5mL	Non-Preferred
Olpruva	Buphenyl / Preferred	Non-Preferred
Rykindo	Risperdal Consta / Preferred Step 2	Non-Preferred Step 3
Suflave	GoLYTELY / Preferred	Non-Preferred
Tramadol 25mg Tab	Tramadol 50mg / Preferred	Non-Preferred with Conditions
Valsartan Oral Solution	Valsartan Tabs / Preferred	Non-Preferred with Conditions
Veveye	Restasis Unit Dose / Preferred	Non-Preferred
Zituvio	Januvia / Preferred with Conditions	Non-Preferred with Conditions