

Pharmaceutical and Therapeutics (P&T) Committee

P & T Committee Meeting November 19, 2020

Location: Teleconference (Due to COVID-19) – Open Session portion of meeting
Time: 9:30 a.m. – 4:30 p.m.

Webex Meeting Link:

<https://changehealthcare.webex.com/changehealthcare/j.php?MTID=me7f84d2feb80c51c29c706b7bbc2e3da>

Dial In: 1-844-245-7693

Meeting Number: 130 343 2510

Meeting Password : JBJ86c2VKK8

Final Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 2. Committee Business
 - a) Approval of the minutes
 - b) Conflict of Interest Disclosure
 3. Update
 - a) Preferred Drug List (PDL)
 - b) Medicaid Drug Rebate Issues
 - c) Prior Authorization Criteria/Pro-DUR edits
 - d) Legislation
 - e) IME Updates
 4. Public Comment (**See attachment 1 for Conflict of Interest Disclosure**) - Due to the teleconference format, public comment will be received in **written format only** for Committee review. Comments must be provided in the format noted at Guidelines for Providing Public Comment to the Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and received no later than 4 p.m. CDT November 12, 2020.
 5. Closed Executive Session
 - a) Approval of the minutes
 - b) 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 and 3 for order of discussion**)
 7. Final Recommendations by the P & T Committee on the Iowa Medicaid PDL
 8. Review of Newly Released Drugs
(**See attachment 4 for order of discussion**)

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

www.IowaMedicaidPDL.com

Next scheduled meeting: April 15, 2021 9:30am - 4:30pm

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

Attachment 1

**Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee
Speaker Conflict of Interest Disclosure**

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and persons speaking or presenting to the Iowa Medicaid P&T Committee are asked to disclose any financial or other affiliation with organizations that may have a direct or indirect interest in the business in front of the Committee. Those persons speaking or presenting at 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 a 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.

Your responses below will be read out loud before your presentation 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 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 affiliations

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.

- 1) ACE and Thiazide Combo's
- 2) ACE Inhibitors
- 3) ACE Inhibitors and CA Channel Blockers
- 4) Acne Products: Isotretinoin
- 5) Agents for Fabrys Disease
- 6) Agents for Gaucher Disease
- 7) Agents for Pheochromocytoma
- 8) Alcohol Deterrents
- 9) Allergenic Extracts
- 10) Alpha-Proteinase Inhibitor
- 11) ALS Drug
- 12) Alzheimer – Cholinomimetics
- 13) Amino Glycosides
- 14) Amyloidosis Treatments
- 15) Analgesics – Misc.
- 16) Anaphylaxis Therapy
- 17) Androgens / Anabolics
- 18) Androgens-Topical
- 19) Anorectal – Misc.
- 20) Anthelmintics
- 21) Anti-Infective Combo's – Misc.
- 22) Antianginals
- 23) Antianginals – Isosorbide Nitrate
- 24) Antiarrhythmics
- 25) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 26) Antiasthmatic – Adrenergic Combos
- 27) Antiasthmatic – Anti-Cholinergics
- 28) Antiasthmatic – Anti-Inflammatory Agents
- 29) Antiasthmatic – Beta-Adrenergics
- 30) Antiasthmatic – Leukotriene Receptor Antagonists
- 31) Antiasthmatic – Misc. Respiratory Inhalants
- 32) Antiasthmatic – Mixed Adrenergics
- 33) Antiasthmatic – Mucolytics
- 34) Antiasthmatic – Nasal Misc.
- 35) Antiasthmatic – Steroid Inhalants
- 36) Antiasthmatic – Xanthines
- 37) Antibiotics – Misc.
- 38) Anti-Cataleptic Agents
- 39) Anticoagulants
- 40) Anticonvulsants
- 41) Antidepressants- MAO Inhibitors
- 42) Antidepressants- Selected SSRI'S
- 43) Antidepressants- Tri-Cyclics
- 44) Antidotes
- 45) Antidotes – Chelating Agents

- 46) Antiemetic – 5-HT₃ Receptor Antagonists/Substance P Neurokinin
- 47) Antiemetic – Anticholinergic / Dopaminergic
- 48) Antiemetic – Tetrahydrocannabinol (THC) Derivatives
- 49) Antifungals – Assorted
- 50) Antihemophilia Factor IX Agents
- 51) Antihemophilia Factor VII Agents
- 52) Antihemophilia Factor VIII Agents
- 53) Antihemophilia Factor VonWillebrand Agents
- 54) Antihemophilia Factor X Agents
- 55) Antihistamines – Non-Sedating
- 56) Antihistamines – Non-Sedating / Decongestants
- 57) Antihistamines – Other
- 58) Antihistamines/Decongestants
- 59) Antihyperlipidemics
- 60) Antihypertensive Combos
- 61) Antihypertensives – Central
- 62) Anti-IGE & Interleukin Antibodies
- 63) Anti-Inflammatories, Non-NSAID
- 64) Antileprotic
- 65) Antimalarial Agents
- 66) Antimycobacterials / Antituberculosis
- 67) Anti-Parkinsonian Drugs
- 68) Antiprotozoal Agents
- 69) Anti-Psoriatics – Non-Biologicals
- 70) Antipsychotics- Atypicals
- 71) Antipsychotics- Special Atypicals
- 72) Antipsychotics- Typical
- 73) Antispasmodics
- 74) Antispasmodics – Long Acting
- 75) Anti-Thrombocytopenics
- 76) Antithyroid Therapies
- 77) Anxiolytics-Benzodiazepines
- 78) Anxiolytics- Long Acting
- 79) Anxiolytics- Misc.
- 80) ARB Combinations
- 81) ARB/CCB
- 82) ARB/CCB Plus Diuretics
- 83) ARB's
- 84) ARB's and Diuretics
- 85) Arthritis – Misc.
- 86) Artificial Saliva / Stimulants
- 87) Atopic Dermatitis
- 88) Beta Blockers – Alpha / Beta
- 89) Beta Blockers – Cardio Selective
- 90) Beta Blockers – Non-Selective
- 91) Beta Blockers and Diuretic Combo's
- 92) Beta – Lactams / Clavulanate Combo's
- 93) BPH
- 94) Calcium Channel Blockers – Amlodipines
- 95) Calcium Channel Blockers – Diltiazems
- 96) Calcium Channel Blockers – Felodipines
- 97) Calcium Channel Blockers – Isradipines
- 98) Calcium Channel Blockers – Nifedipines
- 99) Calcium Channel Blockers – Nisoldipine
- 100) Calcium Channel Blockers – Verapamils
- 101) Carbapenems
- 102) Cardiac Glycosides

- 103) Carnitine Replenisher – Agents
- 104) CCB / Lipid
- 105) Central Precocious Puberty Agents
- 106) Cephalosporins
- 107) CGRP Inhibitors
- 108) Chelating Agents
- 109) Cholesterol – Bile Sequestrants
- 110) Cholesterol – Fibric Acid Derivatives
- 111) Cholesterol – HMG COA + Absorb Inhibitors
- 112) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations
- 113) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations
- 114) Cholinergic
- 115) Compounding Materials
- 116) Contraceptives – Emergency Contraceptives
- 117) Contraceptives – Injectable
- 118) Contraceptives – Monophasic Combination O/C's
- 119) Contraceptives – Multi-Phasic Combinations
- 120) Contraceptives – Patches / Vaginal Products
- 121) Contraceptives – Progestin Only
- 122) Contraceptives – Tri-Phasic Combinations
- 123) Cough / Cold – Antitussive – Expectorant
- 124) Cough / Cold – Systemic Decongestants
- 125) Cox 2 Inhibitors – Selective
- 126) Cushings Disease Treatments
- 127) Cystic Fibrosis Agents
- 128) Cyto-Megalovirus Agents
- 129) Dental Products
- 130) Diabetic – AlphaglucoSIDase
- 131) Diabetic – Insulin
- 132) Diabetic – Insulin Penfills
- 133) Diabetic – Meglitinides
- 134) Diabetic – Non-Insulin Injectables
- 135) Diabetic – Oral Biguanides
- 136) Diabetic – Oral Sulfonylureas
- 137) Diabetic – Other
- 138) Diabetic – Sulfonylurea / Biguanide
- 139) Diabetic – Thiazol
- 140) Diabetic – Thiazol / Biguanide Combo
- 141) Direct Renin Inhibitors
- 142) Diuretics
- 143) Dopamine Receptor Agonists
- 144) Ear
- 145) Electrolytes / NutritionalS
- 146) Endocrine Metabolic Agents
- 147) Endometriosis Agents
- 148) Erythropoeisis Stimulating Agents
- 149) Estrogen Combo's
- 150) Estrogens – Patches
- 151) Estrogens – Tabs
- 152) Fluoroquinolones
- 153) GI – Anti-Flatulents / GI Stimulants
- 154) GI – Antidiarrheal / Antacid – Misc.
- 155) GI – Antiperistaltic Agents
- 156) GI – Digestive Enzymes
- 157) GI – H2-Antagonists
- 158) GI – Inflammatory Bowel Agents
- 159) GI – Irritable Bowel Syndrome Agents

- 160) GI – Misc.
- 161) GI – Misc. Anti-Ulcer
- 162) GI – Prostaglandins
- 163) GI – Proton Pump Inhibitor
- 164) GI – Proton Pump Inhibitor / NSAID Combo
- 165) GI – Ulcer Anti-Infective
- 166) GI, Constipation-IBS-OIC
- 167) Glucocorticoids – Corticotropin
- 168) Glucocorticoids – Mineralocorticoids
- 169) Gout
- 170) Granulocyte CSF
- 171) Growth Hormone
- 172) Hemostatic
- 173) Hepatitis B Only
- 174) Hepatitis C Agents
- 175) Hereditary Angioedema Agents
- 176) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 177) Herpes Agents
- 178) Hormone Receptor Modulators
- 179) Hyperparathyroid Treatment – Vitamin D Analogs
- 180) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
- 181) Idiopathic Pulmonary Fibrosis
- 182) Immune Serums
- 183) Immunosuppressants
- 184) Influenza Agents
- 185) Interferon Gamma
- 186) K Removing Resins
- 187) LHRH/GNRH Agonist Analog Pituitary Suppressants
- 188) Lincosamides / Oxazolidinones / Leprostatics
- 189) Lipodystrophy Agents
- 190) Lithium
- 191) Macrolides / Erythromycin's / Ketolides
- 192) Metabolic Modifiers-Lysosomal Storage Disorder Treatments
- 193) Migraine – Ergotamine Combinations
- 194) Migraine – Ergotamine Derivatives
- 195) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 196) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 197) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 198) Minerals
- 199) Mouth – Anesthetics Topical Oral
- 200) Mouth – Steroids
- 201) Mouth Anti-Infectives
- 202) Mouth Antiseptics
- 203) Mucopolysaccharidosis
- 204) Multiple Sclerosis Agents
- 205) Multiple Sclerosis Agents-Interferons
- 206) Multiple Sclerosis Agents-Non-Interferons
- 207) Muscle Relaxant – Combinations
- 208) Muscle Relaxants
- 209) Narcotic – Antagonists
- 210) Narcotics – Misc.
- 211) Narcotics – Selected
- 212) Narcotics – Long Acting
- 213) Nasal Steroid/Antihistamine Combos
- 214) Nasal Steroids
- 215) Neurologics – Misc.
- 216) Nicardipines

- 217) Nicotine Replacement Therapy
- 218) Nitro – Ointment / Cap / CR
- 219) Nitro – Patches
- 220) Nitro – Sublingual / Spray
- 221) NSAIDS
- 222) Op. Antiallergics-Antihistamines
- 223) Op. Antiallergics-Mast Cell Stabilizers
- 224) Op. Antibiotics
- 225) Op. Antiinflammatory / Steroids Ophth
- 226) Op. Beta-Blockers
- 227) Op. Carbonic Anhydrase Inhibitors / Combo
- 228) Op. Cycloplegics
- 229) Op. Miotics – Direct Acting
- 230) Op. Misc.
- 231) Op. NSAID's
- 232) Op. Prostaglandins
- 233) Op. Quinolones
- 234) Op. Quinolones-Fourth Generation
- 235) Op. Rho Kinase Inhibitors
- 236) Op. Selective Alpha Adrenergic Agonists
- 237) Opioid Withdrawal Treatments
- 238) Osteoporosis
- 239) Oxytocics
- 240) Parkinsons – Anticholinergics
- 241) Parkinsons – COMT Inhibitors
- 242) Parkinsons – Selected Dopamine Agonists
- 243) Peripheral Vasodilators
- 244) Phenylketonuria
- 245) Phosphate Binders
- 246) Phosphodiesterase Inhibitors
- 247) Platelet Aggr. Inhibitors / Combo's – Misc.
- 248) Platelet Aggregation Inhibitors
- 249) Powders
- 250) Pressors
- 251) Progestins
- 252) Psychotherapeutic Combination
- 253) PTH
- 254) Pulmonary Anti-Hypertensives
- 255) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 256) Purine Analog
- 257) Restless Leg Syndrome Agents
- 258) Rheumatoid Arthritis – Non-Biologicals
- 259) RSV Agents
- 260) Sedative / Hypnotics – Barbiturate
- 261) Sedative / Hypnotics – Benzodiazepines
- 262) Sedative / Hypnotics – Non-Benzodiazepines
- 263) Sickle Cell Anemia Agents
- 264) Sinus Node Inhibitors
- 265) SLE Agents
- 266) Smoking Cessation (Oral)
- 267) Somatostatic Agents
- 268) Stimulants
- 269) Stimulants- Amphetamines- Long Acting
- 270) Stimulants- Amphetamines- Short Acting
- 271) Stimulants- Methylphenidate
- 272) Stimulants- Methylphenidate- Long Acting
- 273) Stimulants- Other Stimulants/ Like Stimulants

- 274) Tetracyclines
- 275) Thyroid Hormones
- 276) Tissue Plasminogen Activator
- 277) Topical – Acne Preparations
- 278) Topical – Antibiotic
- 279) Topical – Antifungals
- 280) Topical – Antineoplastics
- 281) Topical – Antipruritics
- 282) Topical – Antiseborrheics
- 283) Topical – Antivirals
- 284) Topical – Astringents / Protectants
- 285) Topical – Burn Products
- 286) Topical – Cauterizing Agents
- 287) Topical – Corticosteroids-High Potency
- 288) Topical – Corticosteroids-Low Potency
- 289) Topical – Corticosteroids-Medium Potency
- 290) Topical – Emollients
- 291) Topical – Enzymes / Keratolytics / Urea
- 292) Topical – Genital Warts
- 293) Topical – Immunomodulators
- 294) Topical – Local Anesthetics
- 295) Topical – Nasal Antibiotics
- 296) Topical – Scabicides and Pediculicides
- 297) Topical – Steroid Combinations
- 298) Topical – Steroid Local Anesthetics
- 299) Topical – Tretinoids
- 300) Topical-Wound/Decubitis Care
- 301) Urea Cycle Disorder – Agents
- 302) Urological – Misc.
- 303) Vaccines
- 304) Vaginal – Antifungals
- 305) Vaginal – Antibacterials
- 306) Vaginal – Estrogens
- 307) Vasopressins
- 308) Vitamins
- 309) Vitamins – Misc.

Attachment 3
Iowa Medicaid Preferred Drug List Changes

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

1. Recommend to change Kitabis Pak to Preferred.
2. Recommend to change Stiolto Respimat to Non-Preferred.
3. Recommend to change Anoro Ellipta to Preferred.
4. Recommend to change Spiriva Respimat to Preferred.
5. Recommend to change Diclegis to Non-Preferred.
6. Recommend to change Bonjesta to Preferred.
7. Recommend to change Fasenra Auto-Injector to Preferred with Conditions.
8. Recommend to change Taltz to Preferred with Conditions with a step through one preferred TNF.
9. Recommend to change Cosentyx to Non-Preferred with Conditions.
10. Recommend to change Abilify Maintena to Preferred Step 2.
11. Recommend to change Nplate to Preferred with Conditions.
12. Recommend to change Nurtec to Preferred with Conditions.
13. Recommend to change Ajovy to Preferred with Conditions.
14. Recommend to change NovoLog vial to Non-Preferred and insulin aspart vial to Preferred.
15. Recommend to change NovoLog Mix vial to Non-Preferred and insulin aspart 70/30 vial to Preferred.
16. Recommend to change NovoLog FlexPen to Non-Preferred and insulin aspart FlexPen to Preferred.
17. Recommend to change NovoLog PenFill to Non-Preferred and insulin aspart PenFill to Preferred.
18. Recommend to change NovoLog Mix FlexPen to Non-Preferred and insulin aspart protamine FlexPen to Preferred.
19. Recommend to change Trulicity to Preferred with Conditions.
20. Recommend to change Ozempic to Non-Preferred with Conditions.
21. Recommend to change Baqsimi to Preferred with a step through a preferred reconstitution product.
22. Recommend to change Invokana to Preferred.
23. Recommend to change Invokamet to Preferred.

24. Recommend to change Ciprodex to Preferred (remove age edit).
25. Recommend to change Evamist to Preferred.
26. Recommend to change Nivestym to Preferred with Conditions.
27. Recommend to change Ziextenzo to Preferred with Conditions.
28. Recommend to change Fulphila to Preferred with Conditions.
29. Recommend to change Ruconest to Non-Preferred.
30. Recommend to change Ilevro to Non-Preferred.
31. Recommend to change Nevanac to Preferred.
32. Recommend to change Methylin oral solution to Non-Preferred with Conditions.
33. Recommend to change Concerta to Preferred with Conditions (co-preferred with generic).
34. Recommend to change methylphenidate er capsules (cd) to Preferred with Conditions.
35. Recommend to change methylphenidate er 10mg tablets to Preferred with Conditions.
36. Recommend to change Quillivant XR to Non-Preferred with Conditions.
37. Recommend to change methylphenidate er capsules (la) to Preferred with Conditions.
38. Recommend to change Nuvessa to Preferred.

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. Bafiertam- Recommend status on the PDL as Non-Preferred with Conditions
2. Enspryng- Recommend status on the PDL as Non-Preferred
3. Evrysdi- Recommend status on the PDL as Non-Preferred with Conditions
4. Fintepla- Recommend status on the PDL as Non-Preferred
5. Inqovi- Recommend status on the PDL as Non-Recommended with Conditions
6. Kesimpta- Recommend status on the PDL as Non-Preferred with Conditions
7. Ongentys- Recommend status on the PDL as Preferred
8. Onureg- Recommend status on the PDL as Non-Recommended with Conditions
9. Qinlock- Recommend status on the PDL as Non-Recommended with Conditions
10. Retevmo- Recommend status on the PDL as Non-Recommended with Conditions
11. Rukobia- Recommend status on the PDL as Non-Recommended
12. Xcopri- Recommend status on the PDL as Non-Preferred
13. Zeposia- Recommend status on the PDL as Non-Preferred with Conditions

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
Ciprofloxacin / Dexamethasone Otic	Ciprodex / Preferred	Non-Preferred
Dimethyl Fumarate	Tecfidera / Preferred with Conditions	Non-Preferred with Conditions
Efavirenz / Lamivudine / Tenofovir	Symfi / Preferred Symfi Lo / Preferred	Non-Preferred
Emtricitabine	Emtriva / Preferred	Non-Preferred
Tolvaptan	Samsca, Jynarque / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS		
AirDuo Digihaler	AirDuo Respiclick / Non-Preferred	Non-Preferred
ArmonAir Digihaler	ArmonAir Respiclick / Non-Preferred	Non-Preferred
Breztri	Bevespi / Preferred Symbicort / Preferred	Non-Preferred
Cystadrops	Cystaran / Non-Preferred	Non-Preferred
Hemady	Dexamethasone / Preferred	Non-Preferred
Kynmobi	Apokyn / Non-Preferred	Non-Preferred
Lydexa	Lidocaine cream, ointment / Preferred	Non-Preferred
Ortikos	Budesonide / Preferred	Non-Preferred
Pantoprazole Oral Packet	Pantoprazole Tab / Preferred	Non-Preferred with Conditions
Semglee Vial & Pen	Lantus / Preferred	Non-Preferred
Zilxi	Amzeeq / Non-Preferred with Conditions	Non-Preferred with Conditions