

## Pharmaceutical and Therapeutics (P&T) Committee

### P & T Committee Meeting April 15, 2021

**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=m89cc582befae1569689e4097f9af2b52>

**Dial In:** 1-844-245-7693

**Meeting Number:** 130 893 3402

**Meeting Password :** 3V3mBx3u6Sr

### 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 April 8, 2021.
  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 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 3 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 4 for order of discussion)**
11. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths
13. Preview of next meeting  
\*\*Disclaimer: Executive Sessions may be necessary during the deliberation process\*\*

[www.lowaMedicaidPDL.com](http://www.lowaMedicaidPDL.com)

**Next scheduled meeting:** August 19, 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**

<b>Organization</b> (List additional on the back of the form.)	<b>Role/Relationship</b> (List additional on the back of the form.)

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(print name)

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(signature)

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(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. Recommend to change Sunosi to Preferred with Conditions with step through armodafinil or modafinil.

### **Attachment 3**

#### **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. Gavreto- Recommend status on the PDL as Non-Recommended with Conditions
2. Lampit- Recommend status on the PDL as Preferred
3. Oriahnn- Recommend status on the PDL as Non-Preferred with Conditions
4. Orladeyo- Recommend status on the PDL as Preferred with confirmation of diagnosis
5. Phexxi Gel- Recommend status on the PDL as Non-Preferred
6. Verquvo- Recommend status on the PDL as Non-Preferred

## Attachment 4

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

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<b>NEWLY RELEASED GENERIC DRUGS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Asenapine	Saphris / Non-Preferred Step 3	Non-Preferred Step 3
Deferiprone	Ferriprox / Non-Preferred	Non-Preferred
Efavirenz/ Emtricitabine/ Tenofovir	Atripla / Non-Preferred	Preferred
Emtricitabine/ Tenofovir	Truvada / Preferred	Non-Preferred
Fosfomycin	Monurol / Non-Preferred	Non-Preferred
Icosapent	Vascepa / Non-Preferred	Non-Preferred
Ivermectin Lotion	Sklice / Non-Preferred	Non-Preferred
Lapatinib	Tykerb / Preferred	Non-Preferred
Levothyroxine Capsules	Tirosint / Non-Preferred	Non-Preferred
Lubiprostone	Amitiza / Preferred with Conditions	Non-Preferred with Conditions
Meloxicam Capsules	Vivlodex / Non-Preferred with Conditions	Non-Preferred with Conditions
Metyrosine	Demser / Non-Preferred	Non-Preferred
Naproxen Sodium ER Tab 750mg	Naprelan / Non-Preferred with Conditions	Non-Preferred with Conditions
Nitazoxanide	Alinia / Not Available	Non-Preferred
Rufinamide	Banzel / Non-Preferred	Non-Preferred
Sapropterin	Kuvan / Non-Preferred with Conditions	Non-Preferred with Conditions
Tavaborole	Kerydin / Non-Preferred with Conditions	Non-Preferred with Conditions
Timolol Maleate Preservative Free Ophthalmic Solution	Timoptic OcuDose / Non-Preferred	Non-Preferred
Tobramycin Neb 300mg/4mL	Bethkis / Non-Preferred	Non-Preferred

**NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS**

Alkindi Sprinkle	Hydrocortisone Tablets / Preferred	Non-Preferred with Conditions
Eysuvis	Alrex / Preferred	Non-Preferred
Impeklo	Clobetasol / Preferred	Non-Preferred with Conditions
Licart	Flector / Non-Preferred with Conditions	Non-Preferred with Conditions
Lyumjev	Insulin Lispro / Preferred	Non-Preferred
Lyumjev KwikPen	Insulin Lispro KwikPen / Preferred	Non-Preferred
Mycapssa	Octreotide / Preferred	Non-Preferred
Nyvepria	Fulphila / Preferred with Conditions	Preferred with Conditions
Reditrex	Otrexup / Non-Preferred with Conditions	Non-Preferred with Conditions
Sumansetron	Ondansetron / Preferred Sumatriptan / Preferred	Non-Preferred with Conditions
Sutab	Suprep / Preferred	Non-Preferred
Thyquidity	Levothyroxine / Preferred	Non-Preferred
Trilociclo	Ciclopirox Solution / Preferred Triamcinolone Ointment / Preferred	Non-Preferred
Tyblume	levonorgestrel/ethinyl estradiol / Preferred	Non-Preferred
Xywav	Xyrem / Non-Preferred with Conditions	Non-Preferred with Conditions