



# Iowa Department of Human Services

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

Jerry R. Foxhoven  
Director

## Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting April 18, 2019

**Location: Iowa Department For The Blind- Assembly Room Time: 9:30 a.m. – 4:30 p.m.**  
**524 4th Street**  
**Des Moines, IA 50309**

### Tentative 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)**
5. Closed Executive Session
  - a) Approval of the minutes
  - b) Economic Review of the Iowa Medicaid Preferred Drug List, Newly Released Drugs, Newly Released Generic Drugs, New Dosage Forms, and Contracts
  - c) Review and discussion of the Confidential Public Comments
6. Preferred Drug List (PDL) discussion and deliberation  
**(See attachment 2 for order of discussion)**
7. Final Recommendations by the P & T Committee on the Iowa Medicaid Preferred Drug List
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
12. Preview of next meeting

**\*\*Disclaimer: Executive Sessions may be necessary during the deliberation process\*\***

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

**Next scheduled meeting: August 15, 2019 9:30am - 4:30pm**

For more information contact Erin Halverson at [ehalver@dhs.state.ia.us](mailto: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.)

\_\_\_\_\_  
(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 changes below are recommended to maximize cost savings to the program unless otherwise noted:

1. Recommend to change Ventolin HFA to Non-Preferred.
2. Recommend to change Xarelto 2.5mg tablets to Non-Preferred.
3. Recommend to change Farxiga to Non-Preferred with Conditions due to lack of effect on cardiovascular outcomes.
4. Recommend to change Movantik to Preferred with Conditions.
5. Recommend to change Epclusa to Non-Preferred with Conditions.

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):

Nucala

Remicade

Inflectra

Exondys 51

Gablofen

Lioresal Intrathecal

**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. Braftovi- Recommend status on the RDL as Non-Recommended with Conditions
2. Copiktra- Recommend status on the RDL as Non-Recommended with Conditions
3. Daurismo- Recommend status on the RDL as Non-Recommended with Conditions
4. Doptelet- Recommend status on the PDL as Non-Preferred with Conditions
5. Emgality- Recommend status on the PDL as Non-Preferred with Conditions
6. Epidiolex- Recommend status on the PDL as Non-Preferred
7. Galafold- Recommend status on the PDL as Preferred
8. Krintafel- Recommend status on the PDL as Preferred
9. Lorbrena- Recommend status on the RDL as Non-Recommended with Conditions
10. Mektovi- Recommend status on the RDL as Non-Recommended with Conditions
11. Qbrexza- Recommend status on the PDL as Non-Preferred
12. Talzenna- Recommend status on the RDL as Non-Recommended with Conditions
13. Tegsedi- Recommend status on the PDL as Non-Preferred
14. Tibsovo- Recommend status on the RDL as Recommended with Conditions
15. Vizimpro- Recommend status on the RDL as Non-Recommended with Conditions
16. Xofluza- Recommend status on the PDL as Non-Preferred
17. Xospata- Recommend status on the RDL as Non-Recommended with Conditions
18. Yupelri- Recommend status on the PDL as Non-Preferred

## Attachment 4

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

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.

<b>NEWLY RELEASED GENERIC DRUGS/BIOSIMILARS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Abiraterone	Zytiga / Non-Recommended with Conditions	Non-Recommended with Conditions
Albendazole	Albenza / Preferred	Non-Preferred
Amphetamine Sulfate Tablets	Evekeo / Non-Preferred with Conditions	Non-Preferred with Conditions
Azelaic Acid Gel 15%	Finacea / Non-Preferred with Conditions	Non-Preferred with Conditions
Cinacalcet	Sensipar / Non-Preferred	Non-Preferred
Clobazam	Onfi / Non-Preferred	Non-Preferred
Donepezil ODT	Aricept ODT / Non-Preferred with Conditions	Non-Preferred with Conditions
Ledipasvir/Sofosbuvir	Harvoni / Non-Preferred with Conditions	Non-Preferred with Conditions
Mafenide Acetate Packet for Topical Solution	Sulfamylon / Non-Preferred	Non-Preferred
Miconazole-Zinc Oxide-White Petrolatum Ointment	Vusion / Non-Preferred with Conditions	Non-Preferred with Conditions
Nivestym	Neupogen / Preferred with Conditions	Non-Preferred with Conditions
Pimecrolimus	Elidel / Preferred with Conditions	Non-Preferred with Conditions
Silodosin	Rapaflo / Non-Preferred	Non-Preferred
Sofosbuvir/Velpatasvir	Epclusa / Non-Preferred with Conditions	Preferred with Conditions
Testosterone Gel 1.62%	Androgel / Non-Preferred with Conditions	Non-Preferred with Conditions
Toremifene	Fareston / Preferred	Non-Preferred
Zolpidem SL Tablets	Intermezzo / Non-Preferred with Conditions	Non-Preferred with Conditions

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

Abilify MyCite	Aripiprazole / Preferred Step 1	Non-Preferred Step 3
Altreno Lotion	Retin-A Cream / Preferred	Non-Preferred with Conditions
Bryhali Lotion	Ultravate Lotion / Non-Preferred with Conditions	Non-Preferred with Conditions
Cequa	Restasis Unit Dose / Preferred	Non-Preferred
D-penamime	Depen Titratabs / Preferred	Non-Preferred
Jivi	Adynovate / Non-Preferred	Non-Preferred
Lexette Foam	Halobetasol Propionate / Non-Preferred with Conditions	Non-Preferred with Conditions
Nocdurna	Noctiva / Non-Preferred with Conditions	Non-Preferred with Conditions
Promacta Powder	Promacta Tablets / Preferred with Conditions	Non-Preferred with Conditions
Tiglutik Oral Suspension	Riluzole Tablets / Preferred with PA	Non-Preferred
Tolsura	Itraconazole / Non-Preferred with Conditions	Non-Preferred with Conditions
Xelpros Emulsion	Latanoprost Solution / Preferred	Non-Preferred
Xyosted	Testosterone Enanthate / Preferred with Conditions	Non-Preferred with Conditions