

## Pharmaceutical and Therapeutics (P&T) Committee

### P & T Committee Meeting April 21, 2022

**Location:** Teleconference (Due to PHE Declaration for the COVID-19 Pandemic) – Open Session portion of meeting

**Time:** 9:30 a.m. – 2:30 p.m.

#### Webex Meeting Link:

<https://changehealthcare.webex.com/changehealthcare/j.php?MTID=m1c60d61da422ea7df92d91ea9c1b0243>

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

**Meeting Number:** 2533 576 1537

**Meeting Password :** ZmmCkVXP252

### 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) Review of P&T Policy & Procedure – General Update and Interim PDL Changes
  - d) Conflict of Interest Disclosure
3. Update
  - a) Preferred Drug List (PDL) – Reference IME PDL Revision Notifications
  - b) Medicaid Drug Rebate Issues
  - c) Prior Authorization Criteria/Pro-DUR edits – Reference Informational Letters and DUR Recommendations
  - 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 14, 2022.*
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

**(See attachment 3 for order of discussion)**

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](http://www.iowaMedicaidPDL.com)

**Next scheduled meeting:** August 18, 2022 9:30am - 2:30pm

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. Carbamazepine oral suspension to Preferred.
2. Tegretol oral suspension to Non-Preferred (grandfather established users with seizure diagnosis).
3. Deferisirox sol tablets (generic Exjade) to Preferred with Conditions.
4. Exjade to Non-Preferred with Conditions.
5. Ancobon to Non-Preferred with Conditions.
6. Vfend oral suspension to Preferred with Conditions.
7. Voriconazole oral suspension to Non-Preferred with Conditions.
8. Vfend IV sol to Non-Preferred with Conditions.
9. Voriconazole IV sol to Preferred with Conditions.
10. Caspofungin to Preferred with Conditions.
11. Cancidas to Non-Preferred with Conditions.
12. Micafungin sol to Preferred with Conditions (brand Mycamine discontinued).
13. Xeljanz to Preferred with Conditions.
14. Otezla to Preferred with Conditions.
15. Tazarotene cream to Preferred with Conditions (brand Tazorac not rebate eligible).
16. Invanz to Non-Preferred.
17. Ertapenem to Preferred.
18. Carnitor SF oral solution to Non-Preferred.
19. Levocarnitine oral solution to Preferred.
20. Colesevelam tablets to Preferred.
21. Welchol tablets to Non-Preferred.
22. Lotronex to Non-Preferred.
23. Alosetron to Preferred.
24. Dexilant to Non-Preferred with Conditions.
25. Esomeprazole magnesium capsules to Preferred.

26. Lansoprazole capsules to Preferred.
27. Protonix oral packet to Preferred.
28. Rabeprazole to Preferred.
29. Harvoni Oral Packet 33.75-150mg to Non-Preferred with Conditions.
30. Harvoni 45-200mg tab to Non-Preferred with Conditions.
31. Epclusa 200-50mg tab to Non-Preferred with Conditions.
32. Paricalcitol capsules to Preferred.
33. Zemplar capsules to Non-Preferred.
34. Mestinon Timespan to Non-Preferred.
35. Pyridostigmine ER tablets to Preferred.
36. Cogentin injection to Non-Preferred.
37. Benztropine injection to Preferred.
38. Bosentan tablets to Preferred with Conditions.
39. Tracleer tablets to Non-Preferred with Conditions.
40. Liothyronine tablets and IV sol to Preferred (Cytomel remains Preferred).
41. Triostat to Non-Preferred.
42. Clindamycin phosphate-benzoyl peroxide 1.2-2.5% to Preferred with Conditions.
43. Acanya to Non-Preferred with Conditions.
44. Protopic ointment to Non-Preferred with Conditions.
45. Tacrolimus ointment to Preferred with Conditions.

**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:

1. Tarceva to Non-Preferred with Conditions.
2. Erlotinib to Preferred with Conditions.
3. Kaletra to Non-Preferred.
4. Lopinavir-ritonavir 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. Adbry- Recommend status on the PDL as Non-Preferred
2. Exkivity- Recommend status on the RDL as Non-Recommended with Conditions
3. Livmarli- Recommend status on the PDL as Non-Preferred
4. Livtency- Recommend status on the PDL as Non-Preferred
5. Lybalvi- Recommend status on the PDL as Non-Preferred Step 3
6. Opzelura- Recommend status on the PDL as Non-Preferred
7. Qulipta- Recommend status on the PDL as Non-Preferred with Conditions
8. Recorlev- Recommend status on the PDL as Non-Preferred
9. Rezurock- Recommend status on the PDL as Non-Preferred
10. Scemblix- Recommend status on the RDL as Non-Recommended with Conditions
11. Skytrofa- Recommend status on the PDL as Non-Preferred with Conditions
12. Tavneos- Recommend status on the PDL as Non-Preferred
13. Tyrvaya- Recommend status on the PDL as Non-Preferred
14. Voxzogo- Recommend status on the PDL as Non-Preferred
15. Welireg- Recommend status on the RDL as Non-Recommended with Conditions

**Attachment 5**

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

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

<b>NEWLY RELEASED GENERIC DRUGS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Brimonidine/Timolol Ophth Sol	Combigan / Preferred	Non-Preferred
Carglumic Acid	Carbaglu / Non-Preferred	Non-Preferred
Cortrophin Inj Gel	Acthar / Non-Preferred with Conditions	Non-Preferred with Conditions
Dexlansoprazole	Dexilant / Non-Preferred with Conditions	Non-Preferred with Conditions
Difluprednate Ophth Soln	Durezol / Non-Preferred	Non-Preferred
Glycopyrrolate Oral Soln	Cuvposa / Non-Preferred	Non-Preferred
Insulin Glargine Pen	Semglee Pen / Non-Preferred	Non-Preferred
Insulin Glargine Vial	Semglee Vial / Non-Preferred	Non-Preferred
Naloxone Nasal Spray	Narcan / Preferred	Preferred (labeler 00781)
Nebivolol	Bystolic / Non-Preferred with Conditions	Non-Preferred with Conditions
Varenicline	Chantix / Not Available	Preferred



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

<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Elyxyb Oral Soln	Celecoxib Caps / Preferred	Non-Preferred with Conditions
Eprontia Oral Soln	Topiramate Tabs / Preferred	Non-Preferred with Conditions
Loreev XR	Lorazepam Tabs / Preferred	Non-Preferred with Conditions
Sertraline Caps	Sertraline Tabs / Preferred	Non-Preferred with Conditions
Trudhesa Nasal Aerosol Soln	Migranal Nasal Soln / Non-Preferred	Non-Preferred
Vuity	Pilocarpine Ophthalmic Soln / Preferred	Non-Preferred
Xarelto Oral Suspension	Xarelto Tabs / Preferred	Non-Preferred with Conditions