



# 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 August 16, 2018

**Location:** Iowa State Capitol Room 116  
1007 E. Grand Ave  
Des Moines, IA 50319

**Time:** 9:30 a.m. – 4:30 p.m.

### Final Agenda

1. Welcome & Introductions
  - a) Committee Members and Staff
2. Committee Business
  - a) Approval of the minutes
  - b) Conflict of Interest Disclosure
  - c) Annual P&T Committee Chairperson and Vice Chairperson Elections
  - d) Committee discussion regarding role of evidence based guidelines in decision making
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. Recommended Drug List (RDL) discussion and deliberation  
**(See attachment 3 for order of discussion)**
9. Final Recommendations by the P&T Committee on the Iowa Medicaid Recommended Drug List
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
14. Preview of next meeting

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

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

**Next scheduled meeting:** November 15, 2018 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.)

\_\_\_\_\_  
(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 Diclegis to Preferred.
2. Recommend to change Alprolix to Preferred.
3. Recommend to change Welchol to Preferred.
4. Recommend to change Neupogen vials to Preferred with Conditions for members less than 18 years of age.
5. Recommend to change prasugrel to Preferred.

### **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. Recommend to change Zytiga to Non-Recommended with Conditions.
2. Recommend to change Xtandi to Recommended with Conditions.
3. Recommend to change Norvir tablets 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. Erleada- Recommend status on the RDL as Recommended with Conditions
2. Jynarque- Recommend status on the PDL as Non-Preferred
3. Lucemyra- Recommend status on the PDL as Non-Preferred
4. Palynziq- Recommend status on the PDL as Non-Preferred
5. Rhopressa- Recommend status on the PDL as Preferred
6. Symdeko- Recommend status on the PDL as Non-Preferred with Conditions

## Attachment 5

### Newly Released Generic Drugs, New Dosage Forms,

### New Drug Names, and New drug Strengths

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<b>NEWLY RELEASED GENERIC DRUGS/BIOSIMILARS</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Colesevelam	Welchol / Preferred	Non-Preferred
Memantine ER	Namenda XR / Non-Preferred with Conditions	Non-Preferred with Conditions
Miglustat	Zavesca / Non-Preferred	Non-Preferred
Praziquantel	Biltricide / Preferred	Non-Preferred
Ritonavir	Norvir / Preferred	Non-Preferred
Tiagabine	Gabitril / Preferred	Non-Preferred

<b>NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS</b>		
Balcoltra	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg / Preferred	Non-Preferred
Bonjesta	Diclegis / Preferred	Non-Preferred
Cimduo	Lamivudine / Preferred Tenofovir / Preferred	Preferred
Gocovri	Amantadine Capsules / Preferred	Non-Preferred with Conditions
Lonhala Magnair	Seebri Neohaler / Non-Preferred	Non-Preferred
Norvir Oral Powder Packets	Norvir Oral Solution / Recommended	Recommended
Osmolex ER	Amantadine Capsules / Preferred	Non-Preferred with Conditions
Symfi Lo	Cimduo / Preferred Sustiva / Preferred	Preferred
Xhance	Fluticasone Nasal Suspension / Preferred	Non-Preferred
Yonsa	Zytiga / Non-Recommended	Non-Recommended with Conditions
Zypitamag	Livalo / Non-Preferred	Non-Preferred