

## Pharmaceutical and Therapeutics (P&T) Committee

### P & T Committee Meeting August 18, 2022

**Location:** Teleconference (Due to federal 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=m2985ab49490e45e7fdb930f45b3f91a4>

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

**Meeting Number:** 2539 267 4448

**Meeting Password :** kJEvNC2tn96

### Final Agenda

1. Welcome & Introductions
    - a) Committee Members and Staff
  2. Committee Business
    - a) Approval of the open session minutes
    - b) 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 August 11, 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. 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 (Open Session)
  12. Staff Presentation
    - a) Drug Safety
  13. Preview of next meeting
  14. Adjournment
- \*\*Disclaimer: Closed Executive Sessions may be necessary during the deliberation process\*\*

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

**Next scheduled meeting:** November 17, 2022 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. Vimpat tablets to Non-Preferred (grandfather established users with seizure diagnosis).

### **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. Besremi- Recommend status on the RDL as Recommended with Conditions
2. Cibinqo- Recommend status on the PDL as Non-Preferred with Conditions
3. Ibsrela- Recommend status on the PDL as Non-Preferred with Conditions
4. Pyrukynd- Recommend status on the PDL as Non-Preferred
5. Tarpeyo- Recommend status on the PDL as Non-Preferred
6. Vijoice- Recommend status on the PDL as Non-Preferred
7. Vonjo- Recommend status on the RDL as Non-Recommended with Conditions

## Attachment 4

### 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>
Apomorphine	Apokyn / Non-Preferred	Non-Preferred
Bexarotene Gel	Targretin / Preferred	Non-Preferred
Cyclobenzaprine Caps	Amrix / Non-Preferred with Conditions	Non-Preferred with Conditions
Cyclosporine Ophth Emulsion	Restasis / Preferred	Non-Preferred
Diclofenac Potassium Caps	Zipsor / Non-Preferred with Conditions	Non-Preferred with Conditions
Fluticasone Propionate HFA	Flovent HFA / Preferred	Non-Preferred
Fluticasone / Vilanterol	Breo Ellipta / Non-Preferred	Non-Preferred
Isosorbide / Hydralazine	Bidil / Non-Preferred	Non-Preferred
Lacosamide	Vimpat Tabs / Non-Preferred	Preferred
Lenalidomide	Revlimid / Preferred with Conditions	Non-Preferred with Conditions
Levamlodipine	Conjupri / Not Covered (no rebate eligible labelers)	Non-Preferred
Maraviroc	Selzentry / Preferred	Non-Preferred
Metformin Oral Solution	Riomet / Non-Preferred	Non-Preferred
Nalmefene Injection	Revex / Not Covered (no rebate eligible labelers)	Non-Preferred
Pirfenidone	Esbriet / Non-Preferred with Conditions	Non-Preferred with Conditions
Potassium Iodide Oral Solution	SSKI / Not Covered (no rebate eligible labelers)	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>
Baclofen Oral Solution	Baclofen Tabs / Preferred	Non-Preferred with Conditions
Dartisla	Glycopyrrolate Tabs / Preferred	Non-Preferred with Conditions
Epsolay	Benzoyl Peroxide 5% Gel & Lotion (OTC) / Preferred	Non-Preferred with Conditions
Fleqsuvy	Baclofen Tabs / Preferred	Non-Preferred with Conditions
Invega Hafyera	Invega Sustenna / Preferred Step 2	Non-Preferred Step 3
Lyvispah	Baclofen Tabs / Preferred	Non-Preferred with Conditions
Norliqva	Amlodipine Tabs / Preferred	Non-Preferred with Conditions
Releuko	Neupogen / Preferred with Conditions	Non-Preferred with Conditions
Seglentis	Celecoxib / Preferred Tramadol / Preferred	Non-Preferred with Conditions
Tlando	Jatenzo / Non-Preferred with Conditions	Non-Preferred with Conditions
Tramadol Oral Solution	Tramadol Tabs / Preferred	Non-Preferred with Conditions
Twyneo	Benzoyl Peroxide Gel & Lotion (OTC) / Preferred Retin-A / Preferred with Conditions	Non-Preferred with Conditions
Zimhi	Naloxone Inj Solution / Preferred	Non-Preferred