

## Pharmaceutical and Therapeutics (P&T) Committee

### P & T Committee Meeting August 20, 2020

**Location:** Teleconference (Due to COVID-19) – Open Session portion of meeting  
**Time:** 9:30 a.m. – 4:30 p.m.

#### Webex Meeting Link:

[https://mg2.dhs.state.ia.us/enduser/classify\\_url.html?url=bRPM+DBKNKwgO1BB/2eylPZBmV7G8pelzl2dKa0RB5EhyIq75Uo74TjMt/B27s8jQvFnZVkn70Cvijymeby3ohmFk/X9IXSael+8YGwNdOoKDhwZcnxBU6od5ScNysphmKasxz7CuS2KwaO8LdamrA](https://mg2.dhs.state.ia.us/enduser/classify_url.html?url=bRPM+DBKNKwgO1BB/2eylPZBmV7G8pelzl2dKa0RB5EhyIq75Uo74TjMt/B27s8jQvFnZVkn70Cvijymeby3ohmFk/X9IXSael+8YGwNdOoKDhwZcnxBU6od5ScNysphmKasxz7CuS2KwaO8LdamrA)

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

**Meeting Number:** 130 196 1019

#### Tentative 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
  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 August 13, 2020.
  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
12. Committee Business
  - a) Public Comment for virtual meetings
  - b) Conflict of Interest Disclosure for public comment
13. 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 19, 2020 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 below changes are recommended to maximize cost savings to the program, unless otherwise noted:

1. Recommend to change Nebupent to Non-Preferred.
2. Recommend to change Nayzilam to Preferred.
3. Recommend to change fluoxetine 40mg capsules to Preferred.
4. Recommend to change Hemlibra to Preferred for all current indications.
5. Recommend to change Mycobutin to Preferred.
6. Recommend to change norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic Ortho Tri-Cyclen Lo) to Preferred.
7. Recommend to change Estrostep FE to Non-Preferred and generic norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg to Preferred.
8. Recommend to change celecoxib to Preferred.
9. Recommend to change Novolog vial to Preferred.
10. Recommend to change Novolog Mix vial to Preferred.
11. Recommend to change Humalog KwikPen U-100 to Preferred.
12. Recommend to change Humalog Mix KwikPen to Preferred.
13. Recommend to change Humalog Junior KwikPen to Preferred.
14. Recommend to change Humalog cartridge to Preferred.
15. Recommend to change Farxiga to Preferred due to updated American Diabetes Association (ADA) and American College of Cardiology (ACC) guidelines.
16. Recommend to change Jardiance to Preferred due to updated ADA and ACC guidelines.
17. Recommend to change Synjardy to Preferred due to updated ADA and ACC guidelines.
18. Recommend to change Canasa to Non-Preferred.
19. Recommend to change mesalamine rectal suppository to Preferred.

20. Recommend to change Sovaldi 200mg to Preferred with Conditions for patients 3 to 11 years of age and less than 35 kg.
21. Recommend to change Harvoni 45mg-200mg to Preferred with Conditions for patients 3 to 11 years of age and less than 35kg.
22. Recommend to change Orfadin 20mg capsule to Non-Preferred.
23. Recommend to change Lokelma to Preferred with Conditions with referral to DUR for PA criteria review.
24. Recommend to change Veltassa to Preferred with Conditions with referral to DUR for PA criteria review.

Informational follow up from November meeting (See Report 1): The drugs listed below are currently covered under the pharmacy benefit and include self-administration as an option in their respective package inserts. There is no recommendation for change, as they are recommended for subcutaneous administration.

1. Hizentra
2. Cuvitru
3. Cutaquig
4. Hyqvia

### **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. Akliel- Recommend status on the PDL as Non-Preferred with Conditions
2. Ayvakit- Recommend status on the PDL as Non-Recommended with Conditions
3. Bevyxxa- Recommend status on the PDL as Non-Preferred with Conditions
4. Brukinsa- Recommend status on the PDL as Non-Recommended with Conditions
5. Caplyta- Recommend status on the PDL as Non-Preferred Step 3
6. Dayvigo- Recommend status on the PDL as Non-Preferred with Conditions
7. Isturisa- Recommend status on the PDL as Non-Preferred
8. Koselugo- Recommend status on the PDL as Non-Recommended with Conditions
9. Nexletol- Recommend status on the PDL as Non-Preferred
10. Nourianz- Recommend status on the PDL as Non-Preferred
11. Nurtec- Recommend status on the PDL as Non-Preferred with Conditions
12. Oxbryta- Recommend status on the PDL as Non-Preferred
13. Palforzia- Recommend status on the PDL as Non-Preferred
14. Pemazyre- Recommend status on the PDL as Non-Recommended with Conditions
15. Pretomanid- Recommend status on the PDL as Non-Preferred
16. Reyvow- Recommend status on the PDL as Non-Preferred with Conditions
17. Tazverik- Recommend status on the PDL as Non-Recommended with Conditions
18. Tazverik- Recommend status on the PDL as Non-Recommended with Conditions

19. Trikafta- Recommend status on the PDL as Non-Preferred with Conditions
20. Tukysa- Recommend status on the PDL as Non-Recommended with Conditions
21. Ubrelyv- Recommend status on the PDL as Non-Preferred with Conditions
22. Vumerity- Recommend status on the PDL as Non-Preferred with Conditions
23. Xenleta Tablets- Recommend status on the PDL as Non-Preferred

## Attachment 4

### Newly Released Generic Drugs, New Dosage Forms, New Drug Names, 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</b>		
<b>Drug Name</b>	<b>Brand Name/Status on PDL/RDL</b>	<b>PDL/RDL Recommendation</b>
Amphetamine ER Suspension	Adzenys ER / Non-Preferred with Conditions	Non-Preferred with Conditions
Azelastine hcl / fluticasone propionate	Dymista / Non-Preferred	Non-Preferred
Budesonide / Formoterol	Symbicort / Preferred	Non-Preferred
Bupropion XL 450mg	Forfivo XL / Non-Preferred	Non-Preferred
Ciprofloxacin / Fluocinolone Otic	Otovel / Non-Preferred	Non-Preferred
Diazoxide	Proglycem / Preferred	Non-Preferred
Doxepin Tabs	Silenor / Non-Preferred	Non-Preferred
EluRyng	NuvaRing / Preferred	Non-Preferred
Everolimus	Afinitor / Preferred with Conditions	Non-Preferred with Conditions
Everolimus	Zortress / Non-Preferred	Non-Preferred
Hydrocodone ER Caps	Zohydro ER / Non-Preferred with Conditions	Non-Preferred with Conditions
Insulin Aspart FlexPen	Novolog FlexPen / Preferred	Non-Preferred with Conditions
Insulin Aspart PenFill	Novolog PenFill / Preferred	Non-Preferred with Conditions
Insulin Aspart Vial	Novolog / Non-Preferred	Non-Preferred
Insulin Aspart Prot FlexPen	Novolog Mix FlexPen / Preferred	Non-Preferred with Conditions
Insulin Aspart 70/30 vial	Novolog Mix Vial / Preferred	Non-Preferred
Insulin Lispro Jr KwikPen	Humalog Jr KwikPen / Non-Preferred with Conditions	Non-Preferred with Conditions
Insulin Lispro Protamine & Lispro Sus Pen	Humalog Mix KwikPen / Preferred	Non-Preferred with Conditions
Ivermectin Cream	Soolantra / Non-Preferred with Conditions	Non-Preferred with Conditions



Levorphanol	Levo Dromoran / Not Covered (non-rebatable)	Non-Preferred with Conditions
Methylphenidate Cap ER (XR)	Aptensio XR / Non-Preferred with Conditions	Non-Preferred with Conditions
Moxifloxacin Ophthalmic Solution	Moxeza / Non-Preferred	Non-Preferred
Naproxen / Esomeprazole	Vimovo / Non-Preferred with Conditions	Non-Preferred with Conditions
Nitisinone	Orfadin / Preferred	Non-Preferred
Pentamidine	Nebupent / Non-Preferred	Preferred
Posaconazole	Noxafil / Non-Preferred with Conditions	Non-Preferred with Conditions
Pyrimethamine	Daraprim / Non-Preferred	Non-Preferred
Travoprost	Travatan Z / Preferred	Non-Preferred
Ziprasidone Inj	Geodon / Non- Preferred Step 3	Non-Preferred Step 3

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

Amzeeq	Minocycline Caps / Preferred	Non-Preferred with Conditions
Annovera	NuvaRing/ Preferred	Non-Preferred
Arazlo	Fabior / Non-Preferred with Conditions	Non-Preferred with Conditions
Bijuva	Prempro / Preferred	Non-Preferred
Bynfezia	Sandostatin / Preferred	Non-Preferred
Drizalma	Duloxetine Caps / Preferred	Non-Preferred with Conditions
Esperoct	Adynovate / Non-Preferred	Non-Preferred
Fasenra Auto-Injector	Fasenra Prefilled Syringe / medical coverage	Non-Preferred
Gloperba	Colchicine Caps / Preferred	Non-Preferred
Gvoke	Glucagen / Preferred	Non-Preferred
Harvoni Oral Packet	Harvoni / Non-Preferred with Conditions	Non-Preferred with Conditions
Jatenzo	Aveed / Non-Preferred with Conditions	Non-Preferred with Conditions
Nexlizet	Nexletol / Non-Preferred Ezetimibe / Preferred	Non-Preferred
Onzetra Xsail	Sumatriptan Nasal Solution / Preferred	Non-Preferred with Conditions
ProAir Digihaler	ProAir RespiClick/ Preferred	Non-Preferred
Prolate	Primlev / Non-Preferred with Conditions	Non-Preferred with Conditions
Rybelsus	Ozempic / Preferred with Conditions	Non-Preferred with Conditions
Secuado	Saphris / Non-Preferred Step 3	Non-Preferred Step 3
Sovaldi Oral Packet	Sovaldi / Non-Preferred with Conditions	Non-Preferred with Conditions
Tramadol 100mg	Tramadol 50mg / Preferred	Non-Preferred
Talicia	Omeprazole / Preferred Amoxicillin Cap / Preferred Mycobutin / Non-Preferred	Non-Preferred
Teriparatide	Forteo / Non-Preferred	Non-Preferred
Trijardy XR	Glyxambi / Non-Preferred with Conditions Metformin / Preferred	Non-Preferred with Conditions
Valtoco	Diazepam Anticonvulsant Gel / Preferred	Preferred
Xembify	Hizentra / Preferred	Preferred
Zerviate	Cetirizine Tabs / Preferred	Non-Preferred
Ziextenzo	Neulasta / Non-Preferred with Conditions	Non-Preferred with Conditions
ZTlido	Lidocaine Patch 5% / Preferred with Conditions	Non-Preferred with Conditions