



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Iowa Medicaid Pharmaceutical and Therapeutics (P & T) Committee Meeting November 17, 2016

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
 - b) Approval of the minutes
2. Update
 - a) Annual P&T Committee Chairperson and Vice Chairperson Elections
 - b) Preferred Drug List (PDL)
 - c) Prior Authorization Criteria/Pro-DUR edits
 - d) Legislation
 - e) IME Updates
3. Public Comment (**See attachment 1 for Conflict of Interest Disclosure**)
4. 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
5. Preferred Drug List (PDL) discussion and deliberation
(**See attachment 2 and 3 for order of discussion**)
6. Final Recommendations by the P & T Committee on the Iowa Medicaid Preferred Drug List
7. Recommended Drug List (RDL) discussion and deliberation
(**See attachment 4 and 5 for order of discussion**)
8. Final Recommendations by the P & T Committee on the Iowa Medicaid Recommended Drug List
9. Review of Newly Released Drugs
(**See attachment 6 for order of discussion**)
10. Final Recommendations by the P & T Committee on Newly Released Drugs (Open Session)
11. Review of Newly Released Generic Drugs, Dosage Forms or Strengths
(**See attachment 7 for order of discussion**)
12. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths
13. Preview of next meeting

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

www.IowaMedicaidPDL.com

Next scheduled meeting: April 20, 2017 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

Organization (List additional on the back of the form.)	Role/Relationship (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.

- 1) ACE and Thiazide Combo's
- 2) ACE Inhibitors
- 3) ACE Inhibitors and CA Channel Blockers
- 4) Acne Products: Isotretinoin
- 5) Agents for Fabrys Disease
- 6) Agents for Gaucher Disease
- 7) Agents for Pheochromocytoma
- 8) Alcohol Deterrents
- 9) Allergenic Extracts
- 10) Alpha-Proteinase Inhibitor
- 11) ALS Drug
- 12) Alzheimer – Cholinomimetics
- 13) Amino Glycosides
- 14) Analgesics – Misc.
- 15) Anaphylaxis Therapy
- 16) Androgens / Anabolics
- 17) Androgens-Topical
- 18) Anorectal – Misc.
- 19) Anthelmintics
- 20) Anti-Infective Combo's – Misc.
- 21) Antianginals
- 22) Antianginals – Isosorbide Nitrate
- 23) Antiarrhythmics
- 24) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 25) Antiasthmatic – Adrenergic Combos
- 26) Antiasthmatic – Anti-Cholinergics
- 27) Antiasthmatic – Anti-Inflammatory Agents
- 28) Antiasthmatic – Beta-Adrenergics
- 29) Antiasthmatic – Leukotriene Receptor Antagonists
- 30) Antiasthmatic – Misc. Respiratory Inhalants
- 31) Antiasthmatic – Mixed Adrenergics
- 32) Antiasthmatic – Mucolytics
- 33) Antiasthmatic – Nasal Misc.
- 34) Antiasthmatic – Steroid Inhalants
- 35) Antiasthmatic – Xanthines
- 36) Antibiotics – Misc.
- 37) Anti-Cataplectic Agents
- 38) Anticoagulants
- 39) Anticonvulsants
- 40) Antidepressants- MAO Inhibitors
- 41) Antidepressants- Selected SSRI'S
- 42) Antidepressants- Tri-Cyclics
- 43) Antidotes
- 44) Antidotes – Chelating Agents

- 45) Antiemetic – 5-HT₃ Receptor Antagonists/Substance P Neurokinin
- 46) Antiemetic – Anticholinergic / Dopaminergic
- 47) Antiemetic – Tetrahydrocannabinol (THC) Derivatives
- 48) Antifungals – Assorted
- 49) Antihistamines – Non-Sedating
- 50) Antihistamines – Non-Sedating / Decongestants
- 51) Antihistamines – Other
- 52) Antihistamines/Decongestants
- 53) Antihyperlipidemics
- 54) Antihypertensive Combos
- 55) Antihypertensives – Central
- 56) Anti-Inflammatories, Non-NSAID
- 57) Antileprotic
- 58) Antimalarial Agents
- 59) Antimycobacterials / Antituberculosis
- 60) Anti-Parkinsonian Drugs
- 61) Antiprotozoal Agents
- 62) Anti-Psoriatics – Non-Biologicals
- 63) Antipsychotics- Atypicals
- 64) Antipsychotics- Special Atypicals
- 65) Antipsychotics- Typical
- 66) Antispasmodics
- 67) Antispasmodics – Long Acting
- 68) Antithyroid Therapies
- 69) Anxiolytics-Benzodiazepines
- 70) Anxiolytics- Long Acting
- 71) Anxiolytics- Misc.
- 72) ARB Combinations
- 73) ARB/CCB
- 74) ARB/CCB Plus Diuretics
- 75) ARB's
- 76) ARB's and Diuretics
- 77) Arthritis – Misc.
- 78) Artificial Saliva / Stimulants
- 79) Beta Blockers – Alpha / Beta
- 80) Beta Blockers – Cardio Selective
- 81) Beta Blockers – Non-Selective
- 82) Beta Blockers and Diuretic Combo's
- 83) Beta – Lactams / Clavulanate Combo's
- 84) BPH
- 85) Calcium Channel Blockers – Amlodipines
- 86) Calcium Channel Blockers – Diltiazems
- 87) Calcium Channel Blockers – Felodipines
- 88) Calcium Channel Blockers – Isradipines
- 89) Calcium Channel Blockers – Nifedipines
- 90) Calcium Channel Blockers – Nisoldipine
- 91) Calcium Channel Blockers – Verapamils
- 92) Carbapenems
- 93) Cardiac Glycosides
- 94) Carnitine Replenisher – Agents
- 95) CCB / Lipid
- 96) Central Precocious Puberty Agents
- 97) Cephalosporins
- 98) Chelating Agents
- 99) Cholesterol – Bile Sequestrants
- 100) Cholesterol – Fibric Acid Derivatives
- 101) Cholesterol – HMG COA + Absorb Inhibitors

- 102) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations
- 103) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations
- 104) Cholinergic
- 105) Compounding Materials
- 106) Contraceptives – Bi-Phasic Combinations
- 107) Contraceptives – Emergency Contraceptives
- 108) Contraceptives – Injectable
- 109) Contraceptives – Monophasic Combination O/C's
- 110) Contraceptives – Multi-Phasic Combinations
- 111) Contraceptives – Patches / Vaginal Products
- 112) Contraceptives – Progestin Only
- 113) Contraceptives – Tri-Phasic Combinations
- 114) Cough / Cold – Antitussive – Expectorant
- 115) Cough / Cold – Systemic Decongestants
- 116) Cox 2 Inhibitors – Selective
- 117) Cystic Fibrosis Agents
- 118) Cyto-Megalovirus Agents
- 119) Dental Products
- 120) Diabetic – AlphaglucoSIDase
- 121) Diabetic – Insulin
- 122) Diabetic – Insulin Penfills
- 123) Diabetic – Meglitinides
- 124) Diabetic – Non-Insulin Injectables
- 125) Diabetic – Oral Biguanides
- 126) Diabetic – Oral Sulfonylureas
- 127) Diabetic – Other
- 128) Diabetic – Sulfonylurea / Biguanide
- 129) Diabetic – Thiazol
- 130) Diabetic – Thiazol / Biguanide Combo
- 131) Diagnostic Biologicals
- 132) Diagnostic Drugs
- 133) Direct Renin Inhibitors
- 134) Diuretics
- 135) Dopamine Receptor Agonists
- 136) Ear
- 137) Electrolytes / NutritionalS
- 138) Endocrine Metabolic Agents
- 139) ErythropoeiS Stimulating Agents
- 140) Estrogen Combo's
- 141) Estrogens – Patches
- 142) Estrogens – Tabs
- 143) Fluoroquinolones
- 144) GI – Anti-Flatulents / GI Stimulants
- 145) GI – Antidiarrheal / Antacid – Misc.
- 146) GI – Antiperistaltic Agents
- 147) GI – Digestive Enzymes
- 148) GI – H2-Antagonists
- 149) GI – Inflammatory Bowel Agents
- 150) GI – Irritable Bowel Syndrome Agents
- 151) GI – Misc.
- 152) GI – Misc. Anti-Ulcer
- 153) GI – Prostaglandins
- 154) GI – Proton Pump Inhibitor
- 155) GI – Proton Pump Inhibitor / NSAID Combo
- 156) GI – Ulcer Anti-Infective
- 157) GI, Constipation-IBS-OIC
- 158) Glucocorticoids – Corticotropin

- 159) Glucocorticoids – Mineralocorticoids
- 160) Gout
- 161) Granulocyte CSF
- 162) Growth Hormone
- 163) Hemostatic
- 164) Hepatitis B Only
- 165) Hepatitis C Agents
- 166) Hereditary Angioedema Agents
- 167) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 168) Herpes Agents
- 169) Hyperparathyroid Treatment – Vitamin D Analogs
- 170) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
- 171) Idiopathic Pulmonary Fibrosis
- 172) Immune Serums
- 173) Immunosuppressants
- 174) Influenza Agents
- 175) Interferon Gamma
- 176) K Removing Resins
- 177) LHRH/GNRH Agonist Analog Pituitary Suppressants
- 178) Lincosamides / Oxazolidinones / Leprostatics
- 179) Lipodystrophy Agents
- 180) Lithium
- 181) Macrolides / Erythromycin's / Ketolides
- 182) Metabolic Modifiers-Lysosomal Storage Disorder Treatments
- 183) Migraine – Ergotamine Combinations
- 184) Migraine – Ergotamine Derivatives
- 185) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 186) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 187) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 188) Minerals
- 189) Mouth – Anesthetics Topical Oral
- 190) Mouth – Steroids
- 191) Mouth Anti-Infectives
- 192) Mouth Antiseptics
- 193) Mucopolysaccharidosis
- 194) Multiple Sclerosis Agents
- 195) Multiple Sclerosis Agents-Interferons
- 196) Multiple Sclerosis Agents-Non-Interferons
- 197) Muscle Relaxant – Combinations
- 198) Muscle Relaxants
- 199) Narcotic – Antagonists
- 200) Narcotics – Misc.
- 201) Narcotics – Selected
- 202) Narcotics – Long Acting
- 203) Nasal Steroid/Antihistamine Combos
- 204) Nasal Steroids
- 205) Neurologics – Misc.
- 206) Neuromuscular Blocking Agents
- 207) Nicardipines
- 208) Nicotine Replacement Therapy
- 209) Nitro – Ointment / Cap / CR
- 210) Nitro – Patches
- 211) Nitro – Sublingual / Spray
- 212) NSAIDS
- 213) Op. Antiallergics-Antihistamines
- 214) Op. Antiallergics-Mast Cell Stabilizers
- 215) Op. Antibiotics

- 216) Op. Antiinflammatory / Steroids Ophth
- 217) Op. Beta-Blockers
- 218) Op. Carbonic Anhydrase Inhibitors / Combo
- 219) Op. Cycloplegics
- 220) Op. Miotics – Direct Acting
- 221) Op. Misc.
- 222) Op. NSAID's
- 223) Op. Prostaglandins
- 224) Op. Quinolones
- 225) Op. Quinolones-Fourth Generation
- 226) Op. Selective Alpha Adrenergic Agonists
- 227) Osteoporosis
- 228) Oxytocics
- 229) Parkinsons – Anticholinergics
- 230) Parkinsons – COMT Inhibitors
- 231) Parkinsons – Selected Dopamine Agonists
- 232) Peripheral Vasodilators
- 233) Phenylketonuria
- 234) Phosphate Binders
- 235) Phosphodiesterase Inhibitors
- 236) Platelet Aggr. Inhibitors / Combo's – Misc.
- 237) Platelet Aggregation Inhibitors
- 238) Powders
- 239) Pressors
- 240) Progestins
- 241) Psychotherapeutic Combination
- 242) PTH
- 243) Pulmonary Anti-Hypertensives
- 244) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 245) Purine Analog
- 246) Restless Leg Syndrome Agents
- 247) Rheumatoid Arthritis – Non-Biologicals
- 248) RSV Prophylaxis
- 249) Sedative / Hypnotics – Barbiturate
- 250) Sedative / Hypnotics – Benzodiazepines
- 251) Sedative / Hypnotics – Non-Benzodiazepines
- 252) Sinus Node Inhibitors
- 253) Smoking Cessation (Oral)
- 254) Somatostatic Agents
- 255) Stimulants
- 256) Stimulants- Amphetamines- Long Acting
- 257) Stimulants- Amphetamines- Short Acting
- 258) Stimulants- Methylphenidate
- 259) Stimulants- Methylphenidate- Long Acting
- 260) Stimulants- Other Stimulants/ Like Stimulants
- 261) Tetracyclines
- 262) Thrombopoietin Receptor Agonists
- 263) Thyroid Hormones
- 264) Tissue Plasminogen Activator
- 265) Topical – Acne Preparations
- 266) Topical – Antibiotic
- 267) Topical – Antifungals
- 268) Topical – Antineoplastics
- 269) Topical – Antipruritics
- 270) Topical – Antiseborrheics
- 271) Topical – Antivirals
- 272) Topical – Astringents / Protectants

- 273) Topical – Burn Products
- 274) Topical – Cauterizing Agents
- 275) Topical – Corticosteroids-High Potency
- 276) Topical – Corticosteroids-Low Potency
- 277) Topical – Corticosteroids-Medium Potency
- 278) Topical – Emollients
- 279) Topical – Enzymes / Keratolytics / Urea
- 280) Topical – Genital Warts
- 281) Topical – Immunomodulators
- 282) Topical – Local Anesthetics
- 283) Topical – Nasal Antibiotics
- 284) Topical – Scabicides and Pediculicides
- 285) Topical – Steroid Combinations
- 286) Topical – Steroid Local Anesthetics
- 287) Topical – Tretinoids
- 288) Topical-Wound/Decubitis Care
- 289) Urea Cycle Disorder – Agents
- 290) Urological – Misc.
- 291) Vaccines
- 292) Vaginal – Antifungals
- 293) Vaginal – Antibacterials
- 294) Vaginal – Estrogens
- 295) Vasopressins
- 296) Vitamins
- 297) Vitamins – Misc.

Attachment 3
Iowa Medicaid Preferred Drug List Changes

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

1. Recommend to change galantamine tablets to Preferred with Conditions.
2. Recommend to change Exelon patch to Non-Preferred with Conditions.
3. Recommend to change Bethkis to Non-Preferred.
4. Recommend to change epinephrine auto-injector to Preferred.
5. Recommend to change EpiPen to Non-Preferred.
6. Recommend to change Methitest to Preferred with Conditions and methyltestosterone to Non-Preferred with Conditions.
7. Recommend to change Androgel 1% packets to Preferred with Conditions.
8. Recommend to change Testim to Non-Preferred with Conditions.
9. Recommend to change Aerospan to Non-Preferred.
10. Recommend to change Fragmin to Non-Preferred.
11. Recommend to change Coumadin to Non-Preferred (grandfather existing users).
12. Recommend to change lamotrigine chewable tablets to Preferred.
13. Recommend to change aripiprazole tablets to Preferred step therapy 2 with removal of tablet splitting and Abilify to Non-Preferred step therapy 3.
14. Recommend to change amlodipine-valsartan to Preferred with Conditions and Exforge to Non-Preferred with Conditions.
15. Recommend to change amlodipine-valsartan-hctz to Preferred with Conditions and Exforge HCT to Non-Preferred with Conditions.
16. Recommend to change fenofibrate 40mg, 54mg, 120mg & 160mg tablets to Non-Preferred.
17. Recommend to change rosuvastatin to Preferred and Crestor to Non-Preferred.
18. Recommend to change ciprofloxacin otic solution to Preferred.

19. Recommend to change Canasa to Preferred.
20. Recommend to change Dipentum to Non-Preferred.
21. Recommend to change Mitigare to Preferred with Conditions and colchicine to Non-Preferred with Conditions.
22. Recommend to change azelastine ophthalmic solution to Preferred.
23. Recommend to change Nasonex to Non-Preferred.
24. Recommend to change authorized generic olopatadine ophthalmic solution to Preferred.
25. Recommend to change Pataday to Non-Preferred.
26. Recommend to change Patanol to Non-Preferred.
27. Recommend to change sulfacetamide sodium ophthalmic solution and ointment to Non-Preferred.
28. Recommend to change Durezol to Preferred.
29. Recommend to change sulfacetamide-prednisolone ophthalmic suspension to Preferred.
30. Recommend to change timolol ophthalmic gel forming solution to Non-Preferred.
31. Recommend to change Ilevro to Preferred.
32. Recommend to change Nevanac to Non-Preferred.
33. Recommend to change Ciloxan ophthalmic ointment to Non-Preferred.
34. Recommend to change Alphagan P 0.1% to Preferred.
35. Recommend to change amphetamine-dextroamphetamine er to Preferred with Conditions.
36. Recommend to change the authorized generic methylphenidate er (cd) to Preferred with Conditions and Metadate CD to Non-Preferred with Conditions.
37. Recommend to change dexmethylphenidate er to Preferred with Conditions and Focalin XR to Non-Preferred with Conditions.
38. Recommend to change Quillivant XR to Non-Preferred with Conditions.

39. Recommend to change authorized generic clonidine er tablets to Preferred with Conditions.
40. Recommend to change Differin Lotion to Preferred with Conditions.
41. Recommend to change benzoyl peroxide-erythromycin gel to Non-Preferred with Conditions.
42. Recommend to change Acanya to Preferred with Conditions.
43. Recommend to change BenzaClin to Non-Preferred with Conditions.
44. Recommend to change Natroba to Preferred without permethrin step edit.
45. Recommend to change Ulesfia to Non-Preferred.
46. Recommend to change MetroGel Vaginal to Non-Preferred.

Attachment 4
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.

- 1) Antihemophilic Agents
- 2) Antineoplastics – Alkylating Agents
- 3) Antineoplastics – Androgen Biosynthesis Inhibitor
- 4) Antineoplastics – Antiadrenals
- 5) Antineoplastics – Antiandrogens
- 6) Antineoplastics – Antibiotics
- 7) Antineoplastics – Antiestrogens
- 8) Antineoplastics – Antimetabolites
- 9) Antineoplastics – Aromatase Inhibitors
- 10) Antineoplastics – Cardiac Protective Agents
- 11) Antineoplastics – CLL 17P Deletion
- 12) Antineoplastics – Combinations
- 13) Antineoplastics – Estrogen Receptor Antagonist
- 14) Antineoplastics – Estrogens
- 15) Antineoplastics – Folic Acid Antagonists Rescue Agents
- 16) Antineoplastics – Imidazotetrazines
- 17) Antineoplastics – Interleukins
- 18) Antineoplastics – LHRH Analogs
- 19) Antineoplastics – Misc.
- 20) Antineoplastics – Mitotic Inhibitors
- 21) Antineoplastics – Nitrogen Mustards
- 22) Antineoplastics – Nitrosoureas
- 23) Antineoplastics – PARP Inhibitors
- 24) Antineoplastics – Progestins
- 25) Antineoplastics – Protein-Tyrosine Kinase Inhibitors
- 26) Antineoplastics – Retinoids
- 27) Antineoplastics – Selective Retinoid X Receptor Agonists
- 28) Antineoplastics – Topoisomerase I Inhibitors
- 29) Antineoplastics – Urinary Tract Protective Agents
- 30) Antiretroviral Boosting Agent- Cytochrome P450 Inhibitor
- 31) Antiretroviral Combinations
- 32) Antiretrovirals – Entry Inhibitors
- 33) Antiretrovirals – Integrase Inhibitors
- 34) Antiretrovirals – Protease Inhibitors
- 35) Antiretrovirals – RTI-Non-Nucleoside Analogues
- 36) Antiretrovirals-RTI-Nucleoside Analogues-Purines

Attachment 5

Recommended Drug List Changes

RECOMMENDATION: It is recommended to change the Antihemophilic Agents category from the RDL to the PDL. All existing members will be grandfathered on established therapies. The below changes are recommended to maximize cost savings to the program:

1. Recommend to change Hemofil M from Recommended to Preferred.
2. Recommend to change Koate-DVI from Recommended to Preferred.
3. Recommend to change Monoclalte-P from Recommended to Preferred.
4. Recommend to change Helixate FS from Recommended to Preferred.
5. Recommend to change Kogenate FS from Non-Recommended to Preferred.
6. Recommend to change Kogenate FS Bio-Set from Non-Recommended to Preferred.
7. Recommend to change Recombinate from Recommended to Preferred.
8. Recommend to change Novoeight from Recommended to Preferred.
9. Recommend to change Nuwiq from Non-Recommended to Non-Preferred.
10. Recommend to change Kovaltry from Non-Recommended to Non-Preferred.
11. Recommend to change Advate from Non-Recommended to Non-Preferred.
12. Recommend to change Xyntha from Recommended to Preferred.
13. Recommend to change Eloctate from Non-Recommended to Non-Preferred.
14. Recommend to change Adynovate from Non-Recommended to Non-Preferred.
15. Recommend to change Obizur from Non-Recommended to Non-Preferred.
16. Recommend to change Alphanate from Recommended to Preferred.
17. Recommend to change Humate-P from Recommended to Preferred.
18. Recommend to change Wilate from Recommended to Preferred.
19. Recommend to change Feiba from Non-Recommended to Non-Preferred.
20. Recommend to change Novoseven from Recommended to Preferred.
21. Recommend to change Alphanine SD from Recommended to Preferred.

22. Recommend to change Mononine from Recommended to Preferred.
23. Recommend to change Benefix from Recommended to Preferred.
24. Recommend to change Rixubis from Non-Recommended to Non-Preferred.
25. Recommend to change Ixinity from Non-Recommended to Non-Preferred.
26. Recommend to change Alprolix from Non-Recommended to Non-Preferred.
27. Recommend to change Bebulin from Recommended to Preferred.
28. Recommend to change Profilnine SD from Recommended to Preferred.
29. Recommend to change Coagadex from Non-Recommended to Non-Preferred.

Attachment 6
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. Bevespi Aerosphere- Recommend status on the PDL as Non-Preferred
2. Epclusa- Recommend status on the PDL as Preferred with Conditions
3. Idelvion- Recommend status on the PDL as Non-Preferred
4. Ocaliva- Recommend status on the PDL as Non-Preferred
5. Taltz– Recommend status on the PDL as Non-Preferred with Conditions
6. Xiidra- Recommend status on the PDL as Non-Preferred
7. Zinbryta- Recommend status on the PDL as Non-Preferred

Attachment 7

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

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NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Armodafinil	Nuvigil / Non-Preferred with Conditions	Non-Preferred with Conditions
Clindamycin Phosphate - Tretinoin	Ziana / Non-Preferred with Conditions	Non-Preferred with Conditions
Dofetilide	Tikosyn / Preferred	Non-Preferred
Ethacrynic Acid	Edecrin / Preferred	Non-Preferred
Hydroxyprogesterone Caproate	Delalutin / Not Available	Recommended with Conditions

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS		
Afstyla	Novoeight / Recommended	Non-Preferred
Byvalson	Bystolic / Non-Preferred with Conditions Valsartan / Preferred with Conditions	Non-Preferred
Emverm	Mebendazole / Not Rebatable	Non-Preferred
Jentadueto XR	Jentadueto / Preferred with Conditions	Non-Preferred with Conditions
Lazanda	Actiq / Non-Preferred with Conditions	Non-Preferred with Conditions
Onzetra Xsail	Imitrex Nasal Solution / Preferred with Conditions	Non-Preferred with Conditions
Qbrelis	Lisinopril / Preferred	Non-Preferred
Spritam	Levetiracetam Oral Solution / Preferred	Non-Preferred with Conditions
Viekira XR	Viekira Pak / Preferred with Conditions	Preferred with Conditions
Vonvendi	Alphanate / Recommended	Non-Preferred
Xtampza ER	OxyContin / Non-Preferred with Conditions	Non-Preferred with Conditions
Zembrace	Imitrex STATdose / Preferred with Conditions	Non-Preferred with Conditions