

Pharmaceutical and Therapeutics (P&T) Committee

P & T Committee Meeting November 18, 2021

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

Webex Meeting Link:

<https://changehealthcare.webex.com/changehealthcare/j.php?MTID=mb8c1890251b7637d078b8b93fa07ddfe>

Dial In: 1-844-245-7693

Meeting Number: 2537 526 1413

Meeting Password : yiVcDrvR285

Final Agenda

1. Welcome & Introductions
 - a) Committee Members and Staff
 - b) Outgoing Committee Member Acknowledgement
 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 November 11, 2021.*
 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 and 3 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 4 and 5 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 6 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 7 for order of discussion)
 11. Final Recommendations by the P & T Committee on Newly Released Generic Drugs, Dosage Forms or Strengths (Open Session)
 13. Preview of next meeting
 - a) Annual P&T Committee Chairperson and Vice Chairperson Elections
 - b) Review of P&T Policy & Procedure – General Update and Interim PDL Changes
 14. Adjournment
- **Disclaimer: Closed Executive Sessions may be necessary during the deliberation process**

www.iowaMedicaidPDL.com

Next scheduled meeting: April 21, 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

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 Fabry's 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) Amyloidosis Treatments
- 15) Analgesics – Misc.
- 16) Anaphylaxis Therapy
- 17) Androgens / Anabolics
- 18) Androgens-Topical
- 19) Anorectal – Misc.
- 20) Anthelmintics
- 21) Anti-Infective Combo's – Misc.
- 22) Antianginals
- 23) Antianginals – Isosorbide Nitrate
- 24) Antiarrhythmics
- 25) Antiasthmatic – 5-Lipoxygenase Inhibitors
- 26) Antiasthmatic – Adrenergic Combos
- 27) Antiasthmatic – Anti-Cholinergics
- 28) Antiasthmatic – Anti-Inflammatory Agents
- 29) Antiasthmatic – Beta-Adrenergics
- 30) Antiasthmatic – Leukotriene Receptor Antagonists
- 31) Antiasthmatic – Misc. Respiratory Inhalants
- 32) Antiasthmatic – Mixed Adrenergics
- 33) Antiasthmatic – Mucolytics
- 34) Antiasthmatic – Nasal Misc.
- 35) Antiasthmatic – Steroid Inhalants
- 36) Antiasthmatic – Xanthines
- 37) Antibiotics – Misc.
- 38) Anti-Cataleptic Agents
- 39) Anticoagulants
- 40) Anticonvulsants
- 41) Antidepressants- MAO Inhibitors
- 42) Antidepressants- Selected SSRI'S
- 43) Antidepressants- Tri-Cyclics
- 44) Antidotes
- 45) Antidotes – Chelating Agents

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

- 102) Cardiac Glycosides
- 103) Carnitine Replenisher – Agents
- 104) CCB / Lipid
- 105) Central Precocious Puberty Agents
- 106) Cephalosporins
- 107) CGRP Inhibitors
- 108) Chelating Agents
- 109) Cholesterol – Bile Sequestrants
- 110) Cholesterol – Fibric Acid Derivatives
- 111) Cholesterol – HMG COA + Absorb Inhibitors
- 112) Cholesterol – HMG COA + Absorb Inhibitors: High Potency Drugs/Combinations
- 113) Cholesterol – HMG COA + Absorb Inhibitors: Low Potency Drugs/Combinations
- 114) Cholinergic
- 115) Compounding Materials
- 116) Contraceptives – Emergency Contraceptives
- 117) Contraceptives – Injectable
- 118) Contraceptives – Monophasic Combination O/C's
- 119) Contraceptives – Multi-Phasic Combinations
- 120) Contraceptives – Patches / Vaginal Products
- 121) Contraceptives – Progestin Only
- 122) Contraceptives – Tri-Phasic Combinations
- 123) Cough / Cold – Antitussive – Expectorant
- 124) Cough / Cold – Systemic Decongestants
- 125) Cox 2 Inhibitors – Selective
- 126) Cushings Disease Treatments
- 127) Cystic Fibrosis Agents
- 128) Cyto-Megalovirus Agents
- 129) Dental Products
- 130) Diabetic – AlphaglucoSIDase
- 131) Diabetic – Insulin
- 132) Diabetic – Insulin Penfills
- 133) Diabetic – Meglitinides
- 134) Diabetic – Non-Insulin Injectables
- 135) Diabetic – Oral Biguanides
- 136) Diabetic – Oral Sulfonylureas
- 137) Diabetic – Other
- 138) Diabetic – Sulfonylurea / Biguanide
- 139) Diabetic – Thiazol
- 140) Diabetic – Thiazol / Biguanide Combo
- 141) Direct Renin Inhibitors
- 142) Diuretics
- 143) Dopamine Receptor Agonists
- 144) Ear
- 145) Electrolytes / NutritionalS
- 146) Endocrine Metabolic Agents
- 147) Endometriosis Agents
- 148) Erythropoeisis Stimulating Agents
- 149) Estrogen Combo's
- 150) Estrogens – Patches
- 151) Estrogens – Tabs
- 152) Fluoroquinolones
- 153) GI – Anti-Flatulents / GI Stimulants
- 154) GI – Antidiarrheal / Antacid – Misc.
- 155) GI – Antiperistaltic Agents
- 156) GI – Digestive Enzymes
- 157) GI – H2-Antagonists
- 158) GI – Inflammatory Bowel Agents

- 159) GI – Irritable Bowel Syndrome Agents
- 160) GI – Misc.
- 161) GI – Misc. Anti-Ulcer
- 162) GI – Prostaglandins
- 163) GI – Proton Pump Inhibitor
- 164) GI – Proton Pump Inhibitor / NSAID Combo
- 165) GI – Ulcer Anti-Infective
- 166) GI, Constipation-IBS-OIC
- 167) Glucocorticoids – Corticotropin
- 168) Glucocorticoids – Mineralocorticoids
- 169) Gout
- 170) Granulocyte CSF
- 171) Growth Hormone
- 172) Heart Failure Agents
- 173) Hemostatic
- 174) Hepatitis B Only
- 175) Hepatitis C Agents
- 176) Hereditary Angioedema Agents
- 177) Hereditary Tyrosinemia Type 1 (HT-1) Treatment – Agents
- 178) Herpes Agents
- 179) Hormone Receptor Modulators
- 180) Hyperparathyroid Treatment – Vitamin D Analogs
- 181) Hyperparathyroid Treatment – Vitamin D Analogs and Calcimimetics
- 182) Idiopathic Pulmonary Fibrosis
- 183) Immune Serums
- 184) Immunosuppressants
- 185) Influenza Agents
- 186) Interferon Gamma
- 187) K Removing Resins
- 188) LHRH/GNRH Agonist Analog Pituitary Suppressants
- 189) Lincosamides / Oxazolidinones / Leprostatics
- 190) Lipodystrophy Agents
- 191) Lithium
- 192) Macrolides / Erythromycin's / Ketolides
- 193) Metabolic Modifiers-Lysosomal Storage Disorder Treatments
- 194) Migraine – Ergotamine Combinations
- 195) Migraine – Ergotamine Derivatives
- 196) Migraine – Misc
- 197) Migraine – Selective Serotonin Agonists (5HT) – Injectables
- 198) Migraine – Selective Serotonin Agonists (5HT) – Tabs
- 199) Migraine-Selective Serotonin Agonist-(5HT) Combinations
- 200) Mineralocorticoid – Receptor Antagonists
- 201) Minerals
- 202) Mouth – Anesthetics Topical Oral
- 203) Mouth – Steroids
- 204) Mouth Anti-Infectives
- 205) Mouth Antiseptics
- 206) Mucopolysaccharidosis
- 207) Multiple Sclerosis Agents
- 208) Multiple Sclerosis Agents-Interferons
- 209) Multiple Sclerosis Agents-Non-Interferons
- 210) Muscle Relaxant – Combinations
- 211) Muscle Relaxants
- 212) Muscular Atrophy Agents
- 213) Narcotic – Antagonists
- 214) Narcotics – Misc.
- 215) Narcotics – Selected

- 216) Narcotics – Long Acting
- 217) Nasal Steroid/Antihistamine Combos
- 218) Nasal Steroids
- 219) Neurologics – Misc.
- 220) Nicardipines
- 221) Nicotine Replacement Therapy
- 222) Nitro – Ointment / Cap / CR
- 223) Nitro – Patches
- 224) Nitro – Sublingual / Spray
- 225) NSAIDS
- 226) Op. Antiallergics-Antihistamines
- 227) Op. Antiallergics-Mast Cell Stabilizers
- 228) Op. Antibiotics
- 229) Op. Antiinflammatory / Steroids Opth
- 230) Op. Beta-Blockers
- 231) Op. Carbonic Anhydrase Inhibitors / Combo
- 232) Op. Cycloplegics
- 233) Op. Miotics – Direct Acting
- 234) Op. Misc.
- 235) Op. NSAID's
- 236) Op. Prostaglandins
- 237) Op. Quinolones
- 238) Op. Quinolones-Fourth Generation
- 239) Op. Rho Kinase Inhibitors
- 240) Op. Selective Alpha Adrenergic Agonists
- 241) Opioid Withdrawal Treatments
- 242) Osteoporosis
- 243) Oxytocics
- 244) Parkinsons – Anticholinergics
- 245) Parkinsons – COMT Inhibitors
- 246) Parkinsons – Selected Dopamine Agonists
- 247) Phenylketonuria
- 248) Phosphate Binders
- 249) Phosphodiesterase Inhibitors
- 250) Platelet Aggr. Inhibitors / Combo's – Misc.
- 251) Platelet Aggregation Inhibitors
- 252) Powders
- 253) Pressors
- 254) Progeria Treatments
- 255) Progestins
- 256) Psychotherapeutic Combination
- 257) PTH
- 258) Pulmonary Anti-Hypertensives
- 259) Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonist
- 260) Purine Analog
- 261) Restless Leg Syndrome Agents
- 262) Rheumatoid Arthritis – Non-Biologicals
- 263) RSV Agents
- 264) Sedative / Hypnotics – Barbiturate
- 265) Sedative / Hypnotics – Benzodiazepines
- 266) Sedative / Hypnotics – Non-Benzodiazepines
- 267) Sickle Cell Anemia Agents
- 268) Sinus Node Inhibitors
- 269) SLE Agents
- 270) Smoking Cessation (Oral)
- 271) Somatostatic Agents
- 272) Stimulants

- 273) Stimulants- Amphetamines- Long Acting
- 274) Stimulants- Amphetamines- Short Acting
- 275) Stimulants- Methylphenidate
- 276) Stimulants- Methylphenidate- Long Acting
- 277) Stimulants- Other Stimulants/ Like Stimulants
- 278) Tetracyclines
- 279) Thyroid Hormones
- 280) Tissue Plasminogen Activator
- 281) Topical – Acne Preparations
- 282) Topical – Antibiotic
- 283) Topical – Antifungals
- 284) Topical – Antineoplastics
- 285) Topical – Antipruritics
- 286) Topical – Antiseborrheics
- 287) Topical – Antivirals
- 288) Topical – Astringents / Protectants
- 289) Topical – Burn Products
- 290) Topical – Cauterizing Agents
- 291) Topical – Corticosteroids-High Potency
- 292) Topical – Corticosteroids-Low Potency
- 293) Topical – Corticosteroids-Medium Potency
- 294) Topical – Emollients
- 295) Topical – Enzymes / Keratolytics / Urea
- 296) Topical – Genital Warts
- 297) Topical – Immunomodulators
- 298) Topical – Local Anesthetics
- 299) Topical – Nasal Antibiotics
- 300) Topical – Scabicides and Pediculicides
- 301) Topical – Steroid Combinations
- 302) Topical – Steroid Local Anesthetics
- 303) Topical – Tretinoids
- 304) Urea Cycle Disorder – Agents
- 305) Urological – Misc.
- 306) Vaginal – Antifungals
- 307) Vaginal – Antibacterials
- 308) Vaginal – Estrogens
- 309) Vasopressins
- 310) Vitamins
- 311) 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. Kitabis Pak to Non-Preferred.
2. Fluticasone/salmeterol to Non-Preferred.
3. Bevespi Aerosphere to Non-Preferred.
4. Dulera to Non-Preferred.
5. Stiolto Respimat to Preferred.
6. Incruse Ellipta to Preferred.
7. ProAir RespiClick to Non-Preferred.
8. Striverdi Respimat to Preferred.
9. Cayston to Non-Preferred.
10. Xifaxan to Preferred with Conditions.
11. Ondansetron oral solution to Preferred with Conditions.
12. Diclegis to Preferred.
13. Bonjesta to Non-Preferred.
14. Idelvion to Preferred.
15. Nuwiq to Non-Preferred (grandfather established users)
16. Esperoct to Preferred.
17. Praluent to Preferred with Conditions
18. Repatha to Preferred with Conditions.
19. Kineret to Preferred with Conditions.
20. Nurtec ODT to Non-Preferred for prophylaxis (remains Preferred for treatment).
21. Aimovig to Preferred with Conditions.
22. Yasmin to Preferred.
23. Yaz to Preferred.
24. Tyblume to Preferred.
25. Beyaz to Preferred.
26. Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG (generic Generess FE) to Preferred.
27. Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24) (generic Loestrin 24 FE) to Preferred.
28. Minastrin 24 Chew FE to Preferred.
29. Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24) (generic Minastrin 24 Chew FE) to Preferred.

30. Lo Loestrin FE to Preferred.
31. Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7) (generic Seasonique) to Preferred.
32. LoSeasonique to Preferred.
33. Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7) (generic LoSeasonique) to Preferred.
34. Camrese to Preferred.
35. Camrese Lo to Preferred.
36. Zafemy to Non-Preferred.
37. Humulin 70/30 vial to Preferred.
38. Toujeo Max SoloStar to Preferred.
39. Toujeo SoloStar to Preferred.
40. Insulin lispro junior KwikPen to Preferred.
41. Humalog KwikPen to Non-Preferred.
42. Humalog Junior KwikPen to Non-Preferred.
43. Humalog cartridge to Non-Preferred.
44. Insulin lispro protamine mix pen to Preferred.
45. Humalog KwikPen Mix 75/25 to Non-Preferred.
46. Humulin 70/30 KwikPen to Preferred.
47. Xigduo XR to Preferred.
48. Epogen to Non-Preferred with Conditions.
49. Mircera to Preferred with Conditions.
50. Oriahnn to Preferred with Conditions.
51. Nivestym to Non-Preferred with Conditions.
52. Nyvepria to Non-Preferred with Conditions.
53. Sovaldi 200mg Tab to Non-Preferred with Conditions.
54. Harvoni Oral Packet 33.75-150mg to Preferred with Conditions; patients 3 through 5 years of age and less than 17kg for genotype 1,4,5 & 6.
55. Epclusa 200-50mg tab to Preferred with Conditions; patients 6 through 11 years of age and 17 – 45kg
56. Ofev to Preferred with Conditions.
57. Gamastan S/D to Preferred.
58. Gammaked to Preferred.
59. Rimantadine to Non-Preferred.
60. SPS Suspension to Preferred.
61. Imitrex nasal spray to Preferred with Conditions.
62. Sumatriptan nasal spray to Non-Preferred with Conditions.
63. Zolmitriptan nasal spray to Preferred with Conditions.
64. Zomig nasal spray to Non-Preferred with Conditions.

65. Zolmitriptan tablets to Preferred with Conditions.
66. Dyanavel XR oral suspension to Preferred with Conditions; patients 6 through 9 years of age.
67. Vyvanse capsules and chewable tablet to Non-Preferred with Conditions.
68. Clonidine er tablet (adhd) to Preferred with Conditions; patients 6 through 17 years of age.
69. Clindamycin- benzoyl peroxide to Preferred with Conditions.
70. Elidel to Preferred with Conditions.
71. Pimecrolimus cream to Non-Preferred with Conditions.
72. Avita Gel to Preferred with Conditions.
73. Cleocin vaginal cream to Preferred.
74. Nuversa to Non-Preferred.
75. Virt-C DHA capsules to Preferred.
76. M-Natal Plus tablets to Preferred.
77. Vp-pnv-dha capsules to Preferred.
78. Se-Natal-19 tablets to Preferred

The drugs listed below are recommended to be removed from coverage under the pharmacy benefit, as they are intended to be administered in a healthcare/office setting (coverage and billing is available through the medical benefit):

1. Albumin, human
2. Papaverine Injection Solution
3. Zoladex Subcutaneous Implant

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

Attachment 5
Recommended Drug List Changes

The below changes are recommended to maximize cost savings to the program:

1. Dovato to Preferred.
2. Prezcobix to Non-Preferred (grandfather established users).
3. Descovy to Non-Preferred (grandfather established users).
4. Truvada to Non-Preferred.
5. Emtricitabine/ tenofovir to Preferred.
6. Triumeq to Preferred.
7. Prezista to Non-Recommended.

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. Aemcolo- Recommend status on the PDL as Non-Preferred
2. Arcalyst- Recommend status on the PDL as Non-Preferred
3. Azstarys- Recommend status on the PDL as Non-Preferred with Conditions
4. Brexafemme- Recommend status on the PDL as Non-Preferred
5. Bronchitol- Recommend status on the PDL as Non-Preferred with Conditions
6. Bylvay- Recommend status on the PDL as Non-Preferred
7. Dojolvi- Recommend status on the PDL as Non-Preferred
8. Empaveli- Recommend status on the PDL as Non-Preferred
9. Fotivda- Recommend status on the PDL as Non-Recommended with Conditions
10. Gemtesa- Recommend status on the PDL as Non-Preferred
11. Kerendia- Recommend status on the PDL as Non-Preferred
12. Lumakras- Recommend status on the PDL as Non-Recommended with Conditions
13. Lupkynis- Recommend status on the PDL as Non-Preferred
14. Myfembree- Recommend status on the PDL as Non-Preferred with Conditions
15. Nextstellis- Recommend status on the PDL as Non-Preferred
16. Orgovyx- Recommend status on the PDL as Non-Recommended with Conditions
17. Ponvory- Recommend status on the PDL as Non-Preferred with Conditions
18. Qelbree- Recommend status on the PDL as Non-Preferred
19. Sevenfact- Recommend status on the PDL as Non-Preferred

20. Tepmetko- Recommend status on the PDL as Non-Recommended with Conditions
21. Truseltiq- Recommend status on the PDL as Non-Recommended with Conditions
22. Ukoniq- Recommend status on the PDL as Non-Recommended with Conditions
23. Zegalogue- Recommend status on the PDL as Preferred with step through preferred reconstitution product
24. Zokinvy- Recommend status on the PDL as Non-Preferred

Attachment 7

**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

NEWLY RELEASED GENERIC DRUGS		
Drug Name	Brand Name/Status on PDL/RDL	PDL/RDL Recommendation
Arformoterol	Brovana / Non-Preferred	Non-Preferred
Bepotastine	Bepreve / Non-Preferred	Non-Preferred
Brinzolamide	Azopt / Non-Preferred	Non-Preferred
Buprenorphine Buccal Film	Belbuca / Non-Preferred with Conditions	Non-Preferred with Conditions
Droxidopa	Northera / Non-Preferred	Non-Preferred
Enalapril Oral Solution	Epaned / Non-Preferred	Non-Preferred
Etravirine	Intelence / Non-Recommended	Non-Preferred
Formoterol Neb Solution	Perforomist / Non-Preferred	Non-Preferred
Ibuprofen/Famotidine	Duexis / Non-Preferred	Non-Preferred
Pregabalin ER	Lyrica CR / Non-Preferred with Conditions	Non-Preferred with Conditions
Sunitinib	Sutent / Preferred with Conditions	Non-Preferred with Conditions
Tiopronin	Thiola / Non-Preferred	Non-Preferred

NEW DRUG DOSAGE FORMS/STRENGTHS/COMBINATIONS/BIOSIMILARS

Clobetex	Clobetasol Prop Cream / Preferred Desloratadine / Non-Preferred with Conditions	Non-Preferred with Conditions
Elepsia XR	Levetiracetam ER / Non-Preferred with Conditions	Non-Preferred with Conditions
Exservan	Riluzole / Preferred with Conditions	Non-Preferred with Conditions
Gimoti	Metoclopramide Tabs / Preferred	Non-Preferred with Conditions
Kloxxado	Narcan / Preferred	Preferred
Ozobax	Baclofen Tablets / Preferred	Non-Preferred with Conditions
Qdolo	Tramadol Tabs / Preferred	Non-Preferred with Conditions
Reltone	Ursodiol / Preferred	Non-Preferred
Twirla	levonorgestrel/ethinyl estradiol tabs / Preferred	Non-Preferred
Xolair Prefilled Syringe	Xolair Vial / Medical Benefit Coverage	Non-Preferred with Conditions